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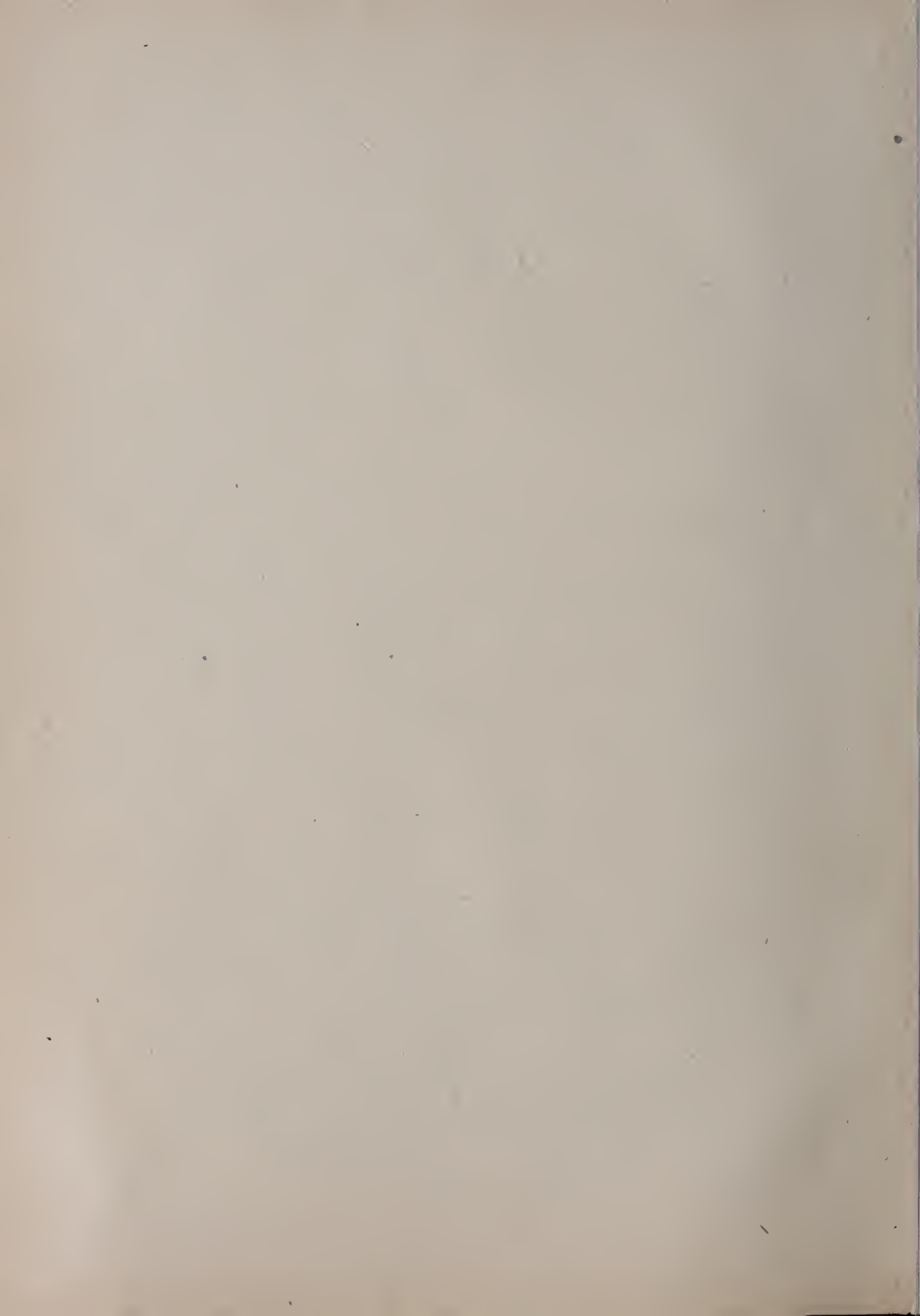


**The New York Academy of Medicine**

By The Publishers.



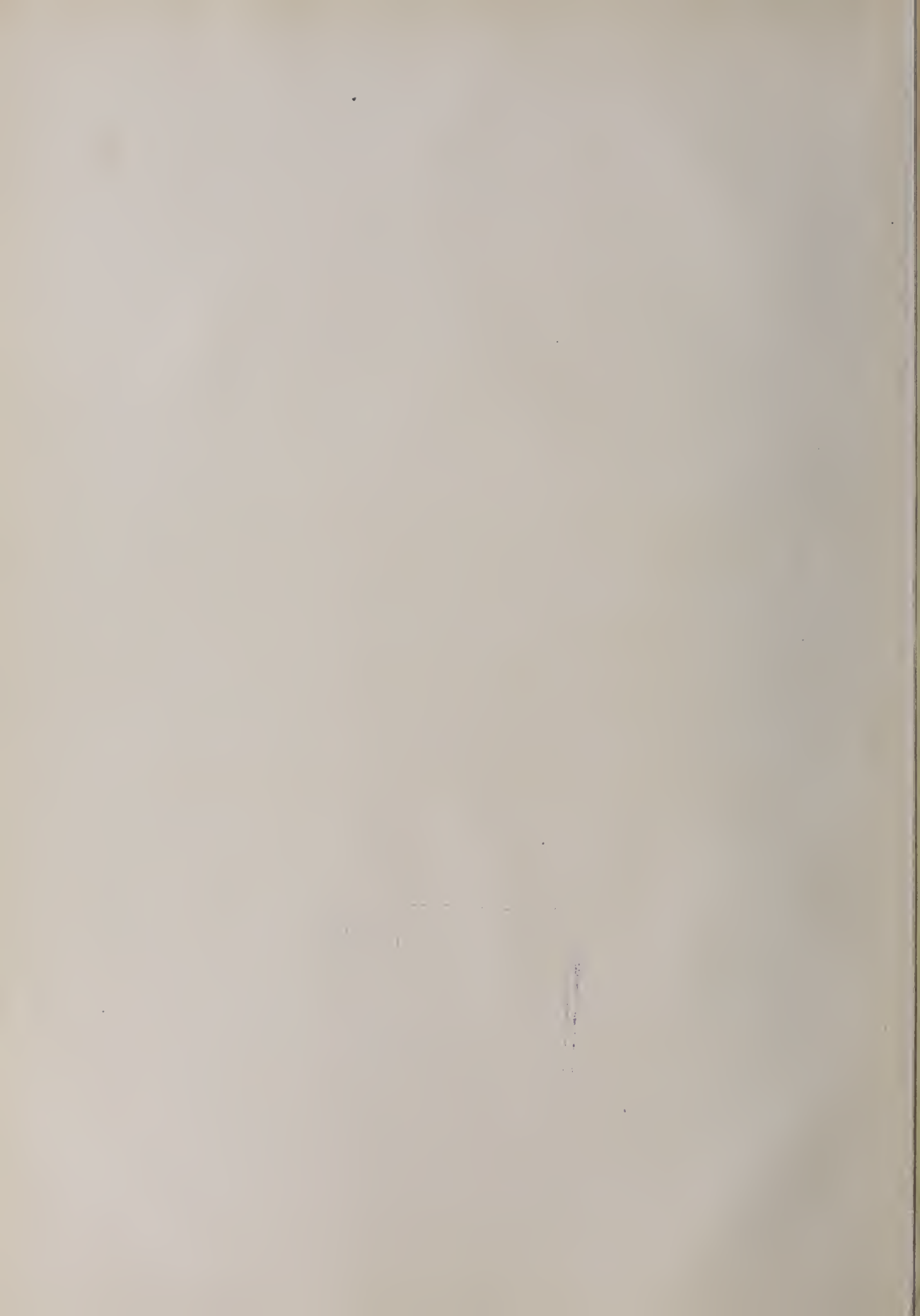






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# The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY  
BY THE  
OHIO STATE MEDICAL ASSOCIATION

UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

JANUARY 15, 1915



Entered as second class matter July 5, 1905, at the  
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# 100%

The Ohio State Medical Association is a live organization.—The live wires in it will be enrolled in **THE ONE HUNDRED PERCENT CLUB**—something new and a trifle unusual for a medical organization.—You will find complete details on page 30. - After reading the new Saunders advertisement below, which we were mighty glad to contract, turn thirty pages and investigate. :- :- :- :- :-

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# The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY  
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OHIO STATE MEDICAL ASSOCIATION

UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

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All scientific papers submitted for publication should be typewritten.

Subscription price \$2.00 per year, Single copies 20 cents.

Please pay your dues for 1915 now! If the treasurer of your county society is a little slow in notifying you that he is ready to receive the same, wake him up by sending in your check. We dislike to start in the new year with an insistent demand for money, but money is vital to the continued publication of The Journal. Money makes the wheels go round.

We do not intend to "harp" on this question during the succeeding issues of 1915. We are "harping" now and want to get it out of our system. Won't you help?

We have received cheering news in letters from a number of secretaries over the state. Without exception, they announce that they expect this to be the greatest year in the history of their societies. They are planning to enlist the support of every desirable physician in their counties. One active secretary who carries a card index list of the physicians in his district informs us that he has secured all but three and that he has appointed a committee of two for each of the outstanding three.

"If we do not enlist at least two of these three by the first of February, I will buy a dinner," he writes. That is the spirit.

There are many reasons why every desirable physician in your county should be affiliated with the Ohio State Medical Association this year. Even though he is so situated geographically that he cannot attend regularly the county society meetings, his support is needed in the legislative fight

which is already on. His support is needed in giving our Association weight and influence in dealing with the state departments which are affecting medical practice. He undoubtedly will be benefitted, at least somewhat, through receiving The Journal, as we intend to keep our readers thoroughly informed during the coming year of the social as well as the scientific developments of medicine. These and other reasons should be presented to every outstanding physician.

Last year we did not quite reach the desired goal of 4,000. This year we should set the mark at 5,000.

+ + +

Were You One of These?—We dislike to admit it but we have begun to suspect that there are a few members of our state society who pay absolutely no attention to our rendition of accounts. In December we carefully checked over our books and made up a list of fourteen members—most of whom are rather prominent in the profession in the larger cities of the state, and all of whom owe The Journal amounts ranging from \$10.00 to \$150.00. In every case, these accounts were from two to four years overdue. Thinking that the men in question had merely overlooked the matter, a note accompanied each account explaining that we were deucedly hard up. We thought, of course, that the note would bring in a prompt deluge of checks. It brought one. The

other gentlemen must have used our letters to light the office range.

We take this opportunity of explaining to our members that it is no easy task to finance The Journal on its present basis. Last year the total expense amounted to nearly \$10,000, over \$5,000 of which was spent for printing. We received a little over \$3,000 from the State Society for subscriptions; we were forced to go out and raise the remainder as best we could. Through rather liberal advertising support we raised all but \$1,000, and it was necessary to give the State Society a note to cover that amount.

But if the members of the State Society who owe us money would kindly forward their checks to the business office we could pay all our indebtedness and start even with the new year.

+ + +

The question of co-operative medical defense for members of the Ohio State Medical Association will undoubtedly be referred to the House of Delegates for final action at the Cincinnati meeting. This seemed to be the intent of Council when at its meeting in December it deferred final action on the proposal, by withholding final action on the report of the committee which has been considering the question.

In view of this, it will be inexcusable for any member of the House of Delegates to attend the Cincinnati meeting without being directly informed as to the attitude of his constituents on this matter.

The Journal is doing everything possible to explain this plan in detail. We believe that co-operative defense would be a splendid thing for our State Society, as it has been proven in the twenty-seven states in which it has been tried. Investigations of the American Medical Association emphasized this point. Ohio has lagged behind the other progressive state societies in failing to institute this feature of co-operation.

We are very glad to note that several county societies have already taken up the question. In Columbiana county, for instance, it was under discussion at a regular meeting and indorsed by unanimous vote.

Now is the time to consider it.

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**Medical Defense is for the general practitioner.** Practically the only complaint we have heard against the plan in Ohio is that it is designed to favor the "specialist." This has been proven untrue in every state in which co-operative defense has been tried. Last May the plan was instituted in Texas, and in its November number the Texas

State Journal of Medicine states editorially, after six months' experience with the plan, that the contention is being refuted by Texas' experience. The Journal says:

"To date there have been four cases to come before the Council, for the usual variety of alleged offenses. It is interesting to note that of the four cases only one is against a so-called "specialist" in a city. He is one of the most highly respected and learned physicians in the state, and his services to organized medicine are such that no amount of money spent in his defense would be regretted by any of our members. Three are in general practice, two in our larger towns, and one in a rural community. One is an elderly physician and of such reputation that his skill and honesty of purpose cannot be questioned. The others are young physicians of exceptionally high attainments, and have never been in trouble of this kind before. It would be difficult to describe the gratitude of these four highly respected and honorable members of our Association, for the brotherly support rendered them in this their day of trial and tribulation, by the representatives of their fellow physicians. There is no likelihood of any of these defendants losing anything, except the cost of their defense, and this the State Association will assume to a large extent. With all that, it is not the financial aid that is so welcome at such a time, but the moral and fraternal support. In keeping with reports from other states, it is developing in our own experience that a majority of the cases to be defended are found among the ranks of the general practitioner and not, as had been anticipated by many, from the comparative small number of surgeons and 'specialists' in larger cities."

In a recent letter to The Journal, Dr. Holman Taylor, secretary-editor of the Texas State Society, emphasized this point and added that this opposition was raised in the Texas house of delegates before the plan was adopted there. Medical defense has not yet been given a thorough trial in Texas as it was not instituted until May, 1914, and no assessment was made until January 4 of this year. In Dr. Taylor's opinion, however, the plan will work out satisfactorily to the benefit of the members of the state society.

+ + +

And don't forget that the Annual Meeting at Cincinnati this year, early in May, will be one of the greatest in history.

+ + +

We hope, during this year, to make this the best state medical journal in the country.



**Is this the First Glimpse of the Dawn of a New Era?**—The Toledo Commerce Club, by resolution, has declared itself for a national department of public health, whose head shall be a member of the President's cabinet. This action of Toledo's well-known civic organization is fraught with considerable significance to the medical profession. For years we have battled alone against disease, facing calumny and insinuation, with no resources except the compelling desire to save life and prevent suffering. Allied with the forces of sickness and death were the almighty dollars of the patent medicine interests, the advertising quacks, healers of all varieties, and public indifference.

We have maintained that many deaths from disease are unnecessary, that much sickness is preventable, and the opposition has shouted, "Graft." We have gone before legislatures with public health bills and the solons have asked, "What is there in it for you?" We have gone before congress with a bill providing for a national department of public health, and the proprietary octopus, with its wide-spreading tentacles, sought to crush us under the ponderous accusation of being a "medical trust."

But now come to our aid allies more powerful than the patent medicine interests, stronger than the quacks, shrewder than the healers, and more potent than public indifference; allies with resources of wealth, intelligence and influence. They are typified in the Toledo Commerce Club; they are the united business and commercial interests of our glorious country, and they come to our aid with the growing realization that human life and good health have distinct economic and community values.

The action of the Toledo club will radiate to other similar organizations and the movement will spread; the responsibility will be partially lifted from our shoulders. We commend the Toledo Commerce Club with feelings of relief and exultation.

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**It seems that the question of regulating medical testimony** in the courts is finally to be given attention in Ohio. The Committee on Public Policy and Legislation is now in conference with a representative of the Ohio State Bar Association and it is hoped to develop eventually a plan of regulation whereby the disgraceful abuses existing under our present system will be modified and eliminated. This is entirely desirable. Probably no other activity of the physician puts him in more unfavorable light before the general public.

**Our Over-crowded State Hospitals.**—The Journal this month calls attention to a condition which has developed into a disgrace to our great state: the over-crowding of the state hospitals for the insane and the defectives.

The constitution says that the state shall care for these people. Laws have been enacted from time to time providing for their care, and institutions have been erected. Constitutional provisions and statutory enactments have been rendered almost useless, however, by the refusal of the state legislature to set aside sufficient funds to provide for the unfortunates. Ohio is not caring for its defective population. It is caring only for a part of them.

In our article this month it is shown that there are 4,246 more persons in the state's institutions than were provided for when the buildings were erected. It is further shown that few, if any, new facilities have been added in the past seven or eight years. In other words, while the state's quota of insane and defective has been constantly increasing, no additional provision has been made for their care. Legislatures year after year have been stampeded by the cry of "economy." Finance committees have arbitrarily shut their eyes to the facts, and year after year have lopped off budget provisions for new hospital buildings with the promise to provide for them in the vague future.

The opening of the new hospital at Lima will somewhat relieve the serious condition. About 1,000 of the overflow eventually can be cared for there. But, in the meantime, what is to become of the other 3,000 unfortunates who are sleeping in corridors and are crowded into attics? And what is to become of the thousands who are fit candidates for admittance, and who have been arbitrarily refused because the institutions are already filled to their utmost capacity?

Based upon recommendations of the various superintendents, the state board of administration will this year ask the legislature for nearly two million dollars to provide extra accommodations for this class.

The Journal hopes, sincerely, that the legislators will give this problem their careful consideration; that they will investigate conditions in the hospitals and the general condition of the insane throughout the state; that they will counsel with the judges of the probate courts and thereby ascertain how many there are who should be receiving institutional care; and that they will abruptly stop the policy of vaguely postponing action on this important matter.

The year just closed has been the greatest in the history of our Association. Nineteen counties have beaten all membership records; three have equaled their best; and fifty-seven have exceeded their figure of last year, while eleven have equaled it. Nine councilor districts have made gains of from six per cent to nineteen per cent. The entire Association has added 336 to its roll of last year, or nine per cent gain. As 290 members were lost, by death or otherwise, our actual gain in new members was 626.

The total membership this year lacks just 17 of reaching the highest point in the history of the organization. In 1908, following a general reorganization, the membership at the close of the year stood at 3912.

A variety of reasons prevented attaining this mark this year. One factor was the trouble which developed in Muskingum county. This society has always included from 50 to 60 members. Last year it had 52; this year, owing to the trouble resulting from the attempted reorganization, it certified but 19 to the State Society. Had Muskingum returned the normal number the total membership would have eclipsed all records.

The year's record of each district is shown by the following table:

Districts	1914	1913	Gain	Per Cent
Eighth .....	268	224	44	.19
Third .....	298	254	44	.17
Seventh .....	200	171	29	.16
Ninth .....	158	137	21	.15
Fourth .....	360	317	43	.13
Sixth .....	449	401	48	.12
Fifth .....	662	611	51	.08
Tenth .....	471	439	32	.07
Second .....	394	370	24	.06
First .....	635	635	0	.00
Totals .....	3895	3559	336	.09.

We trust that every member will give careful attention to the following tables, showing the activity by counties and by districts. Membership is an important factor in medical organization. A large State Society means an organization which will be powerful in advancing the cause of medicine, and a large State Society depends almost entirely upon the activity of the component bodies.

#### FIRST DISTRICT.

Counties	Members 1914	Members 1913	Best Previous Year
Adams .....	23	23	30
Brown .....	8	19	28
Butler .....	51	40	64
Clermont .....	12	12	30
Clinton .....	24	21	27
Fayette .....	18	18	24
Hamilton .....	451	451	451
Highland .....	18	21	28
Warren .....	30	30	33
Totals .....	635	635	715

#### SECOND DISTRICT.

Counties	Members 1914	Members 1913	Best Previous Year
Champaign .....	29	27	33
Clarke .....	59	60	67
Darke .....	50	41	41
Greene .....	32	26	34
Miami .....	45	46	48
Montgomery .....	158	154	155
Preble .....	5	3	27
Shelby .....	16	13	21
Totals .....	394	370	426

#### THIRD DISTRICT.

Counties	Members 1914	Members 1913	Best Previous Year
Allen .....	75	65	65
Auglaize .....	22	26	38
Hancock .....	37	32	43
Hardin .....	23	18	20
Logan .....	23	16	40
Marion .....	27	20	32
Mercer .....	27	25	25
Seneca .....	30	18	34
Van Wert .....	24	23	28
Wyandot .....	10	11	24
Totals .....	298	254	349

#### FOURTH DISTRICT.

Counties	Members 1914	Members 1913	Best Previous Year
Defiance .....	11	0	19
Fulton .....	25	19	22
Henry .....	2	5	22
Lucas .....	213	187	211
Ottawa .....	13	13	17
Paulding .....	14	11	11
Putnam .....	18	18	27
Sandusky .....	21	18	27
Williams .....	31	28	38
Wood .....	12	18	39
Totals .....	360	317	438

#### FIFTH DISTRICT.

Counties	Members 1914	Members 1913	Best Previous Year
Ashtabula .....	28	30	32
Cuyahoga .....	483	456	518
Erie .....	27	22	19
Geauga .....	8	10	18
Huron .....	9	4	28
Lake .....	10	8	22
Lorain .....	46	42	62
Medina .....	23	15	16
Trumbull .....	28	24	34
Totals .....	662	611	759

#### SIXTH DISTRICT.

Counties	Members 1914	Members 1913	Best Previous Year
Ashland .....	18	13	22
Holmes .....	6	9	11
Mahoning .....	93	78	78
Portage .....	28	28	28
Richland .....	29	27	32
Stark .....	119	109	109
Summit .....	130	110	110
Wayne .....	26	27	34
Totals .....	449	401	424

## SEVENTH DISTRICT.

Counties	Members 1914	Members 1913	Best Previous Year
Belmont .....	51	28	51
Carroll .....	0	0	20
Columbiana .....	37	41	62
Coshocton .....	17	17	28
Harrison .....	6	5	20
Jefferson .....	36	30	43
Monroe .....	12	13	21
Tuscarawas .....	41	37	48
Totals .....	200	171	293

## EIGHTH DISTRICT.

Counties	Members 1914	Members 1913	Best Previous Year
Athens .....	57	44	57
Fairfield .....	39	29	36
Guernsey .....	27	23	23
Licking .....	41	28	59
Morgan .....	12	6	19
Muskingum .....	19	52	58
Noble .....	9	7	15
Perry .....	23	0	28
Washington .....	41	35	46
Totals .....	268	224	341

## NINTH DISTRICT.

Counties	Members 1914	Members 1913	Best Previous Year
Gallia .....	25	26	29
Hocking .....	14	0	9
Jackson .....	22	22	31
Lawrence .....	18	22	31
Meigs .....	9	10	14
Pike .....	13	12	17
Scioto .....	48	38	46
Vinton .....	9	9	10
Totals .....	158	137	187

## TENTH DISTRICT.

Counties	Members 1914	Members 1913	Best Previous Year
Crawford .....	31	26	32
Delaware .....	26	27	36
Franklin .....	299	296	296
Knox .....	31	26	26
Madison .....	16	14	28
Morrow .....	13	14	19
Pickaway .....	21	11	26
Ross .....	19	18	39
Union .....	15	7	24
Totals .....	471	439	516

+ + +

Keep in touch with your legislator. Let him know what the physicians of his home community think regarding the medical problems which he must pass upon at Columbus. He will appreciate your interest. Almost without exception the members of the present General Assembly are men of high type, who will honestly carry out the wishes of their constituents. If they know our wishes, we will have little to fear from them.

**Complaints on Workmen's Compensation Fees.**—Although it seems that the great bulk of the friction between the medical profession and the medical department of the Industrial Commission has disappeared, we occasionally hear complaints from men who feel that they have been unfairly treated.

The special committee which was appointed by Dr. Upham early in 1914 to study the operation of the Workmen's Compensation Act has never been dissolved. It has not convened for several months, because the Commission met most of their recommendations, and few, if any, further complaints have reached the members.

We suggest, however, that if you have a complaint you take it up with this commission. Inasmuch as these members have given the situation considerable study, they are perhaps better qualified than the average practitioner to "straighten out the kinks." For your convenience, we are again publishing the names and address of the members of this committee: C. F. Bowen, Chairman, 125 South Grant Ave., Columbus; C. D. Selby, Secretary, Spitzer Bldg., Toledo; W. F. Marting, Ironton; S. J. Podlewski, 436 Market St., Steubenville; Mark Millikin, 311 S. Second St., Hamilton; Robert Carothers, 409 Broadway, Cincinnati; C. L. Minor, Fairbanks Bldg., Springfield; Sidney M. McCurdy, 342 Norwood Ave., Youngstown; A. S. Story, 7100 Detroit Ave., Cleveland; L. A. Buchman, 335 Cleveland Ave. S. W., Canton.

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In support of our assertion that 1915 is going to be a banner year for the State Society, we refer you to the report of the December meeting of the Morrow County Medical Society, published under the Tenth District news. Morrow County recently devoted a special meeting to an "old-fashioned revival" and to a discussion of plans for making their society a success. For fear that you may overlook it, we herewith quote one of the paragraphs from this report:

"We still have a few 'back-sliders' and some who have never joined us, but have planned, as suggested by the State Medical Journal, to have some social evenings, with a feed to try to bring back our back-sliding brothers into the fold and acquire some new members. We hope by the first of the year to have every physician enrolled in the County and State Society."

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Have you noticed our clean advertising pages? These advertisers deserve your patronage.



If you are interested in pending legislation affecting public health and medical practice, which is or will be under consideration by the General Assembly now sitting in Columbus, you may keep in touch with its progress by conferring with the legislative committeeman in your county. This year the state committee on Legislation and Public Policy has arranged to keep the county committeemen informed, in detail, as to pending legislation. This will be accomplished through frequent bulletins mailed from the office of The Journal. These committeemen will also receive the bulletins sent out by the new Ohio Public Health Federation, which the State Society was active in promoting.

As The Journal is published monthly it will be impossible for us to keep readers informed of these matters in time to permit effective home work with the legislators. Hence, the bulletins.

With the charlatans and cults unusually active, this year, it behooves the medical men of every county to keep in close touch with this work, and to see that **their** Representative or Senator receives the information which will make it possible for him to vote intelligently on this legislation.

The list of county legislative committeemen is printed in the front advertising section this month. Refer to it, and arrange to keep in touch with your committeemen.

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**There are no creeds in modern medicine.** The Summit County Society has proof of this statement in its roster. Sixty-nine per cent. of the homeopathic physicians in the county are members; eighty-three per cent. of the eclectic men are members; and ninety-two per cent. of all doctors are affiliated with the society. When men of varied creeds and doctrines, diverse opinions and ideas, meet in the melting pot of the county society they come forth better men, better physicians, imbued with the high ideals of organized medicine. In their work of healing the sick they use the drug method that seems best adapted, whether it be homeopathic, eclectic or allopathic; their sincere desires and their utmost efforts are concentrated on that one great object, healing the sick and wounded, which is the sublime attainment of the doctor.

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Have you any suggestions?

+ + +

Cincinnati, in May.

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Dues are due!

We feel that the attention of our members should be called to a matter which is sometimes overlooked—the practice of falsifying official statements. Sounds bald, but it is done, often with little thought, by many physicians.

In return for license to practice medicine, the state requires that physicians shall sign birth, death and health certificates. It has been brought to the attention of the state state medical board in several instances that licensed practitioners have been negligent in this matter and have loaned their names to others who are not authorized.

The most frequent abuse comes in the signing of birth certificates. In many instances where unlicensed midwives attend the cases, they will not sign the certificate for fear of prosecution. Physicians have been known to sign the certificate for them. In other cases physicians have been known to certify that complete physical examinations have been made, as are required, for instance, by life insurance companies, where they did not make the examination. Every act of this sort is a distinct violation of the state law and subjects the violator to discipline by the board which administers the medical practice act.

On two occasions the board has been compelled to prosecute on these charges. One case is now pending where a Cleveland physician is charged with signing birth certificates in cases where the delivery was attended by an unlicensed practitioner.

In some cases there is evidence of deliberate fraud. The physician convives with the midwife. In a great majority of cases, however, the action is taken without thought of its importance.

Be very certain when you sign your name as a physician that you are sure of your facts. The law requires in case of birth certificates that the signature be made by one who was present at birth.

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**Every physician in Paulding county is a member of the society.** While this statement is striking, and the condition in Paulding is wholly commendable, the point we want to emphasize is why every man in the county joined the society. Dr. J. U. Fauster, the president, informs us that a few of the members called personally on the non-members and invited them to join. He says, further, the men obtained in this way are now active, interested members. We have observed that whenever a society has broken a record, or has accomplished specially effective work in any line of organization advancement, it has been through personal work.

## Original Articles

# Technic of the Scopolamine-Narcophine Narcosis, with Notes on Its Adaptation and Use\*

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"TWILIGHT SLEEP"—that poetic synonym used to designate the Scopolamine Narcophine treatment in child-birth has reached the status where it is flanked on one side by enthusiasm and on the other side by scepticism. How much of this enthusiasm is maudlin and over-reaching and how much of this scepticism is essentially unscientific and unjustified? Has the Scopolamine method won an overwhelming victory; or has it won only a moderate victory while displaying also the advantage of tremendous reserve processes; or has it simply exploded some superficial pyrotechnics, temporarily attracting attention to itself? Excitement and delight concerning this method extend through all gradations, from the enthusiasm of the much discussed "nervous American woman" who has the money and leisure to fulfill every current whim, to the hardshelled old Maine physician, who declared last year, in a meeting on the Twilight Sleep, that the entire discussion was un-Christian and directly against the dictum of God, namely: "I will greatly multiply thy pain and thy conception; in pain shalt thou bring forth children."

Another element of interest in the subject is, of course, afforded by the skillful advertising of certain foreign institutions. So clever has been this campaign that to the lay mind and, to some extent, to the medical press, "Twilight Sleep" meant not the scientific process itself, but the process as used by certain German "Frauenkliniks." The lay press has been flooded with sentimental, sensational articles which lend themselves to startling headlines, but which are not what one would call of value to the technical world of science or indeed to that even more subtle world of veracity.

The exigency of the European war provides a timely *raison d'être* for us, as Americans, and as American scientists, to give to this subject of Twilight Sleep a most sincere and open-minded investigation and study, and an honest and fair presentation. You should not, with an Homeric scorn, and a smug aloofness,

condemn at once the treatment as too new and unseasoned for your Pharisaical consideration. Nor should you, on the other hand, see in Twilight Sleep a panacea for the pains and misfortunes of child-birth in all cases.

No institution has the monopoly of the method; we need no importation of Continental masters or pseudo-masters to present or teach us the technic.

### HISTORICAL.

In an honest effort to present, without hysteria or exaggeration, the status of this "Dammerschlaf," perhaps it would be well to consider the chronological development of the treatment. There is nothing new in the use of Scopolamine in obstetrics. In 1902 von Steinbuchel first suggested, (in an article in *Die Centralblatt für Gynecologie*) that Scopolamine would be of value in controlling the pains of child-birth. His technique was elaborated by Gauss in Krönig's clinic at Freiburg, and in 1906 he published, in *Archiv. für Gynecologie*, the results in his first 600 cases. In 1907 and 1908 the literature contains several articles by Gauss, Krönig, and Mansfeld, describing the administration of the details of the method, as mentioned by Krönig in 1913. In spite of the good results claimed, Steffens and Hocheisen, after trial in 300 cases, wrote strongly against its use, and Leopold and Veit soon gave it up as dangerous. The bad results reported were frequent asphyxia and death of infants, and atonic post partum hemorrhage and prolongation of labor. Another adverse criticism was the fact that it could not be universally recommended in private practice, as the by-effects liable to develop made imperative the constant presence of the attending physician or physicians.

It was used for a time by many men in this country; condemned unequivocally by some, temporarily used by others, but eventually, because of the superficial understanding of the technic, practically abandoned by all. In 1907, Newell, of Boston, reported favorably on 112 cases, but later, he too, abandoned the treatment on account of the asphyxiated babies.

Dr. Krönig read a paper before the American Gynecological Society in Chicago last

\* Read before the seventeenth annual session of the Northwestern Ohio Medical Association (the Third and Fourth District), at Tiffin, O., October 21, 1914.



Fall, reporting success in 3,000 cases of confinements in his clinic.

In 1908, the Scopolamine-morphine narcosis in labor was tried by the author at the Lying-In Hospital in New York, and since that time he has used the treatment in selected, appropriate cases. The details of the method used and the results are presented in this paper. The technique of Krönig and Gauss was followed in the main.

#### TECHNIC.

In order to fortify from every point of view, the knowledge of the technic, we endeavored to note not only the causes of the good results, but also the causes of the adverse results. Four errors seemed to underlie the outward results; first, a combination of the two drugs, Scopolamine and Morphine, was used not only for the initial dose, but also for the succeeding doses; second, the bad results were due also to excessive dosage; third, unstable and deteriorated preparations of the Scopolamine were often used; fourth, some operators held the erroneous notion that the method was designed to abolish the sufferings of labor, whereas it is intended only to prevent memory of the event.

The two drugs used in the treatment are, as you know, Scopolamine and Narcophine. Narcophine is a proprietary preparation of morphine and atropine meconate, gives better results than morphine alone and is less toxic. There seems to be no marked difference in the results from the use of morphine and those from narcophine. Narcophine is sold in this country in ampoules ready for hypodermic use, and also in bulk. In the latter form, it must be made up into tablets for use. Scopolamine varies greatly in its purity and in its therapeutic action. We have used several preparations, but were finally so fortunate as to secure a supply of the Scopolamine Haltbar, prepared in sterile ampoules after the formula of Straub of the Freiburg clinic. This is a stable solution and is carefully standardized.

The treatment is not started until the pains are occurring regularly, say every four to five minutes, and lasting at least thirty seconds. This is determined by placing the hand on the abdomen and noting the contractions of the uterus. The outcry of the patient is, of course, no guide to the strength of her pains. Waiting for labor to be well established thus at once eliminates from the treatment cases of so-called "primary inertia."

The first injection consists of 0.00045 (1/150 gr.) of Scopolamine hydro-bromide, combined with 0.03 ( $\frac{1}{2}$  gr.) of narcophine.

Three-quarters of an hour after the first injection a second injection is given, consisting of 0.00045 (1/150 gr.) Scopolamine alone. Thus far the dosage is empirical. The further dosage varies for each patient, and depends entirely upon repeated tests of memory. Besides its slight analgesic action in combination with small doses of morphine, Scopolamine has the peculiar quality of producing prolonged interruptions in the mental associations. The psychological test of the patient's memory is, therefore, the most accurate guide to the dosage required in the individual case. Some women require much less than others. The repetition of very small doses of scopolamine results in complete amnesia, but it is most important to secure amnesia with the minimal dose for each case. The quantity given must be regulated by the memory test and the success of the treatment stands or falls by the observation of this one test. Half an hour after the second dose, the woman is asked whether she has had an injection, how many and where; or she is asked if she remembers a watch, or some simple object that was shown her at that time. Her answer is noted. Even if the memory is retained, no new dose is given, but twice more at intervals of half an hour her memory is tested again. If the memory is still retained a third injection of scopolamine, 0.0003 or less, is given. The third dose thus usually comes an hour and a half after the second. Further injections are given, depending upon whether the memory is retained, dubious, or lost. Abolition of memory is, of course, the result desired, and it requires the most precise judgment to suit the test to the standard of the intelligence of a given case, especially in patients of the lower grades of intellect.

Frequent observations of the uterine contractions, the subjective and objective symptoms of the woman, the condition of the memory, the foetal and maternal heart rate, are recorded on the chart.

The patient is drowsy and sleeps lightly between her pains. When a pain occurs, she manifests her suffering to a greater or less degree and again dozes, but does not lose consciousness. She answers questions and usually obeys commands, as to change in posture or to an increase in her bearing-down efforts.

The desideratum of effect of the drug is a condition of semi-consciousness, where in the pains, though apparently perceived, are immediately forgotten. The patient perceives a pain but does not apperceive it; in others words she does not appreciate it. On awakening she has no recollection of anything that has occurred. The patient may complain that the treatment is not working and abuse those in

charge, yet half an hour after birth have absolutely no recollection of her pains or of the coming of her baby.

The progress of labor must be closely watched, for the presenting part frequently is bulging the perineum without any increase in the apparent effort of the patient. This might be considered a disadvantage by those who are accustomed to judge of the advance by listening to the outcry of the patient from an adjoining room. As the head distends the vulva, the straining efforts are not nervously increased as they are in an entirely conscious patient. There is a more regularly gradual escape of the head over the perineum, as attested by a distinct diminution of perineal lacerations. We find it a distinct advantage to give a few whiffs of chloroform or ether as the head escapes over the perineum. We have found it impossible to get the patient under control of the drug after the onset of the bearing-down pains and at present we are using the treatment only in cases where we anticipate a normal labor.

#### RESULTS.

In a series of 115 cases, we have secured complete amnesia in 75 cases; and partial amnesia, that is hazy recollection with distinct alleviation of suffering in 11; of the remaining 29, 25 did not respond to the drug at all, and 6 were too far advanced in labor to derive any benefit. Practically all of the successful cases were those in which the treatment was started three to seven hours before the termination of labor. The percentage of successful cases is increasing as we become more familiar with the details of the treatment.

A study of the failures is of interest. In several cases, the treatment was started too early. Labor had been in progress some hours but the uterine contractions were not sufficiently frequent or regular. Inertia developed and the treatment was abandoned. In some, the second dose was given at too long an interval after the first dose. The majority of failures were, however, cases apparently quite suitable for the treatment, but, although they dozed throughout, they retained their memory perfectly throughout the duration of labor. One patient had 7/100 of Scopolamine in thirteen hours. She seemed to respond to the drug in every way, yet maintained her apperception of pain perfectly and the memory was retained at every test. If, after three or four injections, amnesia is not obtained in a given case it is better perhaps, not to continue the treatment. In the majority of failures, the maternal pulse did not go above 100, even with prolonged and excessive medication. In the majority of successes, the maternal pulse rate was consistently elevated and ranged between 50 and 130 when the patient was well under

the influence of the Scopolamine, and full amnesia had been obtained. One patient developed a rapid, weak pulse, running between 140 and 160 for two hours after delivery with active delirium, but with quiet and regular respiration. She was one of the successful cases and remembered absolutely nothing after the first injection. In most cases there is recollection of the pains that occurred before the treatment was started.

#### DISADVANTAGES.

The disadvantages of the Scopolamine-Narcophine treatment, as claimed by those opposing, are briefly two: Fœtal asphyxiation and post partum hemorrhage. It is evident that these objection are the results of an improper technique. Our observations in one hundred cases of these points are: In the one hundred primiparæ delivered *without* the use of Scopolamine, there were two instances of post partum hemorrhage so profuse as to require packing, and moderate hemorrhage thirteen times. In the *Scopolamine* cases there were two instances of rather severe hemorrhage, controlled without packing, and eight cases of moderate bleeding. In other words, our experience justifies the conclusion that in Scopolamine cases, the tendency to hemorrhage seems to be less, rather than greater. The two severe hemorrhages were cases in which pituitrin had been given more than an hour before delivery and were probably due to the atony from the wearing off of the effect of the pituitrin. This effect has been observed and recorded by Madill and Allan of the Rotunda Hospital.

As to the occurrence of fœtal asphyxia; in the one hundred cases delivered without Scopolamine, there were seven instances of asphyxia at birth, two of them requiring tubs and artificial respiration for twenty minutes. The majority of the Scopolamine babies cried at once, with no evidence of being under the influence of a drug; eight were moderately apneic, but responded promptly to flagellation and tubs; and two required artificial respiration for fifteen and twenty minutes. The asphyxia that occurred was in those cases where there was delay of the head on the perineum. Under the old technique, the frequent severe fœtal asphyxia was plainly due to the repeated doses of morphine, but at present the initial dose of Narcophine is well worn off before the baby is born. In rare instances, for example, in cases of extreme restlessness of the mother, it may be necessary to repeat the narcophine once in a very small dose, but it is important not to do this in cases where delivery may be expected within two hours.

In the untreated hundred, there was one still



birth and one baby that died in the first twenty-four hours. In the Scopolamine series, there were two still births, and one death of a child of an eclamptic, twenty-four hours after birth, apparently of a toxemia similar to that of its mother. One of the still birth occurred after forceps delivery on account of delay at the outlet for two hours with the cord around the neck, and one with an abnormally short cord tight around the neck. In both of these cases, the foetal heart was heard distinctly and was unchanged in rate twenty minutes before delivery. We feel that these still births were due to a faulty mechanism in labor rather than to the scopolamine treatment, and that they would have occurred without the administration of the Scopolamine.

The average duration of labor in these hundred cases was sixteen hours, as against eighteen hours in the untreated hundred. The third stage averaged thirteen minutes as against sixteen minutes in the untreated hundred. Hence there was no prolongation of labor. In general, the effect on the course of labor was a rather more rapid dilatation of the cervix than usual, followed by a delay in the advance of the presenting part at the outlet, and especially on the perineum. At first this constant delay on the perineum was disconcerting, and resulted in an increase in the number of low forceps extractions until we began to use pituitrin. This obviated the use of forceps in most of our later cases.

#### ANALYSIS OF CASES.

There were, in the 115 Scopolamine cases, 19 forceps extractions, as compared with 11 in the untreated hundred primiparæ. Nine of these 19 operations were done for the arrest of the head at the outlet with strong pains, and would have been required in any case. Two low median forceps were done because the foetal heart was falling below 100. One of these babies was moderately asphyxiated at birth, but was promptly revived. Seven of the operations were done for inertia, with head at the outlet, and these we would now avoid by the use of pituitrin. One low forceps operation was performed because of an intra partum eclamptic seizure of the mother, with the head on the perineum. The perineal lacerations were greatly reduced in number owing to this slow escape of the head through the vulva. To this extent, inertia with the head on the perineum may be said to be an advantage. There were 47 lacerated perineums in the untreated hundred primiparæ, and 42 in the 115 primiparæ delivered under scopolamine seminarcois. The few disadvantages of the treatment are, therefore, ones that may be avoided by constant observation of the case.

The foetal heart should be counted every fifteen minutes. The administration of the

Scopolamine and the observations of the memory test must be carried out with exact precision and all the details followed methodically.

The obstetrical side of the cases must, of course, be managed exactly as though no Scopolamine narcosis were being employed. Even closer attention than usual must be paid to the progress of labor and abnormalities must be promptly corrected as they arise.

As a supplement to these details of technique, there are several more general facts, which I wish to accent. First, the Scopolamine-narcophin treatment is of use in certain individual cases, those cases to be selected with great care, and where it is of use, it is of enormous value. Not all cases respond to the treatment, nor should the treatment be tried in every case. The indiscriminate employment of the Twilight Sleep will, of course, work incalculable harm, and against this danger we must all bend our energies.

As to the eligibility of the patient for the treatment, many considerations must be taken into account. In the cases of the very young, the comparatively old, the debilitated, and those suffering from kidney trouble, or other serious diseases, this treatment should not be used. At the Lying-In Hospital, in only about one-quarter of the confinements is the Twilight Sleep employed. Gauss reports that at Freiburg only 70 per cent of the applicants were accepted for the treatment, of this 70 per cent, 80 per cent of the cases responded satisfactorily, giving a result of 56 per cent successes. As the details of the technique are more thoroughly controlled, Twilight Sleep may be used in many more types of cases.

There has been much exploitation of the fact that Scopolamine treatment allows the mother to get out of bed the day following the birth and to shorten her convalescence proportionately. Many patients declare that they do not feel any more exhausted the day after the birth than they did the day before, and some are eager to get out of bed the first day. This should by no means be allowed. The mother should stay in bed until the organs have returned to normal and their repair is completed. This is an element in labor, whether treated with Scopolamine or without—that cannot be too definitely emphasized. If all physicians, whether specialists or general practitioners, would pay strict attention to this significant and important feature of convalescence, there would be fewer cases of ailments which can now be traced to inadequate organic repair.

#### A HOSPITAL PROCEDURE.

The treatment should as a general rule, be carried out in hospitals, and we are hoping that pavilions will be especially equipped for



this work. The treatment is not practicable in private houses, for it requires every resource and the complete working force of a hospital delivery-room for the entire duration of labor. This of course, means great trouble and great financial expenditure.

The ill effects of light and noise in the Scopolamine treatment are of enormous importance, and the recognition of their significance is just now being fully realized. If disturbed by light and noise, the patient, instead of being calmed by the scopolamine, is excited. In our carrying out of the technic of the treatment, the patient is isolated, the room is darkened, and, when light is imperative, shaded lighting is used; the nurses wear felt slippers, and the ears of the patient are occluded by the use of cotton soaked in albolene. At the time of birth, the woman's face is covered with a towel, or smoked glasses are used, and the cries of the child are often muffled by the sound of running water.

The use of chloroform or ether or nitrous oxide as an anæsthetic in labor is advocated by many of the physicians who oppose the scopolamine method. These anæsthetics, I will admit, are very satisfactory in certain types of operative work, but used to produce amnesia for a long period of time, they are not only unsatisfactory, but also unsafe. They

cannot be given over a sufficient length of time to relieve the nervous exhaustion of child-birth, without detracting from its efficiency.

It takes a great deal of time and study and experience to learn how scientifically to administer the "Twilight Sleep." It demands the precise knowledge of the nature and results of the drugs, scopolamine and narcophine and the nice observation of the symptoms and effects manifested by the patient. Expert judgment is required as to the adaptation of the treatment to the patient; and the treatment should be given by a trained obstetrician. Perhaps one of the most dangerous indications of the wide advertising of the treatment is the planning of "hospitals" or Frauenkliniks by unscrupulous physicians. If the operator is not thoroughly familiar with the technique, dead babies and dead mothers will too often be the result of this ignorance.

I feel confident, however, that we have in the Scopolamine-narcophin treatment, a valuable method of abolishing the recollection of pain in child-birth in from sixty to seventy per cent of cases, and I believe that, with conscientious judgment and strict knowledge of and precise adherence to the details of the technic, the dangers of the method may be avoided and the treatment become a God-send to womankind.

## The Element of Certainty in Diagnosis \*

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THIS subject was suggested to me by a perusal of some of the text books which were up to date thirty years ago. In glancing over them I was much struck with the fact that they were beginning to hint at some of the methods of diagnosis which were introduced just subsequent to that period.

Those of us who have been in practice for twenty-five or more years, have probably not been impressed with the amazing change that has taken place in the department of diagnosis. The newer methods have crept in so gradually that one must needs make a sudden jump backwards, say for thirty years, before one can appreciate the enormous changes that have been wrought in our medical lifetime.

The advances have been along all lines of diagnosis, but surgery has been helped in the most marked manner. In a general way the progress made has been in the direction of substituting *demonstration* for reasoning

from supposed facts to logical conclusions. The cultivation of diagnostic ability through the application of one's senses has been superseded by mechanical appliances which reveal actual conditions. The sense of sight has largely displaced the other senses. The *tactus eruditus*, the most valued possession of the surgeon of the near past, is rapidly yielding place to that of sight. The cultivated ear of the physician by means of which he diagnosed the hidden diseases of the chest must soon abdicate in favor of the X-ray plate. Abdominal conditions are yielding up their mysteries to the *vision* of the inquisitive diagnostician. The urinary system has succumbed to the combined assault of the cystoscope, collargol and the X-ray. Electric lights penetrate the dark places of the œsophagus and the trachea and the bronchi give all they have to the lure of the bronchoscope. Bones and joints are no longer secure against the assault of the conquering sense of sight.

Some men inveigh against these newer methods of diagnosis on the ground that they

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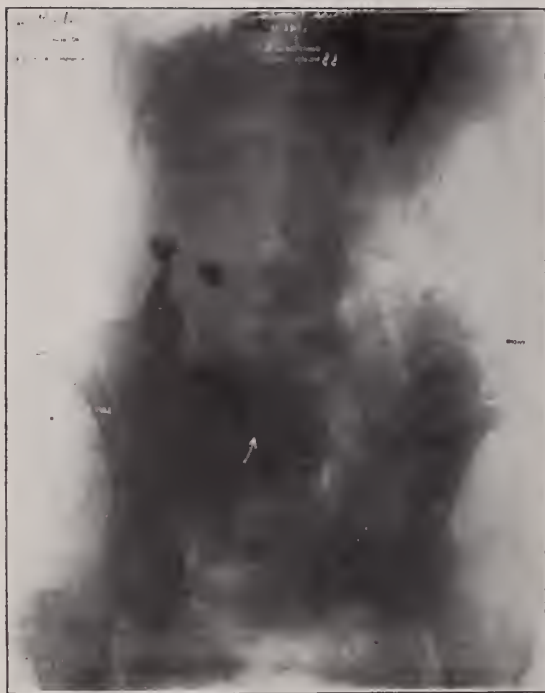


Figure 1



Figure 2

have a very strong tendency to do away with the cultivation of the senses of physicians. They contend that one's powers of diagnosis are relegated to oblivion by the modern revelations; that the broad culture of the physician is interfered with and that we have become too mechanical in our methods of diagnosis.

There is, no doubt, a very considerable element of truth in these statements, and we must admit that those physicians who practice in the more isolated communities must develop greater powers of observation and deduction than do those who have ready access to all of the mechanical aids to diagnosis. It may even be unfortunate that our schools are beginning to pay much less attention to the methods of diagnosis which must be most valuable to the average rural practitioner; but when we consider the accomplishments of the past thirty years, we can readily see that the effort has been in the direction of certainty as opposed to deductions from symptoms. We now utilize symptoms as suggestions which direct our attention to the organ or organs at fault and then use the exact methods either to prove or disprove the correctness of our suspicions.

The uncertainties of the exact methods of diagnosis have not been emphasized sufficiently. The possible errors of interpretation have been neglected, and the arbitrary assumption of pathological, as opposed to physiological, conditions has been allowed to go unchallenged.

#### DIAGNOSTIC SPECIALTIES.

This brings us to the main point for discussion—the interpretation of what is seen. Every surgeon of experience will admit that the newer methods have wrought a revolution in the art of diagnosis, and that his functions have been curtailed to a very appreciable extent by the necessity for technical knowledge he does not possess and which he cannot be expected to acquire. A special corps of medical men has sprung up whose efforts are largely confined to the investigation of one or more methods of diagnosis. Roentgenologists, microscopists, chemists, cystoscopists, experts with the œsophagoscope and bronchoscope, and others vie with the surgeon in their efforts to solve the mysteries of disease. One must be a very wise physician who can master the many details of diagnostic methods.

One can truthfully say that the newest specialty in medicine is that of diagnosis. The physician and surgeon no longer rely upon themselves for anything more than a tentative or possible diagnosis. The real responsibility of making an exact diagnosis rests with those who are expert in obtaining and interpreting the visible evidences of trauma or disease.

The rise of the diagnostician has been rapid and the material for interpretation has been much varied in its nature. The field of skiagraphy has been extended so rapidly that even the best radiographer has not been able to



Figure 3



Figure 4

keep pace with all the meanings conveyed by a skiagram. The revelations of the X-ray have put to flight many of the ideas received from the dissecting and post-mortem rooms. Our ideas of the positions of the hollow viscera of the abdomen in the living individual were derived from knowledge obtained from the cadaver, so we were quite nonplussed to find that we had very erroneous conceptions of the anatomy of the living. There still exists much doubt in the minds of many as to some of the revelations of the X-ray when so-called pathological deviations of the intestines are shown. These deviations are so common as to constitute the rule instead of the exceptions, so we should be very cautious about accepting their interpretations until more knowledge is obtained.

The principle object in presenting this paper is to emphasize the necessity for caution in accepting without reservation the apparent story told by skiagrams, and, by illustrative cases, show how even the most expert Roentgenologist may misinterpret the picture before him. We must always remember the fallibility of the interpreter, and add our clinical knowledge to his technical skill.

It is by no means an easy task to estimate the relative value of clinical findings and those of the X-ray. In the vast majority of instances there is fortunately an agreement, but many cases present apparent contradictions, and it is the clinician who must harmonize apparent discrepancies by gathering all of the

evidence and then reconciling the differences, because while the expert in a particular line of diagnosis may assume that a certain diagnosis is correct, the responsibility, moral and legal, for acting upon that belief must be assumed by the surgeon. Not only is this true, but unfortunately the knowledge of the diagnostician may be used to the detriment of the practitioner. Many of the malpractice suits brought against physicians have their origin in skiagrams taken after the case has been dismissed from treatment. This fact should lead every surgeon to utilize skiagrams in the diagnosis of every fracture and in every case of injury in which a fracture *might* be present. I have been impressed times without number with the indifference of the general practitioner to the value of skiagraphy in this class of cases. It seems remarkable how often we still find physicians treating fractures without obtaining the aid furnished by skiagrams. They seem to think that the older methods of "setting" the bone and then encasing it in a plaster of paris cast is all that is necessary. The failure to avail them selves of this exact method of diagnosis often results in a deformed limb and sometimes in an ugly suit for malpractice.

The ideal conduct of a fracture demands a skiagram as soon as possible after the receipt of the injury in order to ascertain the problem to be solved, another skiagram after it is supposed the correction has been made. One should not be content with his efforts until the





Figure 5

skiagram shows a complete correction of the deformity. A final skiagram should be taken just before the case is dismissed from further treatment. By following this method one always knows the exact condition present, and is always master of the situation. Some physicians seem to fear exact knowledge and prefer to trust to luck and hope for good results. *Exact knowledge has nowhere proved of more value than in the diagnosis and treatment of fractures.* I believe it would pay the physicians of any community, however small, to establish and maintain an X-ray machine and have one of their number learn to use it sufficiently well to get good pictures in fracture cases. Co-operation among physicians is just as necessary as united effort in any other field. It will not only organize the local profession, but will lead to improved results in treatment.

There was quite a discussion at the last meeting of the American Surgical Association concerning the comparative value of X-ray plates in the diagnosis of diseases of the stomach and duodenum. One surgeon placed but little dependence upon the skiagrams, and then only when he himself interpreted the meaning of the plates—he placed the plates low down in the scale when compared with the other methods of diagnosis. The majority of the speakers were of the opinion that a skiagram

required special knowledge for its proper preparation and that the expert along this line ought to be able to render a much more valuable opinion than could he whose knowledge of skiagraphy was much less—as a necessary corollary they attributed a much higher value to the interpretation of the plate.

#### INTERPRETATION OF THE PLATE.

This brings us to an exceedingly important point in our discussion, i. e., the fact that the value of an X-ray plate is in direct ratio to the skill, knowledge and experience of the interpreter. The amateur in this work is an exceedingly dangerous advisor, because he may lead one far astray from the truth by reason of his lack of knowledge; whereas the expert can help us along in obscure cases by means of his exact knowledge. It is therefore of the greatest importance that the Roentgenologist be thoroughly grounded in his science and that he possess medical knowledge sufficient to insure an intelligent interpretation of the pictures taken.

The science of radiology is so new and so many sources of error are ever present that we need not be surprised to find occasional lapses from accuracy even among the most proficient. Then again we must always bear in mind the possible differences and variations in normal individuals. In some of the work



Figure 6

pressing for solution as the present time no model for the normal has been agreed upon as yet. I have been much impressed with some of the possibilities of error in abdominal work in which bismuth is used for the purpose of outlining the intestinal canal. The fact that the intestines alone is outlined may lead us astray regarding the underlying conditions. An illustrative case is that of a woman who suffered with intestinal obstruction in whom a tumor could be felt both by pelvic and abdominal examination. The skiagrams (Fig. I and II) showed a distinct stricture of the sigmoid flexure and normal bowel above and below it. Had the skiagram alone been relied upon one would have said without hesitation that the strictured portion could have been removed and an anastomosis performed. When the abdomen was opened the pelvis was found to be so fully occupied by a malignant mass that an anastomosis was a physical impossibility. Reliance upon the skiagram alone would have led one far away from the true condition.

Another point of great importance is that we ought, in any given case, to exhaust all of the exact methods at our command before arriving at a final conclusion. This was well illustrated by a personal experience with a lady who while convalescing from a breast operation was suddenly seized with intense pain in her right side and back. Vomiting

accompanied the attack, and there was elevation of temperature, following a chill. Excruciating pain was caused by pressure over the right kidney, and urine withdrawn by catheter shown blood in visible quantity. A skiagram (Fig. III) taken a couple of days later revealed the presence of two calculi. After recovery from the breast operation the patient returned to her home for several months and then returned for a second skiagram and operation. The two stones were still present. Exploration of the kidney was negative, but the stones were found in and removed from the gall-bladder. Our failure to outline the pelvis of the kidney with collargol resulted in a mistaken diagnosis, even though the clinical symptoms pointed most certainly to the kidney as the seat of the trouble.

On the other hand it sometimes happens that the skiagram will clear up a case which seems inexplicable from the clinical symptoms alone. Mr. E. was fifty-six years old when I first saw him. He gave a history of attacks of severe paroxysmal pain in the left lumbar region ever since he was eight years of age. The symptoms were highly suggestive of nephritic colic, but repeated examinations of his urine were entirely negative. He passed through the hands of many physicians in the early years of his trouble and was treated for many different complaints, but his trouble re-



Figure 7

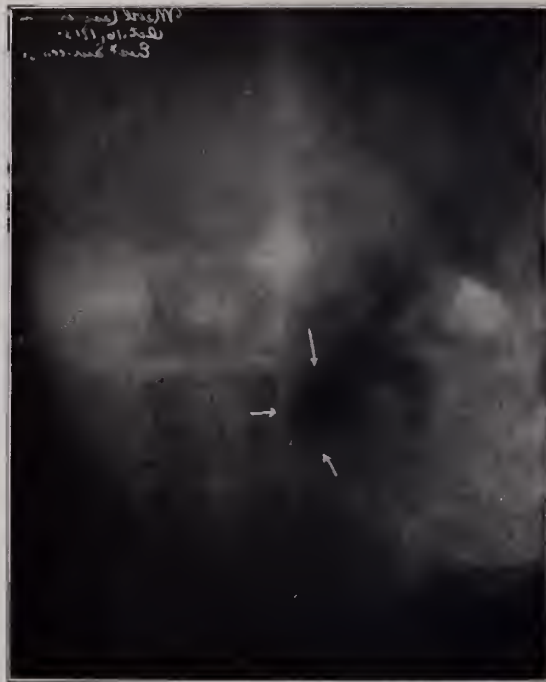


Figure 8

maintained with him. About five years ago he came under the care of the late Dr. F. Forchheimer who insisted upon having a skiagram taken. This revealed the presence of two stones in his left kidney, but his urine was, in repeated examinations, found to be normal. He drifted around from one physician to another until he fell into the hands of Dr. G. A. Fackler who also found the urine normal but nevertheless referred him to me for operation. A skiagram (Fig. 4) taken by Dr. Wm. M. Doughty in our office confirmed the presence of the calculi. The urine displayed no pathological deviation. That obtained by catheter from the left ureter was normal. The calculi were found and removed at operation.

A very interesting case was that of Dr. P. who developed a streptococcus throat infection, followed by a facial erysipelas with excessive febrile reaction. While convalescing from erysipelas he developed symptoms of irritation (pleurisy) at the base of the right chest. The fever and general symptoms persisted and the patient was steadily losing ground from septic poisoning. A skiagram (Fig. 5) of the chest was taken by Dr. Sidney Lange which showed a very marked upward projection of the diaphragm on the right side. The sugar-loaf enlargement was very suggestive of a subphrenic abscess and when several pictures confirmed the primary one and puncture of the chest failed to reveal fluid the medical men and Roentgenologist came to the conclusion that a sub-phrenic abscess was

present and asked me to operate. Portions of two ribs were excised and a large aspirator needle was thrust repeatedly into the bulging diaphragm but no pus was obtained. The wound was repaired and a drainage tube left *in situ*. The patient began to improve immediately and made a permanent recovery. A skiagram (Fig. 6) taken after his complete recovery shows the upward bulging of the diaphragm still present, but much less marked.

As an illustration of the perverseness of symptoms, I will quote the record of a woman, a patient in the Cincinnati Hospital, who had a history of severe abdominal pain followed by jaundice which had persisted for several weeks before she entered the hospital. She had an obsolete pulmonary tuberculosis on the right side. There was pain and tenderness over the gall-bladder region, but nearer the median line than usual. Skiagrams (Fig. 7) gave a distinct shadow in the region of the papilla of Vater. An abdominal section revealed no evidence of disease in the biliary tract, but a calcified lymphatic gland was found in the mesentery of the small intestine. A second skiagram (Fig. 8) taken after collargol had been injected into the pelvis of the kidney, rather intensified the belief that the concretion was in the biliary tract.

Instances of this kind could be multiplied indefinitely, but enough have been given to emphasize the fact that even the exact methods of diagnosis are occasionally uncertain and that one may sometimes be misled by a seemingly perfect demonstration.



## Serum Therapy of Epidemic Cerebro Spinal Meningitis in Childhood\*

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WITH the discovery of the serum for epidemic cerebrospinal meningitis by Flexner, in 1907, there came a contribution to Medical Science which gives more practical benefit to humanity than any other excepting diphtheritic antitoxin.

In the beginning, the complexity of the problem was so baffling and the investigators so greatly handicapped in their research through a lack of the cooperation of the practitioner, that the progress of investigation along this line has been slow. Again, this complexity has led to a confusion of ideas among men engaged in the actual treatment of the disease and it has been difficult for them to choose from the mass of results unearthed by investigators. As a result the methods of application have been confused and reliability of data very much distorted. Obviously the earnest co-operation of men in actual practice, and investigators, is necessary if the theoretical resources are to be made practical and brought to the community without any more sacrifice of time. The more painstaking practitioners and the real investigators seem to be of one opinion in reference to the value of serum therapy in epidemic cerebrospinal meningitis. But not a few whose opportunity for research work is limited and whose actual practice will scarcely justify an opinion are not in harmony with this class, and these are yet to be taught the proper usage and the advantages to be gained from the serum. The experimental evidence as carried out on animals, and the mortality rate quoted today as against that preceding the use of serum, are the most important factors in substantiating the efficiency and reliability of the treatment when properly administered.

While the symptomatic treatment is a most important adjunct, and influences to a great degree the success of serum therapy, only the specific treatment will be considered in this review, and those features discussed that are in confusion. My observations were made while house officer at the Boston Children's Hospital in the service of Dr. Thomas Morgan Rotch. The treatment of the cases was directed by Dr. Charles Hunter Dun, who has been closely associated with Dr. Flexner since the discovery of the serum.

With the assumption that the technique of lumbar puncture, history of serum, etc., is generally understood, their discussion will be omitted. However many features in performing lumbar puncture are most essential, and it is only by continued practice that one can perfect his technique.

When collecting serum, for diagnostic purposes especially, there should not be any violation of the routine. Any blood in the fluid, the most essential thing to be avoided, will distort our findings and often render the examination valueless.

The history and physical examination, which should always be complete and thorough, play no small part in assisting us to a conclusion in these perplexing cases.

A typical case of epidemic cerebrospinal meningitis gives a striking picture. Yet with all the seeming positive clinical findings, we are not safe in our diagnosis, unless we have the confirmation of the spinal fluid. In 142 cases seen by Dun, there were 51 cases in which cerebrospinal meningitis could not be excluded except by lumbar puncture.

It is a known fact that specific serum given in the presence of forms of infection other than that of the epidemic type, has no evil results,—in fact no change whatever is noted. Therefore, since all forms of meningitis, except the tubercular, show a cloudy fluid, when doing spinal puncture always be prepared to administer serum. And if the fluid is not absolutely clear, without waiting for an examination of the fluid administer the serum at once. I emphasize clear, because the mistake is not infrequently made of a failure to differentiate a slight degree of cloudiness from a clear fluid. In rare forms, mild cases, and tubercular infections, fluid, that to an inexperienced eye would be called clear, is encountered, and failure to immediately use the serum means a loss of valuable time.

The amount of fluid to be withdrawn and the care to be exercised during the procedure are important questions. It is safe to say that the draining of the spinal canal is absolutely without danger when properly done. Many hundred such operations are performed yearly at the Children's Hospital in Boston, and no fatality has ever been known. It is the rule to always drain the canal, even though the fluid obtained is for diagnostic purposes only. If the infection is well defined and we are quite

\* Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, annual session in Columbus, May 5, 1914.

certain of the diagnosis, by removing the fluid we are in actual contact with the damaged portion, and have removed a quantity of offending material. Again in the presence of convulsions or any evidence of intradural pressure, we notice an immediate improvement in the general condition. No attempt is ever made to record the amount of pressure under which the fluid is obtained except by comparison. The duration of the disease, turbidity of the fluid, and exudate in certain locations in the spinal canal go to destroy the accuracy of any such measurements.

#### THE QUANTITY OF SERUM TO BE INJECTED.

Unless there are disturbing evidences of pressure, children over 2 years should receive 30 c. c. of serum, and babies 15 c. c., as a minimum dose, regardless of the amount of fluid withdrawn.

At present it is the consensus of opinions among research men, that as large a dose of serum as possible should be given, and that we are no longer to measure our dosage by the amount of fluid obtained.

Fortunately, as a rule the required amount of fluid is at hand and we can feel quite comfortable in replacing an equal amount of serum.

Not infrequently, however, a much smaller quantity of fluid is obtained, and it is in these cases that the danger signal cannot be too carefully watched for when attempting to inject the required amount of serum.

It is extremely hazardous when undertaken by an inexperienced operator, and one must be sure of the technique and perfectly familiar with the rules to be observed while administering serum.

After giving a sufficient number of injections, one becomes familiar with the normal standard of resistance and the signs indicative of intradural pressure. Without this experience, attempting to inject more serum than fluid obtained cannot fail to have its fatal results. 30 c. c. is the standard dose in mild cases, and in the chronic form where the organism is present.

In the more severe form, and in fulminating cases, the rule above should be observed and serum sufficient in amount to give evidence of intradural pressure, and a sensation of abnormal resistance, should be administered.

The condition is not constant, but as a rule, evidence of increased pressure precedes abnormal resistance. At the first indication of either, extreme care should be exercised in determining the point of tolerance.

#### FREQUENCY OF ADMINISTRATION.

In all except the fulminating cases the dosage should not be repeated oftener than once

in twenty-four hours, unless the symptoms become intensified.

A stationary condition should not alter this rule unless the spinal fluid shows no evidence of improvement.

There can be no doubt, that disregarding this rule is conducive to relapse and chronic forms of meningitis. Therefore this becomes one of the most important principles to be observed in the use of Flexner's Serum.

Among the most confusing of all complications are those cases in which relapse occurs. This is usually indicated by reappearance of diplococci in the cerebrospinal fluid or recrudescence of the symptoms. In the presence of such a condition, a complete physical examination including an examination of the urine should not be neglected. A sudden rise of temperature without mental disturbance, following acute epidemic cerebro-spinal meningitis may or may not mean a recurrence. A rise in temperature at this time with mental disturbance is most likely a recurrence and incidentally an evil combination for favorable prognosis. Pyelitis, acute otitis media, tonsillitis and pneumonia, are the most common complications occurring at this time and recurrence can only be positively excluded by lumbar puncture.

#### NUMBER OF INJECTIONS.

Every case, regardless of severity, should receive at least four injections of serum and if diplococci persist after the fourth dose a continued daily dosage until they have disappeared.

This was a point very much disputed. At present it is the opinion of investigators that since the disappearance of diplococci from fluid in mild cases does not necessarily mean that the organism has disappeared from all parts of the cerebrospinal tract, it is advisable, even though they disappear easily from the fluid to make four doses the standard.

Writers are practically of one opinion as to time and number of injections for more severe and complicated cases.

From the above calculations it is obvious that certain characteristics of the spinal fluid must be recognized, if proper treatment is to be instituted.

First. At the time of performing lumbar puncture, observe clearness or cloudiness of fluid. If cloudy, some form of cerebrospinal meningitis is present. If clear, no meningitis, except the tuberculous, can be present; except in very rare cases.

Second. If the microscopical examination of the fresh fluid fails to show the presence of the specific organism, it does not necessarily follow that the organism is not present, for incubation at the regular temperature for a



period of twelve hours will often develop the fact that they are present.

The predominating cell is polymorphonuclear and the organism before the administration of serum is found to be both extra and intra-cellular. After the serum treatment with favorable results the fluid is less turbid and a small number of the diplococci will be found ingested by leucocytes.

This transposition (along with their diminution) is the most important guide in determining the progress made with the treatment.

As the dosage is repeated, gradually the organisms become intra cellular and finally disappear entirely. If four doses of serum have been given and the organism has disappeared serum treatment is discontinued.

After seeing the startling results obtained by the use of Flexner's Serum, we are forced to conclude with him, who in a report embracing several hundred cases, said:

"In view of the various considerations presented, the conclusion may be drawn that the anti-meningitis serum, when used by the subdural method of injection, in suitable doses and at proper intervals, is capable of reducing in large measure the chronic lesions and types of the infection, of bringing about complete restoration of health in all but a very small number of the recovered, thus lessening the serious deformity and permanent consequences of meningitis, and of greatly diminishing the fatalities due to the disease."

195 E. State Street.

## Cancer of the Uterus: Surgical Treatment\*

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THE problem of cancer is one of vital interest, and is calling for the most earnest endeavors to check its ravages. It is of great prevalence, and is rapidly on the increase among civilized people—an increase that is greatly out of proportion to the increase in population. An immense amount of money and labor has been expended, in studying its cause and nature, and in seeking a cure. We are sorry to admit, however, that with the exception of improved technic and a great progress in surgical treatment, the matter stands but little in advance of a century ago.

Until comparatively recent times, cancer of the uterus was regarded as hopeless, and nothing but palliative treatment was attempted. The surgical treatment of malignant disease of the uterus, may be classified under three heads: 1st, preventive, 2d, palliative, 3d, curative or radical.

In order that the surgeon may be of service in the prevention of malignant disease of the uterus, it is necessary that all patients showing suspicious symptoms, especially those nearing the menopause should have an examination at regular intervals. Great care should be exercised in obtaining a correct history, regarding irregular hemorrhages, increased menstruation, excessive leucorrhoea and localized pain. All lacerations of the cervix and perineum should receive the proper surgical attention for their complete repair. Cases of endometritis and erosions and ulcers should be treated surgically.

In a pre-cancerous state we may have intox-

ication of the body cells, by substances absorbed from the alimentary canal, or altered internal secretions. These conditions act as a predisposing, but not as an exciting cause. In all cases, we must look to some local lesion, or to some prolonged irritation for the exciting cause of cancer. With this conviction prominent in my mind, I cannot too strongly urge the early removal of all pathological conditions of the uterus, cervix, or vagina.

Whether we believe in embryonic remnants, cell inclusions, the germ theory, or any other hypothesis, if we are going to accomplish much in relieving suffering humanity of this dread disease, we must be on the alert to forestall conditions that might possibly lead to malignancy.

In the surgical treatment of cancer of the uterus, the most important point is to make an early diagnosis, and to institute immediate and radical surgical measures. The practice of removing a portion of a suspicious growth about the uterus, by section or curettement, cannot be too strongly condemned. This simple measure often results in stimulation of the growth, and the implantation of the cells into fresh territory to the extent, that there is no hope of a cure after the diagnosis has been established.

I think all women in middle life, where the tissues appear suspicious, and where the history indicates a possible beginning malignancy, should be subjected to a complete hysterectomy at once.

We should all become familiar with the palliative treatment of uterine cancer, for a large proportion of these cases do not apply to the

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surgeon for relief, until they are inoperable. Too little has been attempted for the relief of these patients; quite often all that is recommended is morphine for the pain, and douches for the stench. But I would emphasize the fact that much can be done to prolong the life and mitigate the suffering of these unfortunates, by comparatively simple measures.

We all agree that the patient should be kept in ignorance of her true condition, thereby sparing her much mental anguish. Every attention should be given to the hygienic surroundings. Diet should be nutritious, and the patient's resistance raised by careful, general treatment.

Palliative surgical measures consist mainly, in the destruction of the carcinomatous mass with the actual cautery, and in the employment of zinc chloride tamponage following the use of the curette.

The patient is prepared as for the usual vaginal operations, and the extent of the growth is carefully ascertained. If the uterus is not movable, we have evidence that the disease has extended into the surrounding tissues, and the patient will live longer, and be more comfortable, if no effort is made to do a hysterectomy. After protecting the vaginal walls with a packing of wet gauze, we burn the cervix, and thoroughly burn out the cavity of the uterus, with a cautery heated to a red heat. After cauterizing, a retention catheter is placed in the bladder for irrigation with boracic acid, and the cavity of the uterus and vagina is packed with iodoform gauze and sterile vaseline. When the slough separates, an eschar forms, which in healing forms a connective tissue, that limits the spread of the disease for a time.

Cancer tissues being more easily affected by heat than normal tissue, many malignant cells in the adjacent organs may be inhibited or destroyed.

The curette should not be used prior to the cautery, for if used thoroughly in advanced cases, there is great danger of perforation, and further spread of the disease.

The Paquelin Thermal cautery answers well in these cases, and the knife point of this instrument is excellent in removing the cervix and in cutting around the cervix before a vaginal hysterectomy. However, the most satisfactory cautery, I have found is the ordinary soldering iron, heated in a gas burner designed for the purpose by Dr. Mayo. Four or five of these can be heated at once, and introduced into the uterus in succession, until an eschar is formed. These cases heal readily, and usually all or many of the local symptoms disappear for a time. Most of these patients have recurrences in from one to two years, to which they succumb. However, I have seen

a very few cases live from three to seven years, without any symptoms.

I have one patient living, who was cauterized ten years ago, for an apparently inoperable condition. She has had no recurrence. Some of these cases can be cauterized repeatedly, as the disease recurs. After the removal of the gauze packing, permanganate douches should be given.

In performing radical operation for cancer of the uterus, we have a problem confronting us in which we must first consider, whether the entire disease bearing region can be removed. To operate and leave one affected area is of no avail.

The operation indicated in this disease, is the most extensive and most radical one possible, that is not associated with too great risk to the patient's life; when we consider the risk to the patient, we must also consider, that we are giving to her her only chance, and be willing to take a risk, corresponding to the prospect of a permanent cure. The uterus may be removed, either by the vaginal or abdominal route. The vaginal route is easier in fleshy patients, and in patients poorly able to stand shock it offers a lower mortality. The method I have employed most often, is the combined vaginal and abdominal method. The rule that we must never permit our knife to touch carcinomatous tissue, holds good, especially in this operation. The danger of infecting new areas should ever be borne in mind.

The cauliflower mass, or any pathological tissue in the cervix, should be burned away thoroughly with a cautery, destroying all carcinomatous cells; in this way no infection can occur.

Next the remains of the cervix is grasped by a volsellum forceps. The uterus is pulled down, and the mucus membrane of the cervix severed in its entire circumference by the knife of a Paquelin or Electric cautery, heated to a red heat. This method usually prevents recurrence at this point. Traction is continued on the uterus, and a dissection made with the cautery and gauze, until the peritoneal fold is reached. Care must be taken to avoid injuring the rectum and bladder. A finger in the rectum and a sound in the bladder, will render these steps easier and safer. The peritoneal fold, being reached, can be opened safely by the finger covered with gauze. On opening the peritoneal cavity posteriorly, we pack the culdesac with gauze to protect the intestines, and to prevent soiling of the peritoneal cavity from the cervix.

The lower portion of the broad ligament is caught by two strong pairs of clamps, and the tissues are burned between them with the cautery.



This region is then carefully packed with gauze, and the patient placed in the Trendelenberg position. A large incision is made and the operation is completed from inside the peritoneal cavity. It is now important to remove all of the broad ligaments with the uterus. We must also remove the lymph nodes along the iliac vessels. This is best accomplished by splitting the peritoneum, and carefully wiping away the fat containing the lymph nodes with a gauze covered finger. After the dissection, all the raw surface is covered with peritoneum, and a drain is brought out through the vagina.

The after treatment is of much importance. The deep tampons are not removed, until from the fifth to the eighth day, at which time they will become loosened, and there is no danger of severe hemorrhage. Usually by ten or eleven days, the sloughs can be removed with dressing forceps. After the gauze is removed, the patient should have a mild permanganate douche, care being taken that very little force is employed.

A retention catheter should remain in the bladder for the first eight days, through which the bladder may be irrigated. The patient should have 20 drops of dilute sulphuric acid in one half pint of distilled water, to prevent

the formation of calculi on the catheter. This should be administered four or five times daily.

An external dressing of pads saturated with a hot solution of boric acid two parts, and alcohol one part, adds greatly to the comfort of the patient.

The prognosis depends on the extent of invasion of the tissues, and the degree of the malignancy. Some cases seemingly are much more aggressive than others. If the operation is done early, and the cautery used extensively, the chance of permanent recovery is good. In advanced cases the prognosis is very bad. If we save one in many, however, our labor is not in vain.

#### CONCLUSIONS.

Cancer is greatly on the increase. We should endeavor to teach the laity something of its real nature, and how it may, to some extent be prevented.

It may be infectious, and we should use every endeavor to protect ourselves, and our patients from becoming inoculated.

We can do much to relieve some of the suffering of the incurable cases of cancer of the uterus.

Curative treatment must be surgical, and it must be most radical.

## Health Problems Which the Physician Must Solve\*

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(President, Ohio Society for the Prevention of Tuberculosis.)

THE local problems that every town and city must solve should interest not alone the social worker, the churchman and the ministry, but should appeal especially to the physician. Every active physician is a teacher, whether he wills it or no. The layman looks to you as an authority and what you say and what you do have more influence than you suspect. You are either a **good** teacher or a **bad** one, there is no neutral ground. You are quoted in saloon and in parlor. You are a public man. You can't get away from your responsibilities. It is not enough to examine, diagnose and prescribe. The highest duty of our profession is to prevent. Prevent not only disease, but all the agencies that tend to weaken our race physically, morally, mentally and spiritually. It was highly pleasing to a great majority of the physicians and surgeons who gathered at Atlantic City last June to observe, like a golden thread running through all sections, the emphasis on prevention. 'Tis true that a few physicians in almost every locality are found active in welfare movements, anti-

tuberculosis societies and so forth, but why not all the members of our great profession? Why should any real physician be content to live short of his possibilities, aye, short of his **duty**?

You may ask what are the specific problems to be solved. In answer to that query I will say every step upward the race is taking is a problem. No development into a higher and better life, physical, mental or moral, is possible without effort and without sacrifice, and no upward trend is spontaneous or easy. Our progress is discouragingly slow and irksome. We can not have clean streets and alleys without agitation and education. We can not have pure milk or even pure water without competent inspection. We can not breed good babies unless you physicians interest yourselves in the betterment of the race. We can not have a sober citizenship without the aid of our profession.

#### The People Will Help.

Getting down a little closer, every physician should fight dirt and filth wherever found in country, hamlet, village or city, and he will not have to stand alone; good men and women will join you and aid you and encourage you in clean-

\* Read before the eleventh annual meeting of the Tenth District Medical Society, in session in London, Ohio, on October 30, 1914.

ing up your community. A welfare society in your midst, with your co-operation, will rid you of many an eye-sore and will remove the rubbish and manure from your alleys, will clean up back yards and screen windows and protect you and your children from the danger of infected flies; it will care for the poor and needy, it will, through your visiting nurse, teach the tuberculous mother the danger of infecting, not only her own household, but you and your neighbor.

What a splendid result would crown the united efforts of the physicians in every community directed aright. Co-operation and intelligent direction would accomplish just the things we are striving for. Our profession has forced individual drinking cups everywhere and is insisting on the regular inspection of waiters at restaurants and eating-houses; it is insisting on bakers wrapping bread; it asks that school inspection be made and it never wearies in its work of prevention. It should not be the work of a few of our profession, but every physician wherever found should fight for these advanced steps with all his power. It will pay. Be not afraid of losing a few dollars by giving of your time to these things; the best investment we can make is in active service for our fellow man. Every dollar spent in this way will be returned with interest.

#### Why Not Be Heard?

We could, with a united front, appeal to councils, to boards of education, to legislatures, to congress, and our petition would have a hearing, and why shouldn't we be heard? Who cleaned up Havana and Panama? Who conquered cholera and typhoid? Who has been fighting for pure milk and wholesome food? Who guards our water? Who sewers our cities? And who, working against its own pecuniary profit, unselfishly labors that the race will grow healthier, happier and stronger? The answer is obvious—a united medical profession could have a cabinet officer in Washington within three years. A united profession in the state of Ohio could have full-time health officers in every health district in Ohio within one year. A united local profession could have a food inspector and a clean town within six months. But it is notoriously true that many physicians are indifferent; it is also shamefully true that for one or two of them to show a disposition to lead in any worthy movement in a community immediately arouses the jealousy and antipathy of their slower and weaker confreres. Instead of a hearty co-operation in these splendid movements in the interests of health and morals, we find them sulking in their tents, giving voice to unkind and untrue utterances wholly unworthy any man who claims the title of physician.

But in spite of these mischievous critics and moral cowards, our great profession is an honored one and is being rapidly advanced to a higher and higher plane by such Christian men as Kelley, Vaughn, and scores of others, and our profession

will become more and more exalted just in proportion as the rank and file reach up to the high standards of our beloved leaders. Aye, men, let us live our lives to the fullest drinking in, that we may give out the beauties and glories of a life of faithful service. "Whomsoever will be chief among you, let him be your servant." Shall we be dishonest and ungrateful and unworthy? Are we willing to be called "Doctor" and share in the honors of our great profession and not give anything in return? We may not all be great surgeons or great diagnosticians, but we can all be honest, serious, high-minded, helpful physicians, working, not alone for money, but laboring that the world will be a little cleaner and a little better because we have lived in it.

And there is work for us to do, no matter where located. In the country districts there are problems that must be solved and you can help solve them. You are your brother's keeper. You can't escape that truth if you would. Every young man that shares your friendship, you can teach. Teach him the things he ought to know and it will not only bless him, but through him you will reach his companions.

I am no preacher, neither am I a politician, but 25 years in active practice is my license to speak. There is another problem more serious and far reaching in its ultimate results than dirt and filth, and that is alcohol. Every physician knows that 90 per cent. of gonorrheal cases in young men are obtained by first, a few drinks to cloud the reason and fire the passions and then the deed is done. Every physician knows that gonorrhea is incurable; and every surgeon knows that every pus tube and ovariectomy, with a very few exceptions, is the result of a gonorrheal infection. Then, why not cry out from the house-tops against the un-American saloons? Prohibition is coming, the hand-writing is on the wall, whether we interpret it right or not, it is coming, and it would be the everlasting shame if our profession, knowing as no other profession knows, the serious effects of liquor on the human body, to wait, to falter, to hesitate. It would be to our everlasting shame not to strike a telling blow for a cleaner, higher, saner and more vigorous citizenship now. Even from a purely selfish motive, if no higher actuates us, it would pay. Note what the committee on alcoholism at the convention of alienists and neurologists lately says: "Resolved, that organized medicine should initiate and carry on a systematic, persistent propaganda for the education of the public regarding the deleterious effects of alcohol." And again Dr. Hurty, of Indianapolis, says, "Where squalor, immorality, bestiality and poverty exist, there alcohol and other drugs have sway. Insanity and crime trail after alcohol and in its wake come ill health and disease. Alcohol is opposed to public health, for it hurts any animal organism into which it is taken. It is not a food, it does not aid digestion, it does not further the good of the body; on the contrary, it hurts.



For every dollar of revenue derived from alcoholic beverages, two dollars of public cost for crime, insanity and delinquency is endured."

We have been charged with being "a cowardly generation." Let us shake ourselves free from such an indictment. The opportunity is ours. Life is too short to be spent crawling on our bellies like cowards. We must be **men**, brave **men**, face moral questions and health problems

and fight for the right. Thus we shall honor our day, our profession, and our generation.

"Go up and on thy day well done  
Its morning promise well fulfilled,  
Arise to triumphs yet un-won,  
To holier tasks that God has willed.  
Wherever wrong shall right deny  
Or suffering spirits urge their plea,  
Be thine a voice to smite the lie,  
A hand to set the captive free."

## Effective Control of a Trachoma Outbreak in Two Industrial Plants

MARION A. CAMPBELL, OF COLUMBUS, OHIO\*

(Field Secretary, Ohio Commission for the Blind.)

IN the Monthly Bulletin for April, 1914, published by the State Board of Health, appeared an article on "Trachoma in Steel and Mill Workers" which was a report by Dr. Schereschewsky of the United States Public Health Service, of an investigation into the Trachoma situation in the plant of the Youngstown Sheet & Tube Company of East Youngstown, with recommendations submitted for its control. A copy of this report was sent to the office of the Commission for the Blind; its perusal suggested that so

and homes in East Youngstown and the outlying districts, and referred to the hospital for examination and treatment 55 victims of Trachoma. Inspections were made in the afternoons, mornings were spent in the hospital assisting with the treatments.

While even authorities may differ as to the causes and the definite diagnosis of Trachoma, the medical world and the public are unanimous in the belief that Trachoma is highly infectious in character and seriously damaging to sight in its results. In spite of this common belief and in the face of indisputable evidence of the existence of Trachoma throughout the country, we are so far from devising a plan for its treatment or prevention in any general way, that the experiment of this industrial corporation is unique in the country.

### Homes Were Insanitary.

It is to be noted that in East Youngstown the usual conditions advantageous to the spread of an infectious disease were not found in the plant where the men were employed but were found to prevail in their homes and in the sanitary conditions of the village. Among the number of victims were some who had so recently come to the country as to be eligible for deportation; these were, however, treated and also retained on the payroll of the company. After the hospital was established and routine examinations were being made of all who presented themselves, many suspicious cases and several cases evidencing the disease to be of long standing were found among non-employees of the factory, but living in close proximity to employees.

The village provides no opportunity for free medical or hospital service; in lieu of this is the peasant type of midwife numbering 30 or more and 3 resident physicians. A hospital, with its associated surgery, is, to the foreigner, a place to be avoided at any cost. The accepted modern method for the treatment of Trachoma is operative, as this renders it non-infectious and hastens by a considerable period the effective cure of the disease. Every means were taken to make such treatment available for as many as would volun-



Sleeping accommodations for a night and day shift of two people each; the common towel which had apparently done duty for many weeks.

extensive an infection in a plant which employed 80% of the male population of a community, might readily be assumed to have spread among the family members, schools and boarding-houses, and that such infection would best be discovered by a nurse who should visit in the homes, win the confidence of the women and instruct in the care and prevention of the infection; accordingly, a nurse was assigned to such service in connection with the establishment of a Trachoma hospital by the Youngstown Sheet & Tube Company. This nurse made thorough inspection of eyes in schools

\* This article was prepared by Miss Campbell at the request of The Journal to call the attention of our members to the growing trachoma menace in Ohio.

tarily submit to it; to this end a ward was temporarily secured at the one hospital of the adjacent city.

The machinery of the quarantine station and hospital for treatment of the victims in East Youngstown, consisted of dining room and sleeping accommodations for 32 with a lounging room provided with games and music; equipment for daily hospital treatment with a trained nurse in



attendance, oculists making daily visits and an officer of the company to maintain records. Visits to their home by the patients were prohibited and visiting day at the hospital was closely supervised.

In the plant, posters, calling attention to the dangerous nature of the disease and the usual method of its spreading, were conspicuously distributed. The victims of Trachoma were retained on the pay-roll and were re-admitted to their employment when cured or rendered non-infectious. Operative treatment was urged, it might have been made compulsory with the alternative of dismissal; undoubtedly, such a course would have



been a relief to the local situation but a serious menace to any community in which such discharged patients might seek refuge.

#### Cared for 551 Patients.

This hospital was opened February 9, 1914; on September 1 it was closed, the last of the patients having been dismissed either as cured or as non-infectious but required to report at intervals for

inspection and treatment. During this period of seven months 551 patients were referred as suspicious and of this number 242 were diagnosed as positive cases; of these 55 were non-employees. The total number of patients quarantined during this time were 62, of which number 8 were non-employees. The total number of cases operated upon were 34, of which 4 were non-employees. The total number of cases cured by treatments were 133; by operation 34. Of these numbers 29 were non-employees. Forty-one patients left the city before treatment was complete. When the hospital closed 34 patients were required to report daily for treatment.

In his report to the president of the company, Mr. J. M. Woltz, the safety director says, "It is a great pleasure for me to report that of all the



A quarantined patient, his wife and daughter, who were found by the nurse and diagnosed by the oculist as positive cases.

cases treated only one had reached that stage where we were unable to stop the ravages of the disease, and preserve at least a portion of the patient's sight. Some of the cases treated were in an advanced stage that required operation, and in some there will be a permanent impairment of sight. This was unavoidable, and only the treatment given prevented total blindness ultimately. We have had little difficulty, after conditions were explained, in keeping the men in





A typical group at treatment-hour, in the morning.

quarantine. Constant watchfulness is being maintained by our hospital department to see that suspicious cases are examined at once and every

three plants of the Carnegie Steel Company in Youngstown. The commission has now assigned its nurse to similar inspection in the homes of these employees.

Reports of the safety director, Mr. A. C. Cook, as well as that of Mr. Woltz, showing the effective methods employed promptly upon the discovery of the situation are of interest to the medical profession as typifying the co-operation which the physician must have in securing community education along lines of preventive medicine; it is of interest to industrial bodies as typifying the broad interest which the employer is taking in the living conditions of the employed as a factor toward his highest efficiency.

In the Carnegie Works a room was reserved in the plant hospital for daily treatments and operative treatment was given at the City Hospital by the company oculist. Ninety-nine positive cases of Trachoma were found, of these 85 were operated upon, retained at the City Hospital as long as advisable and then referred to the plant hospital for daily treatment. Fourteen men with positive cases of Trachoma left the service of the company and the city of Youngstown. It is understood that a large proportion of them returned to their native country, as they were all foreigners.

A fact to be emphasized is that each of these situations was discovered by accident, through employees being referred to the company oculist for the removal of a foreign body, as such was assumed to be the cause of badly inflamed eye conditions; when discovered, 115 out of a total of 341 positive cases were in such an advanced stage as to require operative treatment.

It is unfortunate that legislation looking toward medical inspection of adults in factories, stores, etc., and "physical supervision" of school children, is being opposed by the very people who must later pay a heavy toll in unnecessary invalidism



Exterior of the one-room home of four employees in which sleeping accommodations are shown below.

effort is being made to prevent any further spread or another outbreak of the disease."

#### The Youngstown Outbreak.

Coincident with this situation in East Youngstown was a similar infection in employees of the



All are patients at the trachoma hospital.

or blindness as a result of no physical supervision at a time when such a penalty might be prevented by prompt treatment. When known cases of so infectious an eye disease as Trachoma exists in the state among adults and children to the number of 550 and official reports of the same number but 250, are we not withholding from the communities most concerned just the information needed to turn public feeling from **opposition**, to



Interior of hospital showing treatment room with nurses and doctor.

a **demand** for inspection and supervision of health conditions? If each community in which Trachoma now exists were to know the extent of the infection and to deal as promptly and summarily with its situation as have these two industrial plants, might we not hope to control the disease at its inception and prevent the large proportion of defective sight and blindness which is its present toll?

At the 1915 meeting of the Ohio State Dental Society, which will be the fiftieth anniversary, a memorial tablet will be unveiled in honor of the late Dr. W. D. Miller, of Fredericktown, Ohio, who was one of the distinguished members of the profession. The memorial will be erected on the grounds of the Carnegie Library in Columbus.

## COLLEGE OF SURGEONS

### HONORS CLEVELAND MAN.

At the third convocation of the American College of Surgeons held in Washington, November 16, honorary fellowships were conferred upon the following Dudley P. Allen of Cleveland, introduced by Harry M. Sherman; William C. Gorgas; of Washington, introduced by Charles F. Stokes; Lewis Stephen Pilcher of Brooklyn, introduced by George E. Brewer; Sir Thomas George Roddick of Montreal, introduced by George E. Armstrong; J. William White of Philadelphia, introduced by Edward Martin. The fellowship address was delivered by Dr. Edward H. Bradford, dean of Harvard University Medical School.

Four Ohio men were elected members of the board of governors, as follows: William Evans Bruner, Frank E. Bunts, and George W. Crile, of Cleveland; and C. E. Sawyer of Marion. Dr. Crile is also a member of the board of regents.

## MUSKINGUM COUNTY MEN ARE

### MAINTAINING THEIR STANDING

Following the action of the Council in formally recognizing the Muskingum County Medical Society as the component organization of the State Society, members of the new organization, the Muskingum County Academy of Medicine, indicated their desire to maintain their standing in the state and national organizations by continuing membership in the county society. Zanesville papers state, however, that the Academy of Medicine will be continued with regular programs.

It is sincerely hoped by all who are interested in the progress of organized medicine in Ohio that the difficulty which has developed in Muskingum County can be definitely settled.

Dr. W. S. Smeltzer, A. J. Strain, W. H. Christopher, F. E. Rosenagle and J. F. Fitzpatrick, of London, H. R. Berry and R. H. Rutherford, U. S. A., stationed at the United States Barracks Columbus, have been elected to non-resident membership of the Cleveland Academy of Medicine.



## Program of the New Ohio Bureau of Juvenile Research: Its Aims and Possibilities\*

BY THOMAS H. HAINES, M. D., Ph. D., OF COLUMBUS, OHIO

(Clinical Director of the Bureau; formerly Professor of Psychology, Ohio State University.)

THE Bureau of Juvenile Research was conceived and born in the light of the knowledge that delinquency is largely a matter of mental deficiency of one sort or another, that the State's institutions for dealing with feeble mindedness are taxed to the utmost, and yet, special education and custodial care are extended to only a modicum of our morons. The social problems of mental deficiency have loomed large in the minds of some of our thinking men. And these problems are problems of medicine and psychological medicine.

The juvenile courts of the State are sending every month about thirty minor delinquents to the Girls' Industrial Home, and about seventy-five to the Boys' Industrial School. Thus, about twelve hundred and sixty minor delinquents come under the care of the Ohio Board of Administration every year, as wards of the State. Preliminary surveys have shown that from sixty to seventy per cent of these adolescents are retarded in their mental development and are to be classed as morons. It seems safe to say that more than one-half of them have cortical defects, which make them incapable of meeting the exigencies of life with that amount of responsibility which society expects of normal persons.

The moron has definite intelligence defect. He cannot understand complex situations. He cannot assimilate complex ideas. He lacks markedly in power of constructive imagination. His judgment is poor, and consequently he cannot look ahead and plan his course of conduct. And if he could, he has not those qualities of will and character, which would enable him to persist in his plan till executed.

Above these delinquent morons, the delinquents who have no decided intelligence defect may be considered as of two classes. The problem of first interest to the sociologist and psychologist is the cause of the delinquency. Some we shall find it safe to consider delinquent because of character defects, which are chargeable to poor environment, and every such case should be given a fair trial at socialization in the best home available. These attempts at socialization are to be experiments in the interests of the person experimented upon. The other class is to be considered defective in the matter of character formation. They lack character because they lack the frontal lobe development which makes character possible. They lack the cortical bases of a strong will. The

personality has failed to develop because of congenital defect. They pass the Binet tests for twelve years and beyond, but they lack in capacity of judgment and imagination and social sensitiveness, and this lack is one which it seems quite as impossible to make good as is the intelligence defect of the nine-year moron.

### The Mental Test.

The first problem of the bureau is the intelligence rating of the individual. This is a relatively simple matter. Binet-Simon and Yerkes' Point Scale tests constitute, in our hands, fairly good tools for this work. They are not instruments of precision, but they are vastly better than unaided vision for assaying mentality. After this preliminary mental examination, there is much nice work to be done by the skillful psychologist, competent to advise and plan in vocational guidance. Even the high grade morons are not all waste timber for society. They are incapable of competing on equal terms with normal men, and they are not able to act with consistent propriety in managing themselves and their affairs, but they are capable of making their own support if guided, as in the terms of the definition adopted by the British Royal Commission on the Feeble Minded. For their own happiness and for the economic interests of society, these individuals must be studied each as a single problem, and he must be fitted for the utmost autonomy of which he is capable. Those who must have institutional control should not be paroled. Parole for these means inevitable future delinquencies. By giving them liberty, we are simply running up unreasonable bills of expense. In letting loose from the reform school a criminally inclined moron, who will, because of his hypersuggestibility or dominance of criminal instincts, be soon at the reformatory or penitentiary, society is as clearly wasting its resources as is a farmer who allowed his mowing machine to stand under the apple tree all winter, or the meat packer who throws his adrenalin into the sewer. It is much cheaper and safer to keep him in custody, when we know him to be defective.

Many of these morons are easily managed and very useful. They must be sorted out and skillfully placed. The most important matter in managing this class is to provide such control that the inoffensive morons shall not bring forth a progeny of criminals. High grade feeble minded are most prolific, and are sure to beget and bear defectives. The relationship between the offensive and inoffensive defective has not been traced along lines of descent. It is hardly likely that we

\*This paper was prepared at the request of The Journal, as we believe that the new Bureau is a move in the right direction, and that physicians should become familiar with its possibilities.

shall sort out simple Mendelian characters, which are different for the two classes. We know that responsibility is not present where there is mental defect. Responsibility grows less and less with more of defect. Criminality is a matter of relationship between the defect and the environment. Since defect breeds true and crime proceeds from defect, custody for the moron female from 14 to 45 years of age seems the only safe procedure.

The higher grade delinquent—those who have no specific intelligence defect, must be studied further from the psychological point of view, to ascertain whether or not the individual has a moral defect which is inherent. Such is the timber from which come the moral insanities, psychopathic personalities and paraphrenias. The delinquency may be the first appearance of such a breakdown of character, in the face of the responsibilities of modern life.

#### Scope of the Study.

Careful studies of (1) The biologic character of the family, the stock, (2) of the home conditions, and (3) of the past personal history of the individual should be made by the field worker, in each of these cases which tests above the moron or is of doubtful intelligence defect. Results of such social and biologic investigations must be crucial in determining whether or not the individual shall be given a trial in a good home. Many victims of circumstance can be saved from institutionalization and saved to themselves and society.

The field worker's attention will by no means be confined to the **homes and families** of the non-defective delinquent, of the moral imbecile, and of the moral defective. It is very important to get the family relationships between persons who are and have been, in reform schools, reformatories, penitentiaries, state hospitals, etc. It is also important to get data about defective members of such stocks who may have escaped residence in state institutions. The **family-trees**,—pedigrees of our wards, constructed by the field workers of the bureau—will, in a few years, constitute a social survey of feeble-mindedness of the state. From these archives, we shall be able to show the kakogenic stocks, which are a continual expense to the state—simply parasites upon society. We already know of several families in Ohio as worthless and expensive as the Kallikaks in New Jersey and the Jukes in New York. The bureau will be the source of more and more of such information concerning expensive defective stocks, and will thus contribute to the popular education along these lines.

#### Physical Examinations.

The more strictly medical problems connected with delinquency are by no means secondary to the psychological and sociological. These have been mentioned first, because of the present prominence of feeble-mindedness in connection with delinquency. In a recent study in Boston, the

writer found that 30 per cent of the defective delinquents at the Psychopathic Hospital had positive or doubtful Wassermann reactions, while the whole list of patients for the same time, the Wassermann being made as a matter of routine upon the serum of every patient admitted, showed only 14.7 per cent positive and doubtful. It is therefore evident that the incidence of syphilis in delinquents is very great. There are many subtle relationships between the two. The ways in which the spirochete affects the nervous system in general paralysis, cerebro-spinal syphilis and tabes, are manifold, but these are minimal as compared to the subtleties we are likely to discover in relation to mental defects, neuroses, and borderland psychoses. There is a great undiscovered country here. A routine Wassermann in all delinquents is a prime necessity. In cases of positive sera, lumbar puncture, with cell counts, albumen and globulin estimation, and such refinements as Lange's colloidal gold test, must inevitably follow, as means of inlet into this new territory. Therapeutics and family studies must follow the lead of the findings.

While syphilis, in its multifarious effects upon the nervous system, must be in the lime light in the study of these delinquents, other neuroses and psychoneuroses will inevitably claim attention by virtue of the novelty of the relationship with delinquency.

The whole line of infections will claim the attention of the medical staff. The study of all disease entities in relation to the mental conditions of delinquency will be entered upon as new problems. The very existence of such an institution as the bureau of juvenile research opens new fields to research. Its institution brings out freshly and vividly the possibilities of etiological connections.

The delinquent has a right to have the best which medical sciences and arts can supply in order that his physical defects may be overcome. Every patient is to have a thorough physical examination as a matter of routine. Eye, ear, nose and throat are to be thoroughly gone over, and infections and defects cleaned out and corrected. Orthopedics must correct many defects. It is useless to undertake further specification of the interesting fields of corrective and preventive medicine offered by the work of the bureau.

When the bureau is organized within a home of its own, many cases involving problems of special interest to the present-day medical man will find themselves within our doors—cases which at the present time find no provision made for them. Such is the case brought up recently by a judge of a juvenile court. A child of seven years has not talked since he was two years old. He began to learn to talk, and acquired some language, but soon ceased to try to communicate his ideas vocally. The brief statement suggests a juvenile psychoneurosis, in which the problems of re-



education would be of great interest to the staff of the bureau of juvenile research. And when its own house is opened, it will be the only institution within the state suitably equipped for undertaking such service. Many such special cases of juvenile defect and pathology are now needing the kind of special attention which only such a specialized institution can give. Each case of such special and peculiar points of interest will add to the value of the institution as a place for medical researches. The life of the bureau is bound to bristle with problems.

#### Psychological Research.

Further, on the mental side, we are bound to recognize that our tests of intelligence are as yet only rough measuring instruments. It is quite within the field of research of the bureau to go out after data, gathered from normal children, adolescents and adults, which will further graduate and standardize the development of human intelligence. But the more peculiar problems of the mental growth and retardation of the delinquent adolescent, are those of the defects of will, of character and personality. Socrates is quoted by Plato, as saying that "Knowledge is Virtue," and the psychology of ethics which follows therefrom, seems to be an identification of the intelligence and the moral sense. In one sense, this is true. But in that sense, knowledge is much more than what we designate as intelligence in our discussions of the Binet tests. It embraces those subtle appreciations of what others will think of one's contemplated behavior, and power of control of the self through the delicate play of feeling in what we call the sentiments,—the control of one's socialized ideals. These mental processes, and their organization into character, a thorough-going study of adolescent and juvenile delinquency, must make its own peculiar study.

#### Training of Experts.

One important aspect of the program of the bureau, which has thus far escaped mention, is the **educational**. I am not referring now to the education of the patients, but to the training of experts on the staff, to the extension of knowledge of the problems of delinquency and defect among the medical profession, to a specific training school for teachers of defectives and for social workers seeking knowledge of the psychology of delinquency, and to the program of the bureau for an extension department for a general dissemination among our people of a knowledge of the relations of defect and crime and the economic management of the defective classes.

The organization of the bureau within a home of its own is essential to the beginning of the realization of these educational ideals. Only when we come into such a home can members of our staff, with their divers special interests, medical, social, biological, and psychological, come to understand one another, and work with united efforts and greatest economy of energy to

the best advantage of the individual patient. In such work, one must keep constantly in mind that the human being under study is a unit—a person, however lame and maimed that person may be—and his betterment, as an end in himself, is the first aim of every worker. This point of view also makes for the preservation of balance in one's special studies. The histologist and expert in serum examination must know the patient from the biologic point of view, and the diagnostician must know him from the psychologic point of view, and the social worker must know him from the viewpoint of general clinician.

With these ends in view, we propose to have one hour set apart each day for the staff to come together for the thorough discussion of the most puzzling cases. Presentation of the results of the examinations, interviewing the patient, followed by discussion as to what the case is and what to do with the patient in order to secure his greatest happiness and society's best interests, will constitute the order of procedure. Such a **staff-meeting**, together with the varied activities of the clinic, will prove attractive to medical men and social workers outside the institution. Special clinics for different classes of workers may be held from time to time. Various state officers, such as the field officers attached to our various reformatory institutions, and the staff of the department of child welfare of the State Board of Charities, will, because of the intimate relationship of their own activities, keep in close contact with these clinical and educational activities of the bureau. In the staff meeting many such officers can give more than they receive. It should be a part of the business of such officers to contribute to the educational value of the staff-meetings. Another value which these educational efforts of the bureau will manifest, will be in the education of probation officers of juvenile courts, and in turn the carrying of expert knowledge to the court itself. In fact, it would be a good investment for a county to give leave of absence, with pay, to a probation officer and let him serve as voluntary worker at the bureau for a time. In this way, the bureau would be disseminating knowledge which would diminish its own supply of delinquents. Such money-saving service, however, would at the same time be conserving human happiness and increasing efficiency.

To the medical student, the exhibition of problems, medical and social, as the bureau can present them to him, will prove an invaluable part of his training for social service.

#### Summary.

In conclusion, our program is, first, the medical, mental and sociologic investigation of the minor delinquent, and the making of complete written records thereof to the board of administration, as the law requires. This entails **researches**,—exten-



sions of human knowledge in all of these lines,—**medically**, the etiology of delinquency, **psychologically**, the grades of intelligence defect, and the constitution of moral deficiency, and **sociologically**, how much and what kinds of delinquency may be overcome by skillful placing and by management of the environment. This research includes minors, who find no place in our present organization, and they all bring very interesting material for investigation. Supposing the institution under a roof of its own, the education of the staff members by co-operation and each getting the others' points of view, will prove a great stimulation to research, and make the work of great interest to physicians, psychologists, and sociologists. For the beginning of the

work of research, it is necessary to have the staff and the delinquents assembled. The demand for a home for the bureau is imperative. The geographic disabilities, under which we labor at present, preclude any but the most cursory examinations. To make a research, the laboratory, the material, and the researcher, must be assembled in one place. When several trained specialists must co-operate in the search for knowledge, it is important each should be available to the others. Undertaking such work at long distances from each other and from the laboratories, puts a handicap upon the work, which should be removed by an early appropriation, proportionate to the economic importance of this work.

## TO OFFICERS OF COUNTY SOCIETIES

The Journal, working with the Bureau of Co-Operation of the State Society, herewith announces the formation of The One Hundred Per Cent Club.

It will include the top-notch membership hustlers of the State Society, and will hold its first meeting in Cincinnati in May during the next Annual Meeting—a luncheon and smoker with a brief post-prandial program dealing with ways and means of extending county society activities.

We want you to attend. Here is the plan:

Membership in the One Hundred Per Cent Club will include the president, secretary and treasurer of every county society which, by March 5, 1915, has equaled or exceeded the membership record established in that county in 1914.

Entrance qualifications will be based upon the records in the office of the Secretary-Treasurer of the State Society—which will mean, of course, that the dues must be paid and the State Society's portion must be in the hands of Dr. Selby by March 5.

There will be no dues and no expense attached. An officer of the State Society, interested in extending membership, will bear all expense of the luncheon and smoker.

Start today. We hope to see the officers of at least thirty counties enlisted in this organization.

It is just as easy for the members of your county society to pay their dues at the first of the year as at the last. We hope, also, that this new organization will stimulate membership campaigns, so that every available and desirable physician in every county will be enlisted AT ONCE. Such a campaign would inject new life into the State Society and make it a more powerful instrument for good.

Officers of county societies which qualify for membership will be listed in The Journal's Roll of Honor—which we hope to start next month.

Which society will be the first to qualify?

## NEWS NOTES

A son was born on December 3 to Dr. and Mrs. Chas. Hoffhine, of Columbus.

Dr. J. A. Mercer, formerly of New Vienna, Clinton county, has moved to Greenfield, Highland county.

Dr. B. F. Becker, health officer of Toledo, retired from service on December 8. Dr. B. E. Bethards was appointed temporary health officer.

Dr. N. L. MacLachlan, of Findlay, headed the dry federation which waged the successful prohibition contest in that city early in December.

The offices of Drs. J. H. Varnum and R. V. Whisler, Benton Ridge, Hancock county, were destroyed in a fire of unknown origin on December 8.

Dr. A. L. Faler has moved from St. Johns to Buckland, both in Auglaize county. Buckland was left without a physician through the death of Dr. R. W. Sharp.

Drs. W. A. Galloway, of Xenia, and L. E. Flickinger, of Canton, have been appointed pension examining surgeons in their respective communities.

Physicians of Loudonville, Ashland County, have formed a physicians' protective association, with Dr. C. B. Scott, president, and Dr. N. W. Neptune, secretary-treasurer.

Dr. Morton W. Bland, of Bellevue, Huron County, on December 16 was appointed state registrar of vital statistics by Secretary of State-elect Hildebrandt. He succeeds Dr. A. C. Holland, who was appointed from Marion.

At their meeting in Columbus on December 18, osteopaths elected state officers as follows: President, R. W. Sanborn, of Akron; secretary, L. E. Bumstead, of Delaware. Columbus has been made permanent headquarters of the association.

Dr. C. H. Leaman, one of the oldest dentists of Dayton, died at his home December 13, at the age of 69.

Dr. Charles R. Butler, probably the oldest practicing dentist in Ohio, died of pneumonia at his home in Cleveland on December 15. He was born in Atwater, Ohio, in 1832 and has practiced in Cleveland since 1854.

Dr. J. F. Jones, of Columbus, on December 10, resigned as member of the state board of library commissioners. His term would have expired in 1918.

Dr. M. E. Blackburn has been elected president of the Columbus Women's Medical Club, Dr. Ida M. Wilson, vice president, and Dr. Mary A. Wilson, secretary-treasurer.

An individual known as "Medicine Bill" Melvin, who for twenty-five years has been one of the best known patent medicine street fakirs in the country and who has found Ohio a lucrative field, reached Columbus December 14 to serve a term of from three to twenty years in the penitentiary on the charge of mistreating a young girl. His flourishing locks, the product of fourteen years cultivation, were shorn.

The Veterinary Medical Association of Ohio held its annual meeting at Ohio State University, Columbus, on January 6 and 7. Nearly 200 members were in attendance.

Dr. G. M. Todd, of Toledo, spent the early part of December in New York.

Muskingum County Commissioners appointed Drs. C. P. Sellers and E. C. Logsdon county infirmary physicians, and Drs. A. E. Walters and Granville Warburton, jail physicians.

Dr. E. O. Smith, of Cincinnati, spoke at the Hamilton Y. M. C. A., December 6, on "Personal Purity." Dr. Smith is professor of Genito-urinary surgery, medical department, University of Cincinnati.

Dr. D. Tod Gilliam, of Columbus, spoke recently before the Philadelphia Medical Society. A considerable portion of the program was devoted to the Gilliam operation and its modifications.

Northwestern Ohio Homeopathic Medical Society held its twenty-first annual meeting in Toledo, December 8 and 9.

Dr. Daniel J. Webster, who has practiced in Waterloo, Lawrence County, for fifteen years, has moved to Lucasville, Scioto County.

Dr. H. R. Buckle, a recent graduate at Starling-Ohio Medical College, has completed an internship at Grant Hospital, Columbus, and has opened an office in Sidney.

Dr. J. H. McElhinney and wife have left Mansfield for their future home at Palm City, Santiago County, California. Enroute they stopped at various points.

## NEBRASKA, AFTER SIX YEAR'S EXPERIENCE WITH PLAN OF CO-OPERATIVE MEDICAL DEFENSE, HEARTILY O. K.'s IT

The following interesting letter from Dr. A. S. Von Mansfelde, of Ashland, Neb., Chairman of the Medical Defense Committee of the Nebraska State Medical Association, in answer to an inquiry from The Journal should be of interest to our member at this time:

Editor, The Journal:—Your favor to Dr. Jos. M. Aikin was referred to me for an answer and I gladly comply, especially since I owe a debt to Ohio anyway. My preceptor, Dr. A. H. Hunt, Wooster, Ohio, lived and died in your state and I have been greatly favored by your State Board of Health for many years past with their excellent monthly reports.

Our defense work was established in 1908. I have been the chairman of the Defense committee ever since. We have disposed of a number of cases through lawyers and in part through the courts. One case has come to actual trial, and in the United States District Court, but was not given to the jury. The judge threw out the case because the plaintiff had not made a case at all, and we had satisfied him that the doctor had done his work better than could be expected under ordinary conditions. All cases ended in favor of the defendant doctors.

The by-laws originally made membership in the defense bureau obligatory but that was changed into voluntary membership before the former could be tried. Of the 800 to 1000 members in the association from 1908 to date, from 300 to 400 have become from year to year beneficiaries of the undertaking, and the smallness of the fund forced us to be very careful of our means.

In part your trouble will be as it has been with us—the incompetent lawyers who never lack in ability to charge. Unless your committee sees to it that no case is tried unless the attorney is fully posted as to the medical, or more often the surgical facts of the case, and that the members of the profession deem it a duty and an honor to respond with their testimony promptly and effectively, and that they also are posted as to the medical and surgical data concerned in the case, your work will be in vain. But if these things are conscientiously attended to, in every case, you will glory in your good work as we have had so much cause to do.

Beside the cases which have advanced to some stage in their court life, we have a number in which the plaintiffs and their attorneys, on learning the state society was back of the defendant doctor, got "cold feet," and were never heard from after their bluff and threats had been "called"

by us. We have now six to eight cases on hand, budding, and in court.

### Plan Made Mandatory.

This last May at the annual session of the state association, without the slightest effort on the part of the Defense committee, the House of Delegates changed the membership in the defense fund from the voluntary to obligatory, so that from January 1, 1915, every member will have to become a member of the Defense Bureau, through the payment of one dollar. And this was made the law on the vote of the whole House, with only one member voting in the negative, and he was simply possessed of a personal grudge. Not only this was done, but the House voted the chairman an annual fee of three hundred dollars, just to show their appreciation; and two hundred dollars, or as much as may be needed, for expenses. I had previously served without pay.

I am writing this at length, because we could not have worked under more unfavorable circumstances at the start; and yet, after six years, the profession is almost unanimous in its enthusiasm for the defense and its accruing benefits.

And this is not all, nor the best results of the work of the committee. The profession is realizing, as it never did before, (and I have been a member of it for almost fifty years, thirty-eight of them in Nebraska) that they owe to one another and to their families certain duties, the fulfillment of which entails more blessings than they ever dreamed of. The way they now respond to my call for help, with their testimony, is a sight to behold. And how we all of us enjoy the result.

Finally, permit me to suggest that the ideal plan for your members, as we have found it, will be to hold membership in a bonding company which agrees to fight your case for from \$15 to \$25 per year, and pay damages if you and they lose the case against the doctor—which with these two powerful combination will hardly ever happen. I mean, of course, that the bonding company will fight to the finish to keep from paying damages. Our defense fund, as you will notice, does not pay judgments against the doctors. Our committee, however, will furnish to their attorney, or to their and the committee's attorney—in combination, all of the scientific facts and the best of witnesses, a matter which bonding companies hardly ever accomplish alone.

Most cases have more than one physician in them. They are all learning to be careful how they talk about the case to others. Their turn, they know, may be next. And they may have to "eat" or stand disgraced.



## NEWS OF INTEREST FROM OHIO HOSPITALS

"You should have these every three months," remarked a visitor at the clinic held in Flower Hospital, Toledo, December 8th. The exemplification of modern methods in the diagnosis and treatment of disease was the most striking feature of this one day meeting, the program of which follows:

Morning Session—Dr. J. G. Keller—Cystoscopic demonstrations. Differential diagnosis. Dr. S. D. Foster—Transplantation of bone. Dr. C. W. Moots—Surgical procedures for prolapsus uteri. Appendectomy. Dr. Thomas Hubbard—Demonstration of bronchoscopy and esophagoscopy. Dr. W. J. Stone—Cerebro-spinal syphilis. Hodgkin's disease.

Afternoon—Drs. H. H. Heath and C. D. Selby—Herniotomy under local anesthesia. Removal of a bone plate. Dr. Geo. L. Chapman—Pediatric clinic. Dr. C. N. Smith—Hysterectomy, cholecystostomy, appendectomy. Thyroidectomy. Appendectomy. Dr. C. F. Tenney—Differential diagnosis. Drs. Charles Lukens and W. H. Snyder—Tonsil and Adenoid operations, showing different methods of operation. Juvenile Cataract, discussion. Central Leucoma, optical iridectomy. Epicanthus, canthoplasty. Trichiasis, lid plastic. Symblepharon and contracture on phthisis bulbi, plastic on lids with skin grafting. Strabismus, advancement with tenotomy.

The Newark City hospital, replacing the old structure which has been in use since 1897, was thrown open to the public on December 15. The new structure, which was completed at a cost of \$63,000, was paid for largely through popular subscriptions. Of the \$50,000 subscribed in a whirlwind campaign, \$47,000 has been paid in. A site valued at \$25,000 was donated by Mr. and Mrs. E. H. Everett. A large number of special rooms were fitted out by individuals and local organizations. The hospital—a \$90,000 plant—opened with a debt of only about \$15,000. The hospital is an attractive structure of red brick, three floors and basement, furnished throughout in white enamel. It has thirteen memorial rooms and five sun parlors, four of which will be used for wards. A residence adjoining has been remodeled for nurses quarters. The entire institution is under the control of a board of lady managers. F. L. Packard, of Columbus, is the architect.

The report of the State Board of Administration shows that in the year ending November 15, 1914, a total of \$26,356.52 was spent for medical and surgical supplies in the eighteen institutions

under control of the board. In addition, \$4,316.25 was spent for medical and surgical equipment. The average daily residence in these institutions during that period was 21,026. The entire cost to the state of caring for these patients was \$4,154,382.11, of which \$1,408,233.94 was spent for salaries and services.

Dr. Bachmeyer, superintendent of the Cincinnati Tuberculosis Hospital, will request the legislature to enact a special law enforcing prohibition of the sale of intoxicating liquors within the hospital zone. He charges that liquor dealers in the vicinity of the hospital offer special inducements to inmates, and thereby render useless the hospital treatment.

The five-county tuberculosis hospital, which has been opened at Springfield Lake, Stark County, is to be officially known as the Springfield Lake Sanatorium.

The state board of health campaign to urge the establishment of tuberculosis hospitals has been carried into the south central district, including Pickaway, Fayette, Pike, Ross and Scioto counties. R. G. Paterson, director of the division of tuberculosis, recently addressed a meeting in Chillicothe on this subject.

Lima City Hospital is planning to erect a nurses' home and to use the present building for the care of contagious and infectious diseases. The city has agreed to allow the hospital a fixed sum of \$6,000 a year instead of an amount raised by one-half mill levy.

Dr. Richard Arthur Bolt, instructor in the Tsing Hua College, Peking, has returned for a visit in Cleveland. Dr. Bolt was formerly resident pathologist at Charity Hospital, and later in private practice in Cleveland.

J. Crosby Chapman, B. A. (Cambridge), D. Sc. (London), Ph. D. (Columbia), has been elected assistant professor of experimental education of Western Reserve University.

Dr. Maynard M. Metcalf, professor of zoology at Oberlin College, has retired from the faculty to devote his entire time to research in his private laboratory.

Butler County commissioners are contemplating erecting an addition to their county tuberculosis hospital to accommodate thirty-five additional patients.

An eye, ear, nose and throat dispensary and clinic service has been instituted at Elyria Memorial Hospital.

## OHIO MEN, AT MEETING OF AMERICAN PUBLIC HEALTH ASSOCIATION, NOTE PROGRESS IN PREVENTATIVE MEDICINE

The forty-second annual meeting of the American Public Health Association, held at Jacksonville, Florida, November 30th to December 5th, developed the fact that the world's greatest war is not restricted to Europe, but is world wide. This is the war between man and his natural enemies, the germs of disease.

It is a continuous war, has been raging for centuries, and is raging now. Every day sees action, an engagement here and a siege there, and the fight goes on—on—on. The steady gain is with man; he will win.

The doctors are the line officers in this great conflict, and they are at the front, now as never before, commanding the forces and resources of humanity against the enemies' invisible hoards entrenched in neglect, ignorance, degredation, filth, and charlatanism.

The Ohio State Medical Association views with pride the activity of its members in this war, as evidenced by their utterances and prominence at the Jacksonville meeting. Among these were H. T. Sutton, president of the state board of health; E. F. McCampbell, secretary and executive officer of this board; E. R. Hayhurst, the director of its division of occupational diseases; J. H. Landis, health officer of Cincinnati; Roger Perkins, professor of preventive medicine, Western Reserve; and William G. Ebersole, secretary-treasurer of the National Mouth Hygiene Association.

### Industrial Problems.

The report made by Dr. Landis, as chairman of the committee on industrial hygiene and sanitation of the home, was appropriate to the Ohio situation. A great manufacturing state, our public health problems are largely those of industrial relations. Dr. Landis very wisely emphasized the heavy drain on output and profit which results from industrial sickness, which is the argument that appeals to the employer. "No sanitary problem is solved by caring for its victims," the doctor said. Education of the workers is effective in this as well as other branches of public health activity. Probably the best place outside of the factories to reach the industrial classes is in the night schools. It is there that they should be taught public and personal hygiene.

E. R. Hayhurst, whose work in occupational diseases is attracting attention, gave a statistical study in the prevalence of occupational factors in disease, with suggestions for their elimination. The industrial hazards are dust, dirt, darkness, devalitized air, abnormal variations of tempera-

ture, fatigue, lack of exercise and certain of the infection diseases.

Dr. McCampbell presented his plan of instruction in public health work for medical students, as now being conducted by the Medical Department of Ohio State University. The great importance of such a curriculum lies in the preparation it gives the physician for guiding the health movement. "Give us definite information on the prevention of disease," said a social worker, "and we can be of more assistance to you." The average doctor of the present day is not in position to give this information. The average health officer has no special training. Dr. McCampbell's plan tends to qualify the medical graduate for this service.

### Why Not Change This?

It seems that Ohio, North Dakota and Michigan are the only states in the registration area having the bureau of vital statistics separate from the board of health. According to the health officers this is considered a handicap to effective public health work. It is essential for instance, that the executive officer of the state board of health receive current information on the distribution and occurrence of deaths, in order that he may intelligently direct measures for their prevention when possible.

The most startling and discouraging statement uttered at the meeting came from the lips of Jeannette Marks, social worker and writer. "The United States," she asserted, "is the largest consumer of opium in the world. We use more than China."

As Ohio is writhing in the clutch of narcotism, our health and social workers were brought abruptly to a realization of their gigantic task—the prevention and cure of the drug habits. It appeared that the immediate need in Ohio is a legal provision for the constitutional care of the habitue. He has been deprived in a measure of his drug and left to find his own cure. Shattered, cringing and stealthy, he cannot accomplish the miracle; he needs aid as never before.

On the whole, as indicated by this meeting, the future for preventive medicine is very bright. The health worker is coming into his own. The public is sensing the economic value of health. Greater resources are available to health officials; they are given greater powers and more money, and better still public opinion is rapidly coming to their support.

Prof. W. T. Sedgwick, of Boston, was elected president. Dr. Landis, Surgeon Anderson of the U. S. P. H. S. and Alfredo Dominguez, of Havana, were elected members of the executive committee.

This article is by Dr. Selby, who was sent to Jacksonville as a delegate from the Toledo Commerce Club, which, from a commercial viewpoint, is taking an active interest in health affairs.—News Editor.



## CASE REPORTS

The following case report was submitted by Dr. G. E. Robbins, of Chillicothe

Female, age 42; single, teacher. Family history: Father's death due to some acute fever; mother living and well. Past history absolutely negative, never seriously ill. Present illness began at noon Sept. 11, 1914. Had a fall on school stairs. In protecting her head from a stone step threw the upper part of her body back with a jerk, and noticed a peculiar sensation in the small of her back, and was somewhat dazed for an instant. About three o'clock on the same day noticed a numbness in her feet and legs. This feeling persisted and ascended gradually until on the third day it reached the abdomen on a level with the third lumbar vertebrae. In the evening following her accident she developed a sudden intense pain in lumbar region, which continued for three or four hours then subsided. On the morning of the third day she showed a distinct ataxic gait, which has persisted till this time. On the same day she noticed a disturbance of bladder and rectum which she describes by saying that she is conscious that the bowels want to move, but she has no sensation while they are moving, nor does she feel relieved when they have moved. No cystitis has as yet developed.

Prior to her accident she had severe pain at her menstrual function, with heavy pain in the back, but now she has no sensation in connection with this function at all. Appetite good; digestion not impaired, except by gas in her bowels, (a condition that she never had before); constipated; sleeps well, no headache or dizziness; slight loss of weight.

Patient is pale, but well nourished. Blood count, reds, 4,365,000; whites, 8,200; moderate secondary anemia. Blood pressure, 145. Very slight evidence of sclerosis, heart normal. Urinalysis negative.

Nervous System: Pupils react, reflexes markedly exaggerated. Well defined sensory disturbance beginning at a level of the third lumbar vertebrae, extending downwards. Sensation as to heat and cold, pain, touch or pressure, is markedly blunted. There is a well-defined ataxic gait, walking being almost impossible without using great care and close attention—in fact, she feels that she can not walk without holding to another person. Well marked Romberg sign, also ankle-clonus.

Diagnosis: Traumatism to cord with hemorrhage.

Treatment: Absolute rest for six weeks, followed by easy massage and galvanism, also the iodides.

Prognosis: Slow but complete recovery.

## BOOK REVIEW

"Surgical Pathology," a book of 350 pages, by Drs. J. W. Means and Jonathan Forman, of the Medical College of the Ohio State Medical University, is designed to meet the need in teaching of a close correlation of the clinical manifestations of disease with laboratory findings. It admirably fills the requirements. The study of pathology, either the gross specimen or the microscopic slide, undertaken, as a rule in the so-called laboratory years and quite aside from any consideration of the symptoms produced by morbid changes in the patient, with whom the student does not come in contact till a later year, has too often led to the conception that pathology is a matter more of academic than practical interest. No more serious misconception could be instilled. It is therefore a pleasure to welcome a treatise on pathology written with this particular point in view.

The book contains fifteen chapters headed as follows: The Non-Specific Blood Diseases; Tumors, the Process of Repair; Abscess Formation, and the Reaction to Foreign Bodies; Conditions About the Face and Mouth; the Lymph Nodes of the Neck; the Stomach; the Intestines; the Appendix, the Gall Bladder; the Kidney; the Uterus, Fallopian Tubes and Ovaries; the Prostate and Testicle; the Breast; the Thyroid Gland. There are eighty-seven original microphotographs selected with unusual care. The text is a masterpiece of condensation, and, a matter of equal importance, it is easy to read. Although professedly a laboratory and clinical outline for the use of third-year students, the older student will find it a useful book of reference and an excellent point of departure for advanced work.

## MEDICAL MEN CO-OPERATED IN CHRISTMAS SEAL SALE

It is very pleasing to note that physicians throughout the state co-operated enthusiastically with the Ohio Society for the Prevention of Tuberculosis in their Christmas Sale of Red Cross seals. The character work carried on by this society merits the enthusiastic support of every physician interested in public health.

In looking over the list of active agents of the society we find that in a number of communities medical men were in charge of the sales this year. Among these were the following: Bowling Green, Dr. H. J. Powell; Canton, Dr. Charles LaMont; Ashtabula, Dr. B. M. Tower; Delphos, Dr. N. E. Brundage; Crawford, Dr. Katherine Ryal; Lorain, Dr. E. V. Hug; Huron, Dr. W. E. Gill; Tiffin, Dr. E. H. Porter; Wapakoneta, Dr. C. L. Mueller; Wilmington, Dr. Frank Peele.



## LIST OF ADVISORY BOARD AND COMMITTEE RE-APPOINTED TO SERVE WITH COMMISSION FOR BLIND, FOR 1915

The Ohio Commission for the Blind herewith announces the personnel of the medical advisory board and advisory committee, which will co-operate with the commission during the ensuing year. The cooperation of the commission with medical men experienced in eye work has proven a splendid success. During 1914 the services of the committee enabled the commission to refer over 300 cases of eye ailments for diagnoses and treatment. It enabled the commission to conduct in almost every section of the state, clinics for eye ailments—cataract, trachoma, interstitial keratitis, corneal ulcer, ophthalmia neonatorum, eye injuries, strabismus, and eye strain, needing refraction have been frequent diagnoses.

The educational effect upon a community of directing eye ailments to the eye specialist rather than to the vender of spectacles or the newspaper advertiser, is to be considered, as well as the benefit to the individuals of proper diagnosis and treatment.

With the continued service of this Committee, such clinics will be extended as the funds of the Commission permit.

The Commission herewith makes grateful acknowledgement of the generous service and interest of members of this Committee in the effort to prevent unnecessary blindness.

The members of the Advisory Board are as follows: Drs. Walter H. Snyder, Toledo; Wm. E. Bruner, Cleveland; Mark D. Stevenson, Akron; Sol. M. Hartzell, Youngstown; George C. Schaeffer, Columbus; C. L. Minor, Springfield; J. H. Millett, Dayton; Louis A. Strickner, Cincinnati; W. N. Cooper, Steubenville; and D. B. Hartinger, Middleport.

The members of the Advisory Committee are as follows: Drs. E. H. Porter, Tiffin; Wm. B. Van Note, Lima; Chester B. Bliss, Sandusky; Reed Madden, Xenia; E. R. Earle, Urbana; Robert Butler, Bellefontaine; A. J. Strain, London; J. C. Rider, Eaton; A. W. Grosvenor, Sidney; H. E. Shilling, Troy; D. H. Richardson, Celina; J. E. Hunter, Greenville; C. D. McCoy, Kenton; Charles D. Mills, Marysville; W. H. Woodward, Delaware; E. O. Richardson, Marion; Thomas P. Johnson, Mt. Gilead; Harry W. Blair, Mt. Vernon; Clark B. Hatch, Newark.

Drs. John McDougall, New Lexington; A. L. Guthrie, Lancaster; Augustus K. Smith, Logan; P. C. Bone, Circleville; Ralph W. Holmes, Chillicothe; Louis R. Culbertson, Zanesville; F. K. Smith, Warren; H. W. Thompson, Salem; John G. Wishard, Wooster; Ralph Wise, Mansfield; Wm. M. McClellan, Ashland; D. S. Olmstead, Millers-

burg; Charles M. Neldon, Coshocton; F. B. Larimore, New Philidelphia; A. J. Hill, Canton; Geo. L. King, Alliance; James J. Hathway, Carrollton; Geo. Gill and C. O. Jaster, Elyria.

Drs. Charles H. Tanner, Willoughby; Mary Battels, Ashtabula; Hershel Fischer, Lebanon; Wm. K. Cherryholmes, Hamilton; F. M. Ashburn, Batavia; Lockhardt Nelson, Hillsboro; R. B. Hanna, Georgetown; O. T. Sproull, West Union; George M. Marshall, Portsmouth; R. M. Hughey, Washington C. H.; E. A. Yates, Piqua; John F. Hill, Ravenna; Wm. W. Sauer, Marietta.

### BUSINESS ORGANIZATION O. K.'S NATURAL HEALTH DEPARTMENT.

#### Movement Which Medical Men Have Advocated For Years Gets Important Sanction.

The Commerce Club of Toledo, at the meeting of the board of trustees Tuesday, Dec. 8th, began a movement to create a department of public health as a part of the national government, whose head shall be a member of the President's cabinet. A resolution to that effect was forwarded to the Chamber of Commerce of the United States, at Washington, Wednesday, Dec. 9th. It follows:

"Whereas, human life is the most valuable of our nation's resources, and,

"Whereas, the supreme obligation of a government is the protection and conservation of human life, be it hereby

"Resolved, That this, the Toledo Commerce Club, of Toledo, Ohio, hereby petition the Chamber of Commerce of the United States to exercise and direct its good offices toward the establishment and maintenance of a department of public health as a separate and distinct department of the national government, whose head shall be a member of the President's cabinet."

### ROMANCE, IN CINCINNATI?

On Thanksgiving eve, Dr. Lawrence C. Carr was held up by a highwayman while returning from making a professional call. On demand for money Dr. Carr pulled a revolver and shot the would-be robber. Upon returning to his home Dr. Carr was called in consultation by Dr. Caddy, and found his assailant as a patient. There will be no prosecution by Dr. Carr, who refuses to divulge the name and whereabouts of his patient. Romance is not dead, even in Cincinnati.

—The Lancet-Clinic.

## ACTIVITIES OF OHIO CITIES IN PUBLIC HEALTH WORK HOW ABOUT YOUR CITY?

A public health nurse has been employed to look after the children in the Warren and Niles schools.

As the result of an outbreak of "barber's itch," the Ironton board of health has instituted a system of rigid inspection of these shops.

A school for juvenile patients at Franklin County Tuberculosis Sanatorium has been established, with classes three hours each day.

Salem has launched a public health league which will co-operate with the city board of health in a campaign of public health education.

Forty representative citizens of Fostoria organized a public health and welfare league on December 3. They decided to retain a public health nurse.

Dr. C. A. LaMont, health officer of Canton, has recommended the employment of a city bacteriologist as a factor in a continued campaign against outbreaks of diphtheria.

Persons afflicted with tuberculosis cannot be employed in any cannery or packing establishment in Ohio, according to a new ruling of the state agricultural commission.

J. Warren Smith, professor of Meteorology, Ohio State University, addressed the General Practitioners Medical Society of Columbus on December 3, on "Medical Climatology and Weather Effects."

Dr. C. A. L. Reed, in an address before the Federated Churches of Cincinnati, urged the ministers to preach on health topics and devote attention to the medico-social problems which are becoming of increasing importance.

The Ohio State Grange at its annual meeting in Chillicothe on December 10 adopted resolutions recommending that the bureau of pharmacy, now under the control of the state board of agriculture, be transferred to the state board of health.

Youngstown papers state that Dr. O. Delfino has submitted a treatment for tuberculosis to the city chamber of commerce with the request that it be endorsed. The matter was referred to the medical committee headed by Dr. C. R. Clark.

Reports received by the West Virginia State Board of Control from the various state penal, corrective, and insane institutions show a big falling off recently in the number of inmates, and prohibitionists are pointing to this as an evidence of the effect of prohibition.

Dr. Floyd V. Miller, health officer of Delaware, on December 16 issued a statement to the effect that there were 41 cases of scarlet fever in the city, fourteen of which were among O. W. U. students. The statement was issued in reply to exaggerated reports then prevalent.

T. P. Kearns, state inspector of workshops and factories, in his annual report recommends the employment of an expert in hygiene to survey conditions prevailing in Ohio factories and to assist in formulating a code dealing with sanitation, heating, lighting, and ventilation.

A movement has been started to organize a public health league in Xenia. Dr. G. E. Robbins, of Chillicothe, president of the state anti-tuberculosis league, Mr. R. G. Paterson and Miss Helena Stewart, representing the state board of health, spoke there on November 27 urging that such a league be established.

Dr. John Maglott, president of the Richland County Medical Society, on December 9 was elected president of the Mansfield Public Health League. Dr. Glen Wood Lathrop was elected secretary, and Dr. Ada Ford, treasurer. The association will secure a public health nurse for Mansfield.

Dr. A. L. Smedley, health officer of Hamilton, in a recent communication to his board, called attention to the menace of tramps who nightly sleep at the police station and who are potential carriers of disease through their house to house visits. He pointed out that an epidemic of smallpox in Hamilton was caused by tramps a few years ago. Acting on his suggestion, the board by resolution condemned the harboring of tramps in the city prison.

### INTERESTING DENTAL SURVEY.

The Central Ohio Dental Society has recently completed a survey of their district estimating the average expense, prices received for various operations, and numerous other facts of interest. The following is some of the interesting features of the questionnaire: Is dentistry hard on your health? 27 yes; 7 no. Do you think you receive the fee you should for your services? 2 yes; 22 no. Would you grasp the opportunity to get out of dentistry into some other business? 22 yes; 6 no.

## OHIO'S PIONEER PHYSICIANS FOUGHT INDIANS AND COMBATTED SMALL-POX IN THE FRONTIER OUTPOSTS

The following interesting sketch was written for the Columbus Dispatch by Mr. J. H. Galbraith, who is presenting a splendid series of "Short Stories of the Buckeye State":

"The first physician to make Ohio his permanent home and field of practice was Dr. Jabez True. Others had preceded him into the Ohio country, but lacked the courage to determine to make the wilderness their home. Dr. True reached Marietta in the summer of 1788, a few months after the settlement had been made.

"He was a native of Hempstead, N. H., born there in 1760. His father was a clergyman and had served as chaplain of a regiment in the French war. He also had some income from his work in preparing young men for college. Jabez, who was one of ten children, was so prepared. Then he began his professional training. It was in the days when young men simply "read medicine," taking places in the offices of practitioners and usually also in their homes, reading texts under the directions of their preceptors and accompanying them on their rounds of visits to patients. For a few months each winter the students would go to some medical college to attend lectures and do something in dissection. Two years of such work secured for such students their diplomas.

"A Dr. Flagg of Hempstead, was Jabez's preceptor. He was taking this instruction while the war of the revolution was in progress, and was graduated before its close. He secured at once the appointment as physician on a privateer operating in the war, but the vessel was wrecked off the coast of Holland, and the young doctor had accidentally the opportunity to see what the Dutch doctors were doing, for he had to stay in Holland until the war was over.

Then he settled in Gilmantown, N. H., but four years later turned his face toward the new Ohio country. At Marietta he built a log cabin which was both his home and his office. There he lived and practiced until his death in 1823, caused by a disease he contracted in his practice. The hardships of the life of a doctor in such a place can hardly be appreciated now. Often he was the mark of the rifles of the hostile Indians as he rowed in his canoe on the river or rode his horse along the trails to distant points to see the sick. Smallpox came to the new settlements and it was up to him to handle that dreaded disease. When it broke out in the garrison at Belpre, the soldiers decided that as they could not hope to escape it, Dr. True should be called in to inoculate the members and that was done. It is recorded that not one of the hundred members so inoculated

died, and but two deaths occurred at Marietta. His fees were necessarily small and many of his patients were unable to pay anything. In 1791, during an Indian war, he was appointed surgeon to the troops, for which he was paid \$22 a month, and most of the time he was practicing at Marietta he eked out his income by conducting a school.

"This pioneer doctor knew nothing of the germ theory, and never suspected the real nature and causes of the diseases he treated, and yet laboring with great fidelity and making the best possible use of knowledge he had, it can be said that he served his day and generation well.

"No descendant of Dr. True lives. He came a bachelor to Ohio, and at Marietta married a widow, Mrs. Sarah Mills. They had no children."

### PRACTICAL QUESTIONS WILL BE DISCUSSED IN ATHENS COUNTY

Society Will Make It a Regular Feature of Its  
Meeting.

The interesting bulletin published by Dr. Copeland, secretary of the Athens County Medical Society, prints the following comment after requesting that each member of the society write the secretary suggesting methods of improving the practical working of the organization:

"Our last meeting was a splendid success and it shall be the policy of the Society the coming year to have each member in it give a short talk on 'Something that has been of practical benefit to him in his practice.'

"We are going to take the list of members alphabetically and ask about five each time to prepare something on the above subject for the different meetings of the year, so if you know about where your name comes in the list you will know something about what month you will have to prepare for.

"Doctor, how about your collections? Did you send out your bills the first day of each month, or did you wait till the 4th or 5th when everybody else had gotten theirs in before you did?"

### OPTOMETRISTS MEET.

The Optical Journal and Review (the optometry organ) states that steps are being taken to change the course in optometry in the Ohio State University, in Columbus, which was started in September, to a four years' course. Optometrists from over the state met in Columbus this week to celebrate the establishment of the school, and to "impress the legislature."



## DEATHS

**Milton I. Hatfield, M. D.**, aged 74, Eclectic Medical College of Pennsylvania, Philadelphia, 1870; died November 30 at his home in Warren, where he had practiced for 21 years. He is survived by a widow, one daughter and two sons.

**William K. Bolon, M. D.**, Columbus Medical College, 1879; died December 14 at his home in Cumberland, Guernsey County, where he had practiced since graduation. He enjoyed an extensive practice and was prominently identified with the business interests of his home community.

**Luther B. Tyson, M. D.**, aged 74, Eclectic Medical College, Cincinnati, 1860, died at his home in Kenton November 26. After serving in the Civil War, Dr. Tyson practiced medicine for several years in Hardin County and later operated a drug store. He retired a number of years ago.

**William B. Doane, M. D.**, aged 78, Eclectic Medical College, Cincinnati, 1882; for many years a practitioner of Amelia, Clermont County, died December 13. He was a veteran of the Civil War; was closely identified with business, social and church interests. He was formerly pension examiner for Clermont County.

**W. H. Evans, M. D.**, aged 80, who practiced in Hiett, Brown County, for more than 47 years, died suddenly on December 10 at his home near Ripley. He served three years in the 89th O. V. I. Following the war he was graduated from a Cleveland medical college. He was a licentiate member of the Christian Church for 12 years.

**Sumner A. Stacy, M. D.**, New York Homeopathic Medical College, 1886, died December 4, at his home in Adamsville, Muskingum County, following acute attack of heart trouble. Dr. Stacy was born in Marietta in 1857, and following graduation located in Coshocton, where he practiced until 1912. After a period of travel he opened an office in Adamsville.

**Jacob F. Trump, M. D.**, aged 63, University of Vermont, College of Medicine, 1881, died December 8 at Mercy Hospital, in Hamilton. Dr. Trump moved to Hamilton twelve years ago and specialized in eye, ear, nose and throat work. He was a member of the Butler County Medical Society,

but had been inactive in recent years. He is survived by a widow and daughter.

**William Robert Moore, M. D.**, aged 46, Starling Medical College, Columbus, 1899, died at his home in Ironton, December 3. Dr. Moore was a son of Dr. William Moore, Sr. Following graduation he took up practice in his home city, where he was very successful. His health failed a few years ago. He never married. His splendid library was bequeathed to Briggs Library while his surgical appliances were given to Gray Deaconess Hospital.

**William H. Capaner, M. D.**, aged 83; Western Reserve University, School of Medicine, 1856; died December 2 at his home in Cleveland after an illness of four weeks. Dr. Capaner was born in London in 1831 and came to Cleveland when seven years old. He was surgeon to Marine Hospital, 1860-1861; city health officer, 1871-73; and surgeon to the city infirmary for four years. He is survived by a widow, son and daughter.

**Roscoe McClellan Huffman, M. D.**, aged 26, of Florida, Henry County, was killed December 20 when his automobile was struck by a Lake Shore train near Pool's Hospital at Port Clinton. He had just left the hospital when the machine was struck and completely wrecked. The body was thrown 75 feet. Dr. Huffman was graduated from Toledo Medical College in 1913. He was married last April. The body was removed to his home in Benton Ridge, Ohio, for burial.

**Clara E. Cook, M. D.**, Hahnemann Medical School and Hospital, Chicago, 1896; who has always practiced her chosen profession in Portsmouth, her native city, died December 6 at St. Paul, Minn., where she had gone to make her future home, hoping to recover her health. Her remains were taken to Portsmouth and laid to rest in Green Lawn, Hempstead Academy of Medicine adopted the following resolutions:

"Be It Resolved, That in her death this Academy has lost a true and faithful member and friend; her numerous patrons a devoted physician and the community at large a valued citizen;

"That while we bow in submission to the Will of the Divine Ruler in removing her from our midst, be it hereby ordered that the secretary transmit to the afflicted parents expression of our deepest sympathy and grief, with a copy of these resolutions,

"That our hall be draped in mourning for a period of thirty days,

"That a copy of these resolutions be spread upon our records and a copy be forwarded to The Ohio State Medical Journal for publication."

(Signed), J. S. Rardin, L. D. Allard, and C. W. Wendelken, Committee.

# NEWS OF STATE MEDICAL BOARD

## OFFICIAL BOARD

T. A. McCANN, M. D., President, Dayton; March 17, 1916.  
 LEE HUMPHREY, M. D., Vice President, Malta; March 17, 1917.  
 S. M. SHERMAN, M. D., Treasurer, Columbus; March 17, 1914  
 A. RAVOGLI, M. D., Cincinnati; March 17, 1915.  
 LESTER E. SIMON, M. D., Cleveland; March 17, 1918.  
 SILAS SCHILLER, M. D., Youngstown; March 17, 1919.  
 J. H. J. UPHAM, M. D., Columbus; March 17, 1920.

GEO. H. MATSON, M. D., Secretary,  
 Office, State House, Columbus.

Examiner in Preliminary Education,  
 K. D. SWARTZEL, M. Sc., Columbus.

The board at its meeting on Friday, December 11, revoked the certificate of another licensed practitioner of medicine who has been very active as an advertising "men's specialist"—Dr. Albert C. Goode, of Columbus and Lima, who according to testimony, served as "re-fee man" in connection with the advertising offices operated by Dr. Arthur C. Graham and others of similar character. At the time he was cited to appear, service was secured on Goode in Lima where he was connected with the so-called "Ohio Doctors."

When his case was called before the medical board, Goode failed to appear or to be represented by counsel. This was not a surprise to the board, however, as the records show that his license had been previously threatened in April, 1910. At that time he was prosecuted in the common pleas courts of Cuyahoga county for displaying obscene matter in public. He was then connected with the so-called "Dr. Boyd Medical Institute." The records show that after the court conviction he was summoned before the medical board, but upon his earnest promise to reform, revocation was postponed.

Evidently his promise of reformation did not materialize. The testimony instituted under the direction of Dr. Matson and a representative of the attorney general's office, showed that Goode directly participated in the unsavory practices carried on by Graham. The Franklin county farmer who in the Graham case testified that he had been relieved of over \$2100 through Graham's office, again appeared and testified that it was Goode who co-operated with Graham in advising that the "German baths" be brought to Columbus, a procedure which cost the farmer \$1000 in cash. The same farmer testified that Goode participated with Graham in extracting various other amounts. After hearing the almost revolting testimony, the board promptly revoked Goode's certificate to practice.

## In Pastures New.

The case against C. L. Dolle, who formerly was connected with advertising medical offices in Cin-

cinnati and Columbus, was postponed. The board upon investigation, was unable to find Dolle. It is reported that he has seen the handwriting on the wall and is sojourning in California. When he re-appears in Ohio he will be cited to show cause why his license should not be revoked.

The case of A. G. Henry, of North Baltimore, charged with illegal sale of narcotics, whose case was originally heard on October 26 and continued pending further investigation, was again continued. Like action was taken in the case of E. C. Skinner, of Cleveland, charged with participating in the falsification of birth certificates. A slight technical error in the completion of this case caused the postponement.

## Pleaded Ignorance of the Law.

The case against Dr. Frank X. Adams, of Akron, who plead guilty in justice court on the charge of illegally selling narcotics, was continued pending good behavior. Dr. Adams presented his case to the board through an attorney, pleading entire ignorance of the law under which he was convicted. He had been sick for a period prior to his conviction and had been out of touch with medical practice. He was accompanied by Dow W. Harter, of Akron, a prominent lawyer, and Mr. E. E. Kidder, a merchant and contractor, both of whom testified as to his high character. He presented affidavits from a large number of Akron citizens including some of the officers of the county medical society, judges and ministers, bearing similar testimony. Inspector Johnson, of the agricultural commission, who caused the conviction, told of purchasing morphin-sulphate in his office. After careful consideration, the board continued this case pending good behavior.

The case against Dr. Frank L. Kinsey, of Fremont, convicted in the local court on a charge of unlawfully selling fifteen grains of morphin-sulphate (to a "stool" employed by the state agricultural commission) was dismissed after consideration. Dr. Kinsey was accompanied by a representative of the Sandusky County Medical Society and presented formal resolutions from the society asking that his license be continued. He also presented a petition signed by prominent physicians in Fostoria and Fremont, attesting to his truth and integrity and protesting against the methods used in securing the evidence in his case. The case was dismissed upon the doctor's promise not to dispense morphine in any manner.

The case against Dr. F. O. Hunt, of Columbus, who was the "case-taker" in Graham's office and whose complete statement regarding practices there made possible the complete evidence against Graham, was not taken up at this meeting.



**JEWELL FIGHTS REVOCATION.**

Dr. A. K. Jewell, of Columbus, who was cited to appear before the board on December 12 to show cause why his license should not be revoked, secured a continuation until December 21, through representation of his attorney, Councilman Sherman of Columbus. Before that date, Jewell filed suit in the Franklin County Common Pleas Court for an injunction restraining the board from revoking his license. Special Counsel Weisend of the Attorney General's office represented the board in the subsequent hearings.

Jewell has been occupying the office that Dr. Arthur C. Graham was compelled to vacate after he became involved with the medical board. Jewell's advertisements in the Columbus newspapers, extolling his ability as a "men's specialist," and the modesty of his fees, etc., etc., have disgusted honest medical practitioners for months. He formerly practiced in Toledo.

**WHAT ARE CHIROPRACTORS?****DR. MATSON ANSWERS QUERY****Cult Which Seeks To Practice Legally in Ohio Requires Very Little Training.**

The increased activity of the chiropractors throughout the state has developed several inquiries relative to the methods of this cult and its history in Ohio. Recently a Youngstown physician wrote The Journal that he is in close touch with his legislator and that he had been asked by him for complete information on the subject. We referred the matter to the state medical board and are printing herewith the answering letter written by Dr. George H. Matson, the secretary, who has had extensive experience in prosecuting these people in Ohio.

Believing that the information will be of interest in many quarters at this time, we are reproducing the letter in full:

**Dr. Matson's Answer.**

"In 1896, when our medical law was passed, and for several years prior to this when other similar laws in the other states were being enacted, one seldom heard of this character of practitioner (chiropractor). Indeed, the term chiropractor was not generally known. These various medical laws which were enacted for the benefit of the public, and not for the benefit of physicians, cults or classes, established a high standard (for that time) of medical education—indeed, so high was this standard that many an honest but poor boy was forced to seek other pursuits. Those who did not possess sufficient preliminary education to meet the requirements of the law, but who seemed determined by hook or crook to join the profession, sought out these various so-called methods and have attempted with some considerable success to plant themselves in fertile fields of practice. It was soon after the

passage of the law that Chiropractors, Mechano-Therapists, Neuropaths, Magnetic Healers, Spondylo-Therapists, Napravits and Electro-Therapists arose. Schools of Chiropractic were established, the first at Davenport, Iowa; then one in Michigan, one in Oklahoma, one in Pennsylvania, and of late years, several others in different parts of the country.

"In the beginning these courses could be pursued either at the so-called institutions or at the homes of individuals. In most cases they were pursued at the homes, through correspondence. Later a certain definite term was required at the institution—at first three months, then six months.

"At one of these institutions in Davenport two courses are now open—one for a short period, and one for a long period. Or, if the applicants desire, the first part of the course may be obtained through correspondence, but the latter part must be taken at the institution.

"The business of making chiropractors has become so profitable, now, that I am told three chiropractic schools are located in Davenport where but a short time ago only one thrived. These schools are at lager-heads. Each employs national counsel to defend its graduates who may be prosecuted by any state authorities. This applies to Ohio the same as other states. The Lieutenant Governor of Wisconsin represents one of these schools, and either he or his partner have usually represented those whom we have prosecuted in Ohio.

"In all of the catalogues and literature which we have been able to collect distinct mention is made of medical subjects that applicants must pursue, such as anatomy, physiology, symptomatology, diagnostics, etc., and following these are the courses in therapy which these schools advocate.

"In no instance has any cult or ism arisen since the passage of the medical practice act that maintained or proposed anything like the preliminary or medical requirements now exacted of physicians and surgeons, nor has a single advanced position been taken by any of the schools representing these cults or any of the individuals coming from the schools. That their practice is the practice of medicine, as defined by the Supreme Court of the State of Ohio, there can be no doubt in any one's mind if he will but read the case of *Marble vs. the State* in the 72nd Ohio, page 21.

**Needs of Practice Acts.**

The whole matter summed up in a nutshell is simply this:

"First, to protect the public, those who practice medicine should be required to at least be able to make a proper diagnosis.

"Second, it has been well established by educators that no one can thoroughly master the subject of diagnosis without a proper preliminary education, the minimum of which is that required for graduation from a first grade high school of this



### SEND IN YOUR CONTRIBUTION ON CO-OPERATIVE DEFENSE

The Journal has been publishing contributions on the subject of Co-Operative Medical Defense from the secretaries of state societies where the plan has been given a trial. We would be glad to print communications from any of our members who have views on the subject. All of the communications we have received thus far have been very favorable to the plan, which possibly lends color to the charge that The Journal has been "boosting" Medical Defense. We desire to state that we are ready at any time to publish any unfavorable criticism submitted by any member.

state (most of the better medical colleges require at least one year in a university addition).

"Third, until one is able to make a diagnosis, he is not in a position to recommend or advise any kind of treatment, and when he is able to make a diagnosis then, and not until then, should he be permitted to advise the sick. In other words, we believe that no one should be permitted to practice any branch of medicine with lower qualifications than those required by law of physicians and surgeons, and if they are granted such privileges, then the law demanding such high qualifications from physicians and surgeons should be lowered to the same level in order that honest, poor boys may not be driven into other callings. The state would stultify itself by establishing more than one standard for those who are to do the same thing, that is, to examine, diagnose and treat the sick

#### Chiropractics Methods.

Now a word concerning the practice of Chiropractic. This consists of a so-called "adjustment of the spinal vertebra." It is contended by Chiropractors that the cause of disease is the impingement upon the nerves leaving the spinal column, or dislocated, or subluxated vertebra, and that by adjusting the vertebra, the cause is removed, circulation is restored and the muscles or organs controlled by the nerves relieved of embarrassment or disease. We have found Chiropractors "adjusting the spine for blindness," for deafness, and for other diseases involving the cranial nerves proper, as well as for diseases involving other organs and structures of the body.

"We had one booklet in which a Chiropractor advised adjustments to cure lice. This, of course, is an extreme case, but not more ridiculous or absurd to intelligent physicians than that mentioned above where chiropractic adjustments were given to relieve blindness or deafness.

"Let us suggest that you have some friend write to the Chiropractic School, Davenport, Iowa,

for a catalog and literature concerning their courses. I refer to the school there which is owned and controlled by B. J. Palmer. You might address them "The Palmer School of Chiropractic, Davenport, Iowa." This school, we believe, is recognized as requiring the highest standards in the chiropractic field. It will but require a glance to determine how low these standards are."

(Signed) G. H. Matson, Secretary.

### IS THIS A SAMPLE OF THE MEN WHO SEEK LICENSE?

Ohio "Optometrist," Answering the Secretary,  
Indicates Unfamiliarity with the English  
Language.

We herewith print, without comment, a careful copy of a letter received by Dr. Matson, secretary of the board, from a practicing optician—one of the class which is demanding that the state license them to "practice optometry." In this case the writer had been instructed by the board to discontinue the treatment of eye diseases. The letter, which follows, speaks for itself:

\_\_\_\_\_, Ohio.  
Dec 1, 1914

Mir Geo H Matsne

Dear Sir your Letter at hand I do Not Practice Medicine i have Fit the Eyes for 24 years and dont know Why you Write me i suppose i have some sore heads in this town they can get Well as far as i am carnsed I have a famely I try to make a livng for when the man made My Sign he put Dr ..... i told him to Put ..... optician But he Put the Dr to the Sign Now i Suppose there is People trying to make me trouble But i dont care Let them crack ther Whip it has Bin 24 years fting the Eyes and i dont Suppose fer Some Cheap Skate to tell me What i Shall do i am trying to make a living for my famely than to think Some one Will interfear with my Buisness i dont think much of Such People you understand What i mean the the Stores that Sells cheap glasses is the kickers Now i Would Be glad to have you call at my office I will Show you What i know in Regard fting the Eyes I Remain

Yours

(SIGNED) \_\_\_\_\_  
optician

### MID-WINTER EXAMS PASSED BY 31 MEDICAL GRADUATES

Certificates Were Authorized at Board Meeting on  
January 5.

The following are the successful applicants who passed the mid-winter examination held in Columbus, December 8, 9 and 10. The papers were  
(Continued to page 69.)

## REPORT OF STATE DRUG INSPECTOR DEALS WITH PURE DRUG WORK AND NARCOTIC LAW VIOLATIONS

The annual report of the Bureau of Drugs of the dairy and food division of the Agricultural Commission of Ohio is of considerable interest to physicians in that it outlines the activities of this bureau in the enforcement of the pure drug, pharmacy and narcotic laws. The report has just been submitted by W. R. Hower, chief drug inspector, who has been in general charge of the prosecutions throughout the state.

Regarding the activities of the department in inspecting drugs, the report says:

"The section of the law, placing the inspection of drugs of the physician in the hands of the drug inspectors has produced very good results. Physicians are now more careful in their purchases and insist that the supply houses deal with them on a basis of quality as well as price, while formerly the only basis of dealing appeared to be the price. Owing to a lack of sufficient number of inspectors, we have been unable to make a thorough and systematic campaign along these lines. The inspectors in the line of their regular work have devoted some time to making calls upon the physicians. At first, a great number of physicians resented the work of the department along these lines. This was due to the misunderstanding of the intentions of the law.

"Our work during the past year has been one of education and when once the real intent of the law was explained to the physicians and they were shown that the real idea was to compel the supply houses or pharmaceutical manufacturers to give them exactly what they thought they were buying and that the law did not aim to prosecute the physicians who were found to have misbranded or adulterated drugs on their shelves, but did mean to prosecute the firm or salesman who sold them such goods, then the physician in almost every instance united with us in the matter and gave us all possible help. If the plans already outlined for the coming year are carried out, we shall have as thorough and systematic an inspection of the physicians' stock as we have of the pharmacists' drugs.

"It has always been the policy of the department not to attempt prosecutions on any kind of new work until ample notice has been given to the interests affected. We feel that a year's work of this kind is sufficient and in the coming year it will behoove the manufacturer to set his house in order as we expect, by means of prosecutions and comparative bulletins to demonstrate to the physician what character of goods he should avoid buying.

### Narcotic Law Prosecutions.

A very important function of this department has been its work in prosecuting physicians, dentists, druggists and others for the illegal sale of narcotics as provided for in the amended narcotic law. The report shows that during the year 111 persons had been prosecuted under this act—32 physicians, veterinarians and dentists, 30 druggists, and 49 venders. A statement furnished The Journal by the department shows that 16 physicians have been prosecuted through this department for illegal sales.

Early in the year the State Medical Board took direct cognizance of the work of the drug bureau and on April 7, authorized the issuance of a second warning to the physicians, stating that members of the profession found guilty of violating the law, would face revocation charges before the board. The following list includes the licensed practitioners who were prosecuted during the year by the Bureau of Drugs, together with the action taken by the medical board in their respective cases:

H. O. Davis, Steubenville, accused of selling morphine; license revoked by the medical board.

Dr. Cherdron, Cleveland, accused of selling morphine, cocaine and opium; case continued by medical board pending good behavior.

F. X. Adams, Akron, accused of selling morphine; case continued by medical board pending good behavior.

Carl Knoble, Sandusky, accused of selling morphine and cocaine; case continued by medical board pending good behavior.

H. E. Twitchell, Hamilton, accused of eight sales cocaine and morphine and fined on one count in the local courts; case not yet considered by medical board.

Frank Sofge, J. T. Knox, B. M. Ulery, and M. E. Welker, all of Cincinnati, accused of selling cocaine and morphine in various amounts; cases not yet considered by the medical board.

A. G. Henry, North Baltimore, accused of selling morphine and cocaine; case now pending before medical board.

Frank L. Kinsey, Fremont, accused of selling morphine; case dismissed by medical board after admonition.

Scott Fulton, Columbus, accused of selling morphine; committed to state hospital by probate court.

J. W. Lilly, Toledo, accused of selling morphine, and Ernest Burnett, Fostoria, same charge; cases continued by medical board pending good behavior.

R. A. Montani and C. C. Campbell, Youngstown, accused of selling morphine and cocaine; cases not yet heard by medical board.

### Use Is Increasing.

In commenting upon the prosecutions and the extent of illicit drug traffic in Ohio, Mr. Hower's report says: "Most of the prosecutions were

made on samples bought outright or on an illegal prescription, and among the venders were many for having the drug in their possession, where a sale could not be proven. The use, or rather the increased use, of drugs in Ohio is alarming. A few statistics may prove of interest.

"Since 1860 there has been an increase in the importation of opium and its alkaloids of 351%, as against an increase in population of 133%. Four hundred thousand pounds of opium entered the United States annually during the past ten years. It is estimated by reliable authorities that only 12½% of this amount is needed for medicinal purposes. Austria Hungary, with one-half the population of the United States, consumes only one-one hundredths the amount of opium. Germany, with sixty million population, only seventeen thousand pounds. Italy, with thirty-three million population, only six thousand pounds.

"The cocaine situation is equally serious. It is estimated that one hundred and fifty thousand ounces are consumed by habitual users each year. The last available statistics, those for 1912, show an importation of 1,179,540 pounds of coca leaves and 462,463 pounds of opium. The population of Ohio is practically five per cent of the total population of the United States, and if we use here in Ohio our proportion of these drugs, and I have no reason to doubt that we do, we are receiving 9375 ounces of cocaine and 23,123 pounds of opium each year. If we use the former estimate of eighty per cent sold and used illegally, the situation is alarming. With all the work done, we have only scratched the surface, but during the coming year we expect to make the illegal sale of narcotics a very unpopular business."

## MARRIAGES

Fred DeCourcy, M. D., of Cincinnati, and Mrs. Frank Roth, of Columbus, married quietly in Columbus on November 27. An announcement was not made until some weeks later.

Dr. Louis G. Heyn and Miss Mary Kahn, both of Cincinnati, were married December 16.

Frank Bates Liverman, M. D., to Glenna Rockford, both of Barberton, married December 30, 1914.

Ray S. Friedley, M. D., of Akron, and Mary Emily Thomas, of Delaware, married December 31, 1914.

## DEATHS

Katherine J. Rayl, M. D., University of Michigan, Medical Department, 1902, died December 21 at her home in Galion. Dr. Rayl was born in Marion in 1863. She taught art in Ada and Lima prior to entering medical school. Since her graduation she has practiced in Galion. While her health had been failing for some time, the end came very suddenly. Dr. Rayl was a member of the A. M. A., state and county societies, and was very active in social service work, being president of the Galion hospital association.

Edwin Brown Harper, M. D., Ohio Medical University, Columbus, 1896; died December 27, 1914, of tuberculosis at his home in Clinton, Summit county. Dr. Brown was born in Sacramento, California, 1866. He was elected to membership in the Summit County Medical Society, March 3, 1908. He was a Republican and for two terms represented Summit county in the Ohio State Legislature.

Rosemond L. Hathaway, M. D., University of Michigan, Medical Department, 1893; died January 1 at her home in East Liverpool where she resided for thirty years. She was stricken with apoplexy on New Years eve. Dr. Hathaway was the adopted daughter of the late Dr. Mix. She was a member of the A. M. A., O. S. M. A. and the Columbiana county society.

Wallace Kirkwood Hughes, M. D., Western Reserve School of Medicine, 1859; died December 19 at his home in Berlin Center, Mahoning county, where he had practiced for fifty years. Dr. Hughes was born in Maryland in 1835. During the war, he served as surgeon for the 12th Ohio Cavalry. For thirty years he was a trustee of the M. E. Church.

## TOLEDO HEALTH SURVEY

Surgeon Carroll Fox, of the United States Public Health Service, has been detailed to conduct a general health survey in the city of Toledo. Requests for this survey were made by the Commercial Club and other organizations interested in health matters. It was approved by the city and state boards of health. Dr. Fox has recently completed a careful survey of the Minnesota situation. Health work in Toledo will undoubtedly follow the lines he indicates, as the newspapers and general public are very much interested in the matter and there is every indication of hearty support.



## IS IT "ECONOMY" TO OVER-CROWD STATE HOSPITALS AND REFUSE CARE TO HUNDREDS OF DEFECTIVES?

Is Ohio properly caring for its great army of insane and defectives?

This question has been asked frequently in recent years. It is recalled at this time by a formal resolution adopted on December 15 by the State Board of Charities which expresses to the State Board of Administration "its conviction that the State of Ohio is backward in its treatment of the insane; and that the facilities and equipment of its public institutions for the improvement and cure of the insane wards of the state are inadequate and not abreast of modern ideas; and that a reform is necessary in the preliminary observation of newly-committed patients, and their segregation until a full diagnosis of their cases can be made."

Realizing that this problem is one of considerable interest to the medical profession, a representative of The Journal has devoted some time to investigating conditions in the large state hospitals. The conclusion has been reached that the state has been decidedly backward in caring for its insane, in that it has persistently refused through a period of years to provide the additional institution facilities that are very badly needed. In order to definitely bring out this fact the State Board of Administration, at the request of The Journal, addressed a questionnaire to the managing officers of the eighteen institutions under their control. The results show that the real capacity of these institutions is 16,096 persons and that they are at present housing 20,342—in other words, these institutions are now housing and attempting to care for 4,246 persons more than they were built to quarter.

### Cellars and Attics Used.

The questionnaire brought out the additional interesting fact that the legislature has persistently refused to erect new buildings during the past six or seven years. It has refused persistently to recognize that the state's quota of defective is increasing. The result of this has been, of course, that the hospitals are badly overcrowded. Small rooms intended for one patient are housing two and three, while cellars and attics have been turned into temporary quarters.

Another very serious phase of the question lies in the fact that in almost every county there are insane and defective persons who should be under institutional treatment. In hundreds of instances probate judges have attempted to commit these defectives to the state hospitals. Owing to overcrowded conditions, superintendents have refused to accept all excepting the most advanced cases.

A still further important phase is the care of alcohol and drug habitues. The state's present plan of caring for these unfortunates is entirely haphazard. No regular provision is made for them. In the worst cases, probate judges and managing officers of institutions have winked at the law and have permitted commitments under the insanity statute. It is generally admitted, however, that definite provision should be made for the care and treatment of these habitues, particularly in view of the stringent enforcement of the narcotic laws in Ohio.

Dr. A. F. Shepherd, medical member of the State Board of Administration, which is in complete charge of the state institutions, has given this matter considerable study. In discussing the state hospital situation he said:

"We have been wondering why the resolution of the State Board of Charities was presented to us rather than the General Assembly. No one realizes better than the Board of Administration the shortcomings that exist in the various institutions. It must be borne in mind, however, that psychopathic buildings and observation wards are expensive affairs, and cannot be erected and maintained except by appropriations by the General Assembly.

"While the Board of Administration at all times welcomes constructive criticism, it would respectfully inquire why the Board of State Charities does not help in a practical way by putting its shoulder to the wheel and helping to secure the money that would be required to remedy the conditions of which it complains?

### No Additions in Years.

"In the face of the most urgent request for money for new buildings, the legislatures for the past six or eight years have refused to make appropriations for their erection.

"In order that the public may have reliable information as to the crowded condition of the institutions we submit the following table showing the capacity of each state hospital, the number of patients actually present in each, and the excess over the capacity:

Institutions	Capacity	Present	
		Nov. 15, 1914	Excess
Athens .....	1254	1432	178
Cleveland .....	1300	1800	500
Columbus .....	1368	1881	513
Dayton .....	845	1296	451
Toledo .....	1608	1885	277
Massillon .....	1575	1805	230
Longview .....	1000	1495	495
Epileptics .....	1190	1532	342
Feeble-minded ...	1681	1929	248

"This table shows that there are at present 3234 patients in these institutions more than they are prepared to properly care for. This table if carried out for all the institutions under control of the Board of Administration would show that there are at the present time in the eighteen institutions a total of 4246 inmates above their normal capacity. This means there are hundreds of inmates sleeping on the floors, in dining rooms, strung along in hallways; and two and three beds in small rooms intended for one. It is an incomprehensible thing that the tax-payers of the state, who own these institutions, take so little interest in them as to permit such a condition of affairs to exist. It should be borne in mind that keeping money in the state treasury and economy are not the same thing.

"As to the percentage of recoveries referred to by the State Board of Charities, it is a fact that the average percentage of recoveries in the state hospitals are about the same today as they were a generation ago; and the same condition exists the world over with, or in spite of, many and all sorts of treatment.

"Would it not be better for the state to spend more money looking towards the cause and prevention of all this misery than to appropriate each year four or five millions of dollars to take care of what at best are only end results? Two years ago the Board of Administration succeeded in having passed a law establishing a bureau of juvenile research, which, by the way, is the first and most advanced step taken in the world looking to this end. This law is now in effect, but unfortunately no appropriation was made to carry it out, and the board is prevented from going ahead with a work that would be of incalculable benefit to the citizens of the state.

"The board has renewed its request for money for this bureau, and for the erection of additional buildings at the various institutions during the coming year, and trusts it will be able to present the matter in such way that the desired results will be secured. The board hopes that public sentiment will be sufficiently aroused to demand proper and adequate care for the unfortunates confined in the public institutions."

#### Needs of the Hospitals.

It appears to us that the solution of this matter lies in the granting by the legislature of larger appropriations for the extension of hospital facilities in these institutions. The budget which will be presented to the present General Assembly requests that \$1,962,000 be spent for this purpose. Even this tremendous sum will not meet the situation adequately. It will, however, afford temporary relief. Here is a brief summary of the improvements sought:

**Massillon State Hospital.**—New cottage, \$55,000; receiving cottage which will be in effect a modern psychopathic hospital, equipped for observation and study, \$75,000; three additional cottage buildings, at \$75,000 each. The latter cottages will be

used to house the chronic insane now being cared for at Cleveland State Hospital. The board realizes that these patients can be much better cared for at Massillon, where the large hospital farm affords healthier surroundings than the cramped quarters in Cleveland. The granting of this request would materially relieve conditions at Cleveland and would be economical as the patients can be maintained at a much lower cost in Massillon.

**Cleveland State Hospital.**—Building for tuberculous patients, \$10,000; one additional cottage, through the remodeling of the laundry building, \$20,000.

**Columbus State Hospital.**—Two tuberculosis shacks, \$10,000; two cottages for the infirm, \$150,000. These cottages are badly needed for the care of advanced cases. At present in this institution more than 100 are being cared for in basement quarters and an additional group of 100 in the attic. Although there are 513 more patients in this institution than originally provided for, no additional buildings have been erected since 1907.

**Toledo.**—Addition to the east wing of the female building which will be a complete ward, \$15,000. Toledo has had no added facilities since 1901 when an additional cottage was erected.

**Dayton.**—Cottage, \$75,000. Dayton now has an excess of 451 and has had no new buildings since 1905, when Ward Number 25 was erected.

**Epileptic, Gallipolis.**—New cottage for 100 men, \$70,000; new cottage, 100 women, \$70,000; tuberculosis shack, \$3500. This institution is badly overcrowded and requests for admittance are becoming insistent.

**Feeble-Minded, Columbus.**—Dormitory cottage, \$85,000, and hospital building, \$25,000, both to be erected on the custodial farm at Morgan Station, where a large number of inmates are being cared for. In addition at the main institution, a cottage for 150 patients, at a cost of \$125,000.

**Tuberculosis, Mt. Vernon.**—The chief request of this institution is for an emergency hospital at a cost of \$50,000. This building was provided for in the original plans but its erection postponed. Many medical men realize its imperative need for tuberculous patients having a high temperature with hemorrhages, etc. At present these cases are necessarily cared for in the receiving cottages. The lack of such a building has undoubtedly hastened many deaths.

**Boys' Industrial, Lancaster.**—Hospital building, \$50,000. The present building which is used for hospital purposes will be converted into an isolation hospital—needed for the continuous outbreaks of infectious diseases.

#### Lend a Hand.

These are the chief needs of the state institutions as determined after a careful survey by the managing officers. Those who have investigated say that practically every one of the structures mentioned in this list is absolutely necessary to meet even the most immediate demands.

In view of these facts, we trust the members of the State Society will lend their influence to securing proper support from the General Assembly. Economy by a legislative body is, of course, a splendid thing, but judgment should be used in its exercise. Every year finance committees in the General Assembly have refused to meet the issue in dealing with this problem, until it has now become a matter which can no longer be vaguely postponed.



## CORRESPONDENCE

**Editorial Note.**—We are glad to print in this department short communications from our readers on timely subjects. Make your letter short and to the point.

Editor, The Journal—There is a good opening for some young (not necessarily young) married physician at Carbon Hill, Ohio. It is a small place but plenty of work and good money can be made there. If you know of anyone interested would be glad to have them communicate with me.

W. S. Rhodes, M. D.,  
Nelsonville, Ohio.

### FROM DR. M'CLELLAN.

Editor, The Journal—You will find account of meeting of the Ashland County Medical Society, the first report in some time. Our society has not been as active as in former years, but with the new year I think there will be a revival of interest, and as a consequence there will be regular reports. Our society believes the Ohio State Medical is now the best journal published. As Christmas is close, thought it might make you feel that the Christmas spirit is not dead and that we appreciated your efforts with those of others who contribute to its bright, clean and newsy pages.

W. M. McClellan,  
Ashland, Ohio.

### ANSWERING DR. JASTER.

The letter by Dr. C. O. Jaster, Elyria, printed in the November Journal and calling attention to the lack of facilities whereby physicians who visit New York may be directed to proper post-graduate instruction, clinics, etc., was reprinted in the December number of the New York Medical Journal with a foot note calling attention to the recent formation of the Society for the Advancement of Clinical Study. This organization has headquarters at the Academy of Medicine, 17 West 43rd street, where the visiting physician may ascertain the hours of the clinics and the names of the professors. Ohio men visiting New York should avail themselves of this valuable service.

### AKRON FIELD OVERCROWDED.

Editor, The Journal:—The idea appears to exist throughout Ohio and the neighboring states that the city of Akron is a "gold mine" for physicians. The advertising about the "City of Opportunity" has been too great and the result is a wrong impression about the city. Business is dull in Akron just as in other parts of the state

Nevertheless, thousands of men continue to come to Akron for work. Most of them are unsuccessful, and the result will be the same until good times come again for the state and the nation.

During the past ten years more than 75 physicians have come to Akron from other parts of the United States and Canada; an average of one every seven weeks. None have grown rich in the practice of medicine yet in every list of new licenses of Ohio we note some one intending to locate in Akron. The influx is not confined to young men but many are coming who have grown old in practice elsewhere.

We have no objection to any physician locating in this city. On the contrary we are much pleased to welcome him to Summit county and to The Summit County Medical Society. The practice of established physicians is not injured by the newcomers. There is, therefore, no professional jealousy or "sour grapes" on the part of any of us. The object of this letter is only to dissipate the prevalent idea that Akron is a "gold mine" and perhaps save some men from disappointment. Only disappointment will be the fate of some if this idea and the influx of new physicians continues.

A. S. McCormick, M. D.  
Secretary Summit County Medical Society.  
Akron, Ohio.

### THIS FROM TEXAS.

Editor, The Journal:—Please send to Mr. R. J. Newton, executive secretary, Texas Public Health Association, Austin, Texas, copy of your December number marked to refer to page 758, and send the bill to me. I desire Mr. Newton to see what has been done in Circleville in the campaign for a municipal hospital. The Texas Public Health Association, through Mr. Newton, recently secured the passage of a law in this state, requiring communities of a certain population to establish municipal hospitals, and he has been for some time conducting a campaign looking to the operation of this law. The State Medical Association is co-operating with the State Public Health Association in this and other movements, hence my interest in this particular item.

I would send Mr. Newton my copy of The Journal, but I need it, not only for my files but for reference to, for instance, the following items: "Eye Talks," page 728; "Stung Again," page 730; "Has a Drug Firm No Obligation to the Public?" page 731, and the hospital item above mentioned. This much for your encouragement and in appreciation of your most excellent Journal. With best wishes.

Holman Taylor,  
Secretary and Editor-in-Chief, State Medical Association of Texas.

Fort Worth, Texas, December 23, 1914.



## NEWS NOTES

Dr. I. P. Seiler, of Piketon, is erecting a new dwelling.

Dr. B. G. Harff has resigned from the Cincinnati Academy of Medicine, account of ill health.

Dr. E. W. Crecelius, of Norwalk, who has been incapacitated for the past year, has resumed practice.

Dr. J. H. J. Upham, president of the State Society will address the Canton Medical Society at their annual meeting, January 19.

Dr. Alfred Robinson, of Ironton, former representative of Lawrence county, has been elected sergeant-at-arms of the General Assembly.

Southern Surgical and Gynecological Association meet in Cincinnati next year. The 1914 meeting closed at Asheville, N. C., December 16.

Dr. W. D. Haines, of Cincinnati, attended the Western Surgical Association convention at Denver, Colo., December 18 and 19. He read a paper.

Drs. John W. Murphy and M. H. Urner, Cincinnati, after February 1 will occupy offices on the twenty-seventh floor of the new Union Central building.

Dr. H. E. Twitchell, of Hamilton, narrowly escaped asphyxiation by fumes from an open gas grate on December 22. When found in his room early in the morning he was in a semi-conscious condition.

Dr. Alexander L. Pomeroy, of Windsor, Ashtabula county, who is said to be the oldest practicing physician in the state, celebrated his 92nd birthday on November 25. A number of friends participated in the happy event.

George Merrell, 68, president of the William S. Merrell Chemical Company, Cincinnati, and a recognized authority in pharmaceutical circles throughout the United States, died December 12, following a two weeks' illness. Heart disease was assigned as the cause of death.

Born to Dr. and Mrs. Earl J. Thomas, of Akron, a girl on November 20, 1914. This birth was a happy event for Dr. Thomas and for Dr. J. J. C. Fritch, the very happy grand-dad. Dr. and Mrs. W. J. Fishell, of Akron, are proudly announcing the arrival of William J., Jr.

Dr. James, formerly of New Plymouth, Ohio, recently of Huntington, has located in McArthur.

Canton physicians have demanded inter-connecting telephone service whereby calls on the Bell line may be switched to the Independent, and vice versa.

Dr. Elizabeth Campbell has been elected honorary president and Dr. Frances Hollingshead, acting president of the Cincinnati Visiting Nurses' Association.

Dr. R. C. Kendig relinquished the office of coroner of Summit county on January 1, 1914, after four years' efficient service. His successor is Dr. E. S. Lyon.

Dr. McCampbell, secretary and executive officer of the board, was in Washington early in December, discussing public health legislation with Governor-elect Willis.

Dr. W. Clay Jones, of Kenton, who for some years has practiced with his father, Dr. B. K. Jones, has moved to Chicago and opened an office at 5530 Blackstone Ave.

Members of the faculty of Starling-Ohio Medical College were guests of the Lyceum Theatre management at the recent presentation of the Brieux play, "Damaged Goods."

We are in receipt of an interesting reprint from the Medical Review of Reviews, which tells of the work of the Charles B. Towns Hospital, New York, in the treatment of drug and alcoholic addiction.

Dr. Ralph L. Morse, president of the Huron County Medical Society who has been ill for the past six months, has gone to Florida for the winter. Dr. A. S. Robinson, Western Reserve, 1914, is looking after his practice.

Dr. T. B. Coulter, who has been practicing in Oklahoma, has completed post graduate work at Johns-Hopkins and will locate in Cincinnati, associating himself with Dr. E. B. Tauber and specializing in genito-urinary surgery.

The Western and Middle Sections of the American Laryngological, Rhinological and Otological Society will meet in Cincinnati, March 1 and 2. Papers will be read, but most of the time will be devoted to clinical demonstrations.

Dr. V. D. Reichelderfer has sold his practice in Royalton, Fairfield county, to Dr. William J. Reuter, who resigned January 1st as resident physician at the Boys Industrial School. Dr. Reichelderfer has located in Amanda.

# STATE BOARD OF HEALTH NEWS

H. T. SUTTON, M. D., Zanesville, President.  
 W. T. MILLER, M. D., Cleveland, Vice President.  
 R. H. GRUBE, M. D., Xenia.  
 HOMER C. BROWN, D. D. S., Columbus.  
 OSCAR HASENCAMP, M. D., Toledo.  
 D. B. CONKLIN, M. D., Dayton.

EUGENE F. McCAMPBELL, PH. D., M. D.,  
 Secretary and Executive Officer.  
 Office, Page Hall, O. S. U., Columbus.

The proposed plan of the board to manufacture diphtheria antitoxin for the use of state institutions and local boards of health, would save the state about \$90,000 a year through an expenditure estimated at \$6,840.

It is a well-known fact that there is a heavy margin of profit in the manufacture of this antitoxin. Dr. McCampbell estimates that about \$100,000 a year is spent by the various communities and by the state in furnishing this protection to indigent cases, on recommendation of local health officials. He estimates that the cost of manufacturing this large amount did not exceed \$10,000.

The plan proposed by the board is to manufacture the antitoxin in co-operation with the school of Veterinary Medicine at Ohio State University. The stables maintained by the school and laboratories maintained by the board, supplemented with some additional equipment and extra assistants, would cover the added cost. State institutions and local health officers through this plan would be furnished diphtheria antitoxin at actual cost—a great reduction even under the special rates which these agencies receive from private manufacturers.

The state is already engaged in the manufacture of serum for the treatment of hog cholera and maintains a large plant near Columbus. It would seem that there is little argument against the state extending that work to the manufacture of antitoxin, which is relieving diphtheria of its former terrors. Certainly Ohio can extend to its children the same protection it offers to its hogs.

## ENGINEERING PROBLEMS ENGAGE ATTENTION OF THE BOARD.

The monthly meeting of the board was held in Columbus at the Neil House, December 10, when the new officers were installed. The next meeting will be in Columbus on January 27. At that time the investigation relating to the pollution of Lake Erie by sewage and other waste from Cleveland will come up for hearing. In the event the pollution is found to exist, the board will demand that Cleveland install the proper disposal plant.

At the December meeting the board approved the plans for the proposed water supply for a purification plant in Zanesville. This is another step in a long-drawn contest. One faction in that city favors a plan to supply the water from driven wells. The city council, in the plans presented to the board, provides that the water shall be taken from the Muskingum River and purified by an elaborate mechanical filter. At a recent referendum election in Zanesville, the plan of well supply was approved by a large vote.

## DISTRICT HEALTH OFFICER BILL, REVISED, READY FOR HOPPER

### Important Basic Measure Should Receive Support of all Medical Men.

The original draft of the proposed bill dividing the state into health districts, to be administered by full time health officers, has been changed in several particulars to conform with suggestions made by physicians and health officers in various localities. The original draft of this bill was printed in the September Journal, page 545, with a request from Dr. McCampbell that it be given careful consideration by medical men. In response to this request many valuable suggestions were received.

The revised draft will be placed in the hands of the legislative committeeman of the State Society and of the new Ohio Public Health Federation. Those interested may study the bill through this source, or they can secure copies at once by writing Dr. McCampbell. It is a fundamental measure and its enactment is vital to the improvement of public health administration in Ohio, and will undoubtedly demand most careful consideration by the present General Assembly.

## RECOMMENDS TRANSFER OF THE VITAL STATISTICS BUREAU

### Budget Commissioner Says it Would Save Money and Double Its Usefulness.

In his annual report to the governor, Mr. William O. Heffernan, budget commissioner, made a strong recommendation that the bureau of vital statistics be transferred to the office of the state board of health. This recommendation was recently made by Dr. Charles Chapin, who is conducting a survey of state health administration for the American Medical Association. It meets with unanimous approval of all who are familiar

with state government. Mr. Heffernan points out that the vital statistics which this bureau collect are chiefly valuable as indications of sanitary conditions, and their subsequent value as legal records would not be impaired by the fact that they have been used first for sanitary purposes.

He makes the additional suggestion that an additional birth certificate of each child born in the state should be required and filed with each municipality to be a part of school records of the pupils. This would afford definite proof of age and would be valuable in later life.

Mr. Heffernan figures that in addition to doubled efficiency, the transfer of the bureau to the board would affect an annual saving of \$14,000.

#### PLANS DRAWN FOR NEW

##### \$120,000 MEDICAL BUILDING

The legislature has been asked for an appropriation of \$120,000 to erect a building on the O. S. U. campus to shelter the College of Medicine and the state board of health offices and laboratories. Plans drawn up by Prof. Bradford, University architect, contemplate a three story structure with finished basement. The first floor is designed to house the various departments of the board, and the second and third the medical school. Laboratories in the basement will be used to carry on the proposed state work of food analysis, preparation of anti-toxin, etc.

#### MR. J. W. HILL, C. E., RESIGNS;

##### TWO VACANCIES ON BOARD

With the beginning of the new year, there were two vacancies on the board. The first was caused by the death of Josiah Hartzell, of Canton; the second by the resignation late in December of Mr. John W. Hill, of Cincinnati. Mr. Hill, who is a sanitary engineer, has charge of important sanitary improvements in Cincinnati, the final approval of which will be subject to action by the state board of health. He cannot serve therefore in a dual capacity. As a former president and an active member, Mr. Hill rendered the state valuable service during his incumbency.

Before retiring from office, Governor Cox announced the appointment of Dr. Daniel Beckel Conklin, of Dayton, to succeed Mr. Hartzell. The appointment of Dr. Conklin met with favor throughout the state. The new board member is a son of Dr. W. J. Conklin. He was graduated from Columbia University, College of Physicians and Surgeons, 1902.

Dr. C. B. Ogden, East Liverpool health officer, has formally recommended the employment by the city of an instructive visiting nurse.

The Canton Medical Society has requested the Chamber of Commerce to appoint a standing committee on public health to cooperate with the city officials.

#### OCCUPATIONAL DISEASES REPORT

##### READY FOR THE LEGISLATURE

#### Results of Extensive Ohio Survey Will Be of Great Interest to Capital and Labor.

Dr. E. R. Hayhurst, who has been conducting the occupational disease survey under the direction of the board, for nearly two years, has his report ready for submission to the present legislature. Upon this comprehensive report will be based the legislation seeking to improve factory conditions in Ohio. Completion of the report is awaited with interest by the manufacturing and labor interests of the state. It will be an important contribution to the medical literature on the subject of occupational diseases.

In the Journal A. M. A., December 12, page 2093, appears an interesting paper by Dr. Hayhurst on "The Prevalence of Occupational Factors in Diseases, and Suggestion for their Elimination." It is based largely upon his work during two years' service in the Central Free Dispensary conducted by Rush Medical College and on the medical portion of 27,887 cases in which the patients received treatment in Cook County Hospital during 1913, together with data furnished by the U. S. Census mortality statistics on occupations. Dr. Hayhurst makes several interesting recommendations regarding the control of occupational diseases in this paper, which is of special interest in Ohio at this time owing to the impending importance of the subject.

#### NEW LIMA STATE HOSPITAL

##### ACCOMMODATES 1000 PATIENTS

The Lima State Hospital about to be opened will accommodate between 1000 and 1200 patients. Transfers from the various state institutions will be commenced at once. It is expected that the full capacity will not be reached this year.

The law provides that it shall be used in reformatories, or prisons, the dangerously insane in other state hospitals, those accused of crime but not indicted because of insanity; persons indicted but found to be insane, and persons acquitted by the courts on account of insanity.

An effort will be made to amend this law to permit commitment of all classes of insane.

The Women's Civic Association of Cleveland has inaugurated an effective campaign to improve ventilation in street cars. The Cleveland Plain Dealer is co-operating heartily.

Dr. F. G. Boudreau, epidemiologist, delivered an illustrated address on "Communicable Diseases" before the Champaign Educational Boards on December 16.



## SCRIPPS-McRAE NEWSPAPERS LAUNCH SPLENDID HEALTH CAMPAIGN THROUGH FIVE BIG OHIO PAPERS

What is, in our opinion, one of the most far-reaching campaigns of public health education ever conducted in Ohio has been inaugurated by the Scripps-McRae League of Newspapers. It consists of a series of brief articles treating public health topics from a popular standpoint. One article is run each day in a prominent position in the paper. The subject matter although written in popular style is technically correct, having been prepared in collaboration with the American Medical Association.

This campaign is of tremendous importance in Ohio for the reason that it is being carried on by five of the largest newspapers of the state—Cleveland Press, Toledo News-Bee, The Akron Press, Columbus Citizen, and the Cincinnati Post. These five newspapers have a daily circulation of something over 500,000 and it is highly probable that these articles are being read daily by between one and two million people in the state.

That these articles are designed to promote the best interests of public health and to offset the misinformation that is frequently spread by popular publications, is illustrated by the feature printed on January 2, entitled "Facts About Twilight Sleep."

### Facts in "Twilight Sleep."

The editor in this article shows that he realizes that the mass of misinformation which has been printed has unnecessarily aroused thousands of women. To give the general public a clear understanding of the exact status of the scopolamine-morphine treatment, he first gives a brief history thereby exploding the popular fallacy that it is a new discovery. He adds that after a thorough test, it has been practically discarded.

After dealing with the scopolamine technique and pointing out that scopolamine is a drug which is likely to produce serious disturbances of the nervous system, heart and lungs, which cannot be guarded against, he says:

"A natural inference obtained from magazine literature which has recently appeared on this subject is that the physician who withholds this method from his labor cases is negligent of his patient's rights. The facts are that the method has been thoroughly investigated over a long period of time and has been found wanting because of the dangers connected with it. These dangers are related particularly to the direct action of the drugs on the mother and on the child.

"For the mother, in a large series of cases studied, labor was delayed on an average of one hour and a half and often much longer. Of the 10 cases seen by DeLee at Freiburg, instruments were required in five; the birth pains were weak-

ened and birth prolonged in all, and excessive tearing resulted, following the use of the instruments, in the five cases. Infants were born in a narcotic stupor and suffocated to a degree.

"Doctor DeLee visited the famous hospitals of Berlin, Vienna, Munich and Heidelberg, and in all of them was told that this method had been tried and discarded. The best American confinement doctors agree that results in the past with this treatment have not been satisfactory.

"In fact, the whole impression gained from published literature on the subject—the literature is large and not to be easily understood by the layman—is that the method is not safe for the child and not always safe or successful for the mother.

"Not the physician, but the credulous and unknown public will be harmed by this unfortunate exploitation. What mother will be satisfied, having awakened from a labor in which she suffered pain but which was quickly forgotten, when she hears that her child was born asphyxiated? And if but one child in 100 or one child in 200 is born dead because of the use of this method, will that mother, knowing that the others were spared the pain of labor, be satisfied that her child was taken to save other women discomfort?"

### Cosmopolitan Farce.

The editor then proceeds to treat the more recent "new discovery" which is being exploited by The Cosmopolitan. He points out many of the absurdities which appear in the claims backing this propaganda. He closes with the following paragraph:

"The time may come when, as a result of clinical investigation cautiously conducted, a harmless agent with which to lessen or abolish altogether the pains of labor may be secured, but in the opinion of practically every scientific obstetrician that time has not yet arrived."

We hope that every member of the Ohio State Medical Association will support these newspapers in the aggressive stand they have taken to enlighten the public through the accurate information upon matters which are of vital interest and which are too often made the subject of carelessly written and inaccurate articles.

### For Clean Advertising.

This is not the first time that the Scripps-McRae League of Newspapers has taken a definite stand for the things which the physicians of the state have been urging. Some six or seven years ago the League issued a general order barring from its columns all advertising matter which would serve to exploit the claims of "men's specialists" and other advertising quacks. These fakirs cannot purchase space in the Scripps papers. The order has been extended to include the more fraudulent nostrums—those which ad-

vertise to cure such incurable maladies as cancer, tuberculosis, etc.

Such voluntary action on the part of the great newspapers deserves the heartiest commendation of every person interested in the betterment of health of the people of the state. For years medical men have bemoaned the fact that newspapers have been all too silent regarding these important subjects. Here is an instance of five powerful newspapers initiating a movement along right lines. We sincerely hope that their most important action will not pass without an expression of approval from medical men throughout the state. Physicians should be particularly interested in a movement of this sort for they, more than all others, know the need of this public educational work.

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#### PAULDING COUNTY SOCIETY THROWS DOWN THE GAUNTLET

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Invites Other Societies to Meet Their Splendid  
Record for 1915.

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We were greatly pleased early in the new year on receiving a letter from Dr. R. J. Dillery, secretary of the Paulding County Medical Society, to notice that on the society's new stationery there is printed across the top of the page this caption: "The first county in the State of Ohio to have 100 per cent. membership—every physician in the county a member in good standing."

Dr. Dillery adds the following in a letter of comment on the splendid work of the Paulding County Society: "The local society's outlook for the coming year is very promising. Kindly observe the prefix on the letter head, which is just from the press. This 'hoopole' county society leads the van. Kindly advise the counties which have heretofore been looked upon as flourishing, to follow the footsteps of a real live society. While it is true that two or three members of the society produced this result, the same result may be obtained in any county wherein you have three or four 'live wires.' We hope that the year 1915 will be the banner year for medical organization in the State of Ohio."

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#### PROPOSE PUBLIC HEALTH DAY TO AID CONSERVATION WORK

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Ohio Society for the Prevention of Tuberculosis  
Drafts Tentative Measure.

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Another effort will be made this year to give impetus to health conservation work through the establishment of a State Public Health Day—a special day proclaimed by the governor as a time to especially consider matters pertaining to the health of the people. The following bill has been

drafted by R. G. Paterson, of the Ohio Society for the Prevention of Tuberculosis, for consideration by the General Assembly:

Section 1. Not later than September 1st, of each year the governor of the state shall set apart one day in October as a day which those in charge of the public schools shall, for at least one hour provide instruction to the pupils concerning the importance of personal and public hygiene, and also of the means and methods employed in preventing the spread of contagious and infectious diseases. Said day shall be known as health day.

Section 2. It shall be the duty of the state board of health, on or before the day set apart by the governor as health day, to prepare and distribute to those in charge of the public schools a manual of general information on the conservation of public health, personal hygiene, and such specific instruction concerning the prevention and restriction of contagious and infectious diseases as said board shall deem necessary.

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#### ARE YOUR OFFICERS CORRECT?

In our front advertising section, this month, we print a corrected list of the presidents and secretaries of the county medical societies. This list has been revised as carefully as possible. If the proper correction has not been made for your county, please notify the News Editor at once. A large number of changes of officers were made during December and January, and we have endeavored to correctly note these as far as possible.

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The state civil service commission, acting in co-operation with the state board of administration, has sent a circular letter to the managing directors of all state institutions stating that superintendencies shall be filled from the ranks of assistant physicians by promotion. The letter further states that married physicians shall not be discriminated against in the employment of assistant physicians. The letter adds: "We believe that if only unmarried men are admitted as assistant physicians, it will destroy the whole system of promotions, because the married state is the natural one, and men cannot be expected to refrain for the purpose of holding a given position. The state is not expected to provide for the wife or family of an assistant physician, but we believe the fact that a physician has a wife and children should not bar him from the public service."

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Cincinnati board of health has approved the recommendation of Dr. Peters for the addition of two free dental clinics. Salaries of ten district physicians have been increased from \$1,500 to \$1,650 per year.

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Howell Wright, superintendent of Cleveland City Hospital, in an address before a ministerial meeting, stated that it is practically impossible to secure American girls for their nurses training schools and that they are now advertising in Canadian cities for recruits.



## NEWS NOTES FROM THE INDUSTRIAL COMMISSION

Dr. Binckley, chief of the medical department, has addressed a letter to the secretaries of the academies in Cleveland, Toledo, Cincinnati, and Columbus, stating that the department will be glad to receive complaints regarding the administration of the medical phase of the workmen's compensation act. He proposes an interesting plan for dealing with these complaints. He requests that the complaint be filed with the secretary of the academy and that the secretary notify the medical department of the complaint, giving claim number of the case regarding which dissatisfaction has developed. Where this is done, the department will detail a man to appear before the academy and to explain the case in full. This will give an opportunity to thresh out disputed points. The department will ask that the originator of the complaint appear before the academy and state his side of the case. The department's agent will then explain the department's attitude on the case, and will give the reasons for cutting the fee bill.

This appears to be a very fair offer on the part of the medical department and we hope that it may be instrumental in developing better co-operation between the department and some of the complainants in the larger cities. Dr. Binckley states that he has limited this plan temporarily to the larger academies for the reason that very few complaints are reaching the department from the smaller cities.

In the counties where additional medical examiners are to be appointed within the next few months, Dr. Binckley will request that the county medical society certify to the commission a list of names of men whose appointment would be satisfactory to the organization. This plan will, in the future, apply to special examiners and to X-Ray examiners, as well as to the local medical examiners. Several of these appointments are to be made in the larger counties which have two or more cities. By appointing men who have the approval of the county medical organizations, the department hopes to secure better co-operation.

Dr. Binckley on January 12 delivered an address before the Fairfield County Medical Society at Lancaster.

Through the efforts of Dr. J. H. J. Upham, who is the medical member of the advisory committee appointed by the Governor to consider the operation of the workmen's compensation law, it is practically certain that the next legislature will amend that provision of the law which limits to

\$200 the amount that may be paid for medical attention. The recommendations of the committee will provide that the industrial commission may approve medical fees in excess of this amount by unanimous vote. This will be entirely satisfactory to the medical profession, it is believed, because in every case where the amount has been exceeded the case is very clear and would appeal to fair-minded men. The recommendation for this change is one of the two made by the state committee, which included representatives of labor and capital.

Milo Cathon, chairman of the legislative committee of the Ohio Federation of Labor, is preparing an amendment to the workmen's compensation act providing compensation for inability caused by occupational diseases. The amendment will have the support of laboring interests of the state. The report will be based upon the survey of occupational diseases which has been made by the state board of health, under the direction of Dr. Hayhurst. Organized labor indicates that it will conduct a strong campaign in the interests of this amendment—which will have a very important medical feature.

### CLEVELAND SURGICAL EXPEDITION SAILS FOR PARIS HOSPITAL SERVICE

#### Dr. Crile and Party Take Over Division of American Hospital in French Capital.

Dr. George W. Crile, visiting surgeon to Lakeside Hospital, Cleveland, sailed from New York on December 30 for Paris, where he will have charge of one division of the American Ambulance Hospital. Dr. Crile was accompanied by C. W. Stone, urologist and professor of nervous diseases, Western Reserve University, Drs. Samuel L. Ledbetter, Jr., Edward F. Kieger and L. B. Sherry of the resident staff at Lakeside; Dr. Lyman F. Huffman, clinical pathologist; Misses Hodgins and Littleton, anesthetists; Misses Davidson and Roberts, surgical nurses; Miss Amy F. Rowland, B. S. and William J. Crozier, Ph. D., who will assist in special research.

The Ambulance Hospital, where the Cleveland party will serve, was established immediately after the outbreak of hostilities. It includes three divisions of 150 beds each. It is under the general direction of Dr. Joseph Blake, of New York. The Western Reserve expedition is financed by friends and trustees of the institution and of Lakeside Hospital.

It may interest you to know that if The Journal did not insist upon maintaining the highest degree of ethical righteousness in admitting advertisements to its pages, it could place itself upon a profitable and independent financial basis.



## NEWS OF CLEVELAND ACADEMY OF MEDICINE

(Report by J. E. Tuckerman, M. D., Correspondent)

The one-hundred and fifteenth meeting of the academy was held Friday, December 18, 1914, at the Cleveland Medical Library, the president, J. J. Thomas in the chair.

This being the annual meeting, balloting was conducted. The first resulted in a tie for the presidency between C. F. Hoover and M. J. Lichty. The second resulted as follows: President, C. F. Hoover; vice-president, M. J. Lichty; second vice-president, W. H. Weir; secretary-treasurer (re-elected) J. E. Tuckerman; trustees, J. P. Sawyer and W. H. Humiston.

Reports were presented from the various committees, as follows: Legislation, C. E. Ford; public health, R. G. Perkins; civic, A. S. Story; program, W. C. Stoner; membership, F. T. Kopfstein; milk commission, A. F. Furrer, and from the secretary-treasurer.

At a special meeting of the council held in advance of the meeting, at the University Club, F. C. Herrick presented the report of the committee on the establishment of a tuberculosis sanatorium. After considerable discussion it was accepted, and the committee was discharged.

The membership committee reported the receipt of a satisfactorily signed statement from Dr. H. F. Biggar, and on motion he was elected to membership.

1.—The Regulation of Practice in Relation to Special Therapy and Drugless Therapy, by J. W. Clemmer, Columbus.

Before the next session of the state legislature measures are to be introduced which shall provide for the admission to practice of chiropractors and opticians and other medical cults. These attempts but serve to illustrate the constant efforts of drugless healers of all classes to circumvent measures already enacted providing for the regulation of the practice of medicine in the State of Ohio. The regulation of drugless therapy in the state is a failure. Drugless healers practice promiscuously throughout its territories.

The present law for the regulation of the practice of medicine was passed eighteen years ago at a time when quacks were rampant in the state. It has accomplished much good. The law was enacted under the direction of a number of different medical denominations. The cults not represented have repeatedly, since that time, tried to force their recognition by securing legal amendments. The multiple standard originally adopted forced the admission of other standards and other cures, with lowered license and lowered requirements.

Nowhere, in any other scientific line are so many varied legal standards provided as for the medical

profession. State boards have provided single standards for practically all other scientific lines. There will constantly develop tendencies toward a single standard in medicine, however, as the studies comprising it become more and more scientific and more thoroughly standardized.

The medical practice act of Ohio has been reduced to a farce. Why should it be tolerated longer? At its inception physicians took the responsibility for public health. The public, however, thinks that the regulation of the practice of medicine has been adopted for the protection of the physician rather than for the protection of society. The efforts of the physician have been misconstrued by the public as attempts at the formation of a "medical trust." The tendency of the public, in relation to the subject is to encourage breaking of the law.

The need for a new law to govern medical practice is apparent. In England the regulations define who are qualified to practice medicine and none are debarred. The state reserves the right, however, to select scientific men for public service. Some believe that the present plan of restriction can be made efficient. Certain qualifications could be required of all cults and schools, and representatives of all allowed to practice. To be efficient such a system must be administered by a representative of the public. For such a system to be administered by medical boards would mean the development of sectarianism and class dissension.

Since ability to practice medicine presupposes certain special knowledge, certain requirements should be made in common of all candidates from whatsoever school or cult. The system has been adopted in Pennsylvania, which provides separate standards for every kind of practice, with certain qualifications demanded of all, and certain special qualifications demanded of each candidate, varying with the school or cult which he represents. Certain requirements are also made relative to preliminary education.

It is desirable that the regulation of the practice of medicine should be in the hands of the public, the physician to participate only in an advisory capacity. Relative to the admission of various new cults to the practice of medicine, the legislature at its next session should be asked to postpone action on the measures for a year. In the meantime a commission should be appointed to investigate the entire subject of medical regulation thoroughly.

Another amendment to present laws to be proposed by the state board of Ohio, will have reference to the special licensing of specialists. Under the present code any man, on his own initiative can announce himself as specialist in any branch. The result is a horde of superficially trained specialists. When a man has completed his specialty he should be required to present his credentials and pass a special examination.

B. R. McClellan, of Xenia, in opening the discussion, agreed with the speaker that medical education of the public was of prime importance, and also that the administration of medical regulations should be in the hands of laymen, representing the general public. There should be an educational body of some sort, made up of laymen and distinct from the board of examination and registration, which should endeavor to have a competent law put into effect to protect the public from quacks. At the next session of the legislature the first move of the committee should be to attempt to block the proposals of the cults by securing a postponement of the decision of the governing body on the subject. A special commission should be asked for to investigate the entire subject of medical regulation thoroughly, relative to the securing of a new law. Non-medical men should control the commission. If efforts to block the drugless cults prove unavailing, amendments providing that they be put under control of the state board should be offered. Requirements should be placed at such a level for them that they will not constitute a menace to public health.

W. E. Lower, in discussion, declared that the present regulations have been weakened so that they are impotent and sterile. Entrance requirements for all candidates who wish to practice medicine should be raised, and when these have been passed they should be allowed to practice anything that they see fit. Treatment of disease has not been standardized, and one cannot say arbitrarily that this or that remedy is the only remedy for a certain disease. Rather than fight various cults, and thus popularize them in the public mind, it would be better to take over the good points of all.

The wonderful strides in medical education are due not so much to the efforts of physicians as to laymen. Then would it not be a good idea in the present question to let a commission of laymen go over the field and decide what is needed?

F. E. Bunts, in discussion, said the state should determine the qualifications which shall entitle a man to write M. D. after his name. These qualifications should be made as high as possible. When this has been done, and the status of a doctor of medicine defined, the public could choose any sort of treatment it wanted; but if a scientific trained man was desired, the public would have to go to a member of the profession.

C. F. Hoover, said that any attempt to restrict the right of the public to call upon any person it desired for therapeutic aid was a mistake. The above system is in vogue in Germany, yet Berlin has more quacks than any city in the world. Many of these are ladies' maids who are acquainted with the foibles of the so-called upper strata of society and are well equipped to play upon the popular mind. Physicians will accomplish more by raising their own standard than by attempting

to prohibit practice. Greater respect for the physician will come with higher standards.

Relative to the state giving examinations, this is an undecided matter. Thus the State of California has rigid examinations. Anyone can commit questions, however. A man may have committed Osler verbatim and yet not know medicine.

M. J. Lichty pointed out that one of the best sources for the public to receive reliable information relative to medical schools, their status, and the standing of various cults is from the report of various foundations, committees and representatives which have covered the subject exhaustively.

F. C. Waite emphasized the point that the medical profession is one part of the public, and constitutes that part which understands the true situation better than any other. If physicians were sheep herders in charge of large numbers of sheep in the west, and would leave their charges to the mercy of wolves before they had trained them to take care of themselves, they would be held criminally negligent. The situation is analogous to the present one.

There should be a central board to govern the medical education and the examination of candidates to practice. The question of undergraduate preliminary requirements is a difficult one to settle especially in states where the undergraduate schools are of all grades without any uniform standard.

H. G. Sherman pointed out that truth will ultimately prevail. The legislature and its committees are reasonable and it is not a hard matter to make them see the true status of affairs. He also related his experiences in this regard to prove his point.

C. A. Hamann noted the vast advance which has been made in the standards of medical schools in the past few years. There has further been an effort on the part of states boards of medicine to raise their requirements. The degree of M. D. should be jealously guarded.

It is not the province of the physician to carry out regulation laws. This should be the role of the layman. One of the difficulties is to decide what the limits of the practice of medicine are.

G. H. Matson, of Columbus, said that medical regulation is strictly a proposition of education. Medical laws satisfactory to the profession will never be secured. If such an event does occur it will be a sign of the inactivity of the profession. Laws everywhere in regard to these matters are unsatisfactory. Numerous amendments are proposed to all every year. Even where the single standard does prevail, special laws have been provided for other cults. When the present practice law was enacted in 1896 it resulted in driving 1000 quacks out of the state.

For betterment of present conditions several courses are open. The present law can be repealed and a new one passed providing special stand-



ards, and providing a common ground for all by requiring a certain ability in diagnosis. The standard for preliminary education must be strict. Another course open is to provide that all who wish to treat the sick shall be licensed and pay a tax and come under certain restrictions.

G. V. Sheridan, of Columbus, said that a lay commission to be appointed by the governor, to thresh out the entire situation would be a good thing for the public and for the physician. Before such a body all schools and cults could present their views of the question. Such a plan would transfer the responsibility of regulation to the public.

J. W. Clemmer, in closing, reiterated that the presence of drugless healers in every community is proof that the practice act is a failure. The reason for the failure is that different standards were made in the act regarding the matter of therapy. For this reason all references to therapy should be eliminated. The prime necessity at the present time is for a sympathetic understanding between the public and the medical profession.

#### CLINICAL AND PATHOLOGICAL.

The one hundred and fifth regular meeting of the Clinical and Pathological Section was held Friday, December 4, 1914, at the Cleveland Medical Library. Program: 1.—"Stage vs. Class," Certain Aspects of Fever in Pulmonary Tuberculosis, G. W. Moorehouse, M. D.; 2.—Hirschsprung's Disease, with Report of a Case, W. E. Lower, M. D.; 3.—The Prognosis and Treatment of Nephritis, John Phillips, M. D.

#### EXPERIMENTAL MEDICINE.

The following program was presented by the Experimental Medicine Section on December 11, at 8 p. m., at Cleveland Public Library: Symposium on Primitive Man, (illustrated by lantern slides); (1) Geological Evidence of Man's Antiquity, T. Wingate Todd; (2) The Brain of Primitive Man, Davidson Black; (3) The Teeth of Primitive Man, T. Wingate Todd; (4) The Skeletal Remains of Primitive Man, N. William Inghalls.

#### ACADEMY, NOVEMBER 20.

The one-hundred and fourteenth regular meeting of the Academy of Medicine was held Friday, November 20, 1914, at the Cleveland Medical Library; the president, Dr. J. J. Thomas, in the chair. The first paper was presented by Dr. Wm. H. Park, director of the health laboratory of the City of New York, entitled "Serum Treatment of Tetanus and Diphtheria and Active Immunization against Diphtheria." Dr. Park's paper was discussed by Drs. R. G. Perkins, H. J. Gerstenherger, A. F. Furrer, W. E. Lower, and H. L. Sanford. The second paper, "The Clinical Diagnosis of Hydronephrosis," was presented by Dr. Wm. F. Braasch, of the Mayo Clinic, Rochester, Minnesota.

## NEWS OF CINCINNATI ACADEMY OF MEDICINE

(Report by G. T. Souther, M. D., Correspondent)

The committee on nominations of the Academy of Medicine, consisting of Drs. Chas. A. L. Reed, A. C. Bauer, C. C. Agin, J. C. Cadwallader and William Abbott, reported the following nominations: President, Dr. John W. Murphy; first vice-president, Dr. Chas. T. Souther; second vice-president, Dr. Cora Crotty; secretary, Dr. G. Strohbach; treasurer, Dr. A. G. Drury; librarian, Dr. Arch I. Carson; trustee, Dr. W. D. Haines; censor, Dr. J. Amhrose Johnston; delegates to State Association, Drs. Kennon Dunham, Oscar Berghausen and W. R. Ahhott; alternates, Drs. G. F. McKim, William M. Doughty, J. Louis Ranshoff, J. Edw. Pirrung and Carl Hiller.

Dr. Chas. A. L. Reed, local representative of a national medical organization for the relief of Belgian physicians, presented the horrors of the situation of our Belgian confreres at the last meeting of the Academy of Medicine. They have been rendered destitute of all possessions by the fortunes of war, and are facing actual starvation. Piteous appeals for the ordinary necessities of life have been received at the New York headquarters and the needs are urgent. One hundred dollars were voted for the relief of Belgian medical men by the Academy of Medicine, and further individual subscriptions to the fund will be gratefully received by Dr. Chas. A. L. Reed.—The Lancet Clinic.

**Meeting of November 30.**—Meeting at the new City Hospital was a very well attended affair. Fifty-six men and 155 social workers, largely women, made up a very enthusiastic audience to listen to a very instructive and interesting address by Dr. Wm. H. Allen, of New York, on "Medical Charities."

The first essential, Dr. Allen held, was a 100 per cent. efficiency in the medical charities. Find out the sum total of all the work, and then by carefully planned co-operation so distribute this as to completely handle without any overlapping of service. He favors advertising campaigns to make the people aware of the distributing points and also aid in collecting the money. He discussed the nursing problem and indorsed the idea of the practical nurse for certain parts of the work, saying there was a place for her and the graduate as well. He said dental and medical clinics should be so manned as to give careful analysis to all the cases. He called attention to the fact that we decry the advertising doctor and dentist, but we offer the public nothing to take the place they occupy. Cheap service in this line is as



necessary as it is to have cheap restaurants and expensive cafes and hotels.

The subject was discussed by Rev. Mr. Langdale, Mr. Gamble, Mr. Norton, Dr. O. P. Geier, and Dr. Robert Carothers.

**Meeting of December 7.**—First paper of the evening by Dr. E. A. North on "Paranoia." After reviewing the literature, nomenclature and classification of paranoia, the essayist, for his own use, divided the classification in three groups: (1) True paranoia; (2) paranoia of the moron or paraphrenia; (3) of dementia precox or "dementia paranoides."

In order to learn as much as possible of the early tendencies of all paranoides which might indicate defects in later life, a series of letters were written to school teachers and parents of a number of cases under observation. The following are some of the idiosyncrasies noticed in the child life of these cases: Vanity, lack of self-control, visionary and unhappiness. These are not extraordinary traits, but it is when they exist to an extraordinary degree that they indicate this condition. It was suggested by the essayist that school inspectors bear these facts in mind relative to future psychosis.

Second paper of the evening was by Dr. A. Ravogli on "Pellagra." Report of another case in the City Hospital presenting a photograph of the arms of the patient and parts involved. Pellagra is a peculiar complex of symptoms in the gastro-intestinal tract, in the skin and in the nervous system. The disease was carefully reviewed, and, in conclusion, these rules for prevention are given: (1) Necessity of an early treatment by arsenical preparations. 2. Change of the surroundings and of the hygienic conditions of the pellagrins. 3. Isolation of patients on a farm and destruction of their excretions. 4. War against flies.

Case reports by Drs. Goosman, Wm. Kellar, and Teveluwe.

**Meeting of December 14.**—The paper of the evening was by Dr. Emmet M. Blahd, Cleveland, Ohio, on "Resection of the Posterior Spinal Nerve Roots," illustrated by lantern slides. This operation is done for Little's disease, spastic paraplegia and hemiplegia of infants. The incentive to try this section of the posterior sensory roots was taken from the loss of spasticity which follows late in tabes with posterior root degeneration.

An accurate description of the disease was given and the hopelessness of the condition was gone over in cases where this treatment was not used. The rather free anastomosis between three, four and five segments was emphasized and spoken of to show how extensive an operation may be and still not produce entire loss of sensation.

The differentiation of the anterior and posterior

root filaments is made in three ways: (1) Size and color; (2) electrical stimulation; (3) anatomically by the location of the ligamentum denticulata.

Four or five pairs of posterior roots are cut usually low down; relief from spasticity follows very soon. After treatment is very important and is carried over a period of one or two years, and consists in orthopedic work, casts, tenotomies, general hygiene and mental care in proportion. Practically all of these cases are deficient mentally and physically, and may have some blood disease.

Injuries before or during birth are responsible for many cases. Practically no well-defined case is permanently benefited by orthopedic work alone.

Posterior nerve root resection must be done first, followed by other measures. Mortality in the ten cases reported was 10 per cent.; the first case died, the other nine recovered without any serious complication. In all but the first case the spinal cord was well blocked off, with local injection with 1-400 novocaine, about 10 c.c. being used. Gas and ether was the anesthetic used. Convalescence in twelve to fifteen days.

**Meeting of December 21.**—Paper by Dr. Alfred Friedlander on "The Early Recognition of Whooping Cough by the Complement Deviation Test." The great seriousness of this disease was first emphasized by the essayist by showing the very high mortality which can be attributed to whooping cough and its complications. One-third of the mortality of acute infectious diseases can be so attributed. The mortality is greater than scarlet fever, and nearly as great as scarlet fever plus diphtheria. Very little is done in the way of careful and efficient quarantine, and children are exposed to contagion with a rather reckless abandon. The detail of the test presented by Dr. Friedlander has been published previously, and is a serum reaction based on the Noguchi principle, using an activated antigen and an activated blood serum in contradistinction to the inactivated serum method. A positive reaction was obtained in thirteen out of fourteen cases in the catarrhal stage before the onset of characteristic whoop. The great advantage claimed for the method, in being able to isolate the case early, is very apparent and certainly a step in advance. Reference to and report of the use of the method at the Cincinnati General Hospital by Drs. Friedlander and Wagner were made. In reference to the treatment, very large doses of the vaccine used very early was advised. A specially large dose of 150 to 300 million bacteria in vaccine are used with good results in children.

Second paper by Dr. Henry Wald Bettmann on "What is Atony of the Stomach." The definitions given by several authorities were very carefully gone over and a summing up given. A stomach is said to be atonic when distention by a meal pro-

duces no contraction. Failure to maintain a tubular shape against the weight of food may be termed atony. Tonus may be present and peristalsis absent. Many cases of atony may be benefited by a large meal; at times frequent small meals. Very careful histories should be obtained in these cases. Treatment was not taken up at any length. The element of fear, worry, general nervousness and many psychological causes were given a place in the etiology.

## NEWS OF THE TOLEDO ACADEMY OF MEDICINE

(Report by B. J. Hein, M. D., Correspondent)

Dr. W. E. Lower, president-elect of the state association, addressed the Physicians' and Surgeons' Club, of Toledo, December 8, on "The Biologic Factor in the Production of War."

This factor, the doctor believes, is man's inherent instinct to fight. The baby possesses it, and his first resentment to a fancied insult takes form in an attitude of menace. Youth possesses it, and gives free vent to it. Man possesses it, but the higher he ascends the scale of culture the more he conceals it, or directs it into the meritorious channels of business aggression, political victory, professional ascendancy, scientific attainment or social prominence.

Yet, however civilization and culture may suppress it, the fighting instinct will break bounds in periodic conflict. Man cannot prevent it. He may desire aggression, he may lust for gold, but the compelling motive is his inborn instinct to fight—the biologic factor.

## NEWS OF THE COLUMBUS ACADEMY OF MEDICINE

Dr. John Dudley Dunham was elected president and Dr. R. P. Elder, vice-president, of the Columbus Academy of Medicine, at its annual meeting December 21, at the Public Library. Dr. L. L. Bigelow was chosen secretary-treasurer and Dr. C. S. Hamilton, trustee. For delegates to the state society convention in Cincinnati next summer, Dr. Carl Spohr, Dr. Joseph Price and Dr. R. R. Kahle were named.

The society now has a membership of 359 according to the report of Dr. R. R. Kahle, the retiring treasurer. Although the dues were raised last year from \$3 to \$5, there were no resignations on this account and the membership was increased by 18.

The secretary-treasurer reported a treasury balance of \$473.69, with all expenses paid.

At the meeting on December 7, Dr. James Rector read a paper on "The Recognition and Man-

agement of Complicated Gastric Disorders." It was illustrated by lantern slides shown by Dr. Hugh J. Means. It developed an interesting discussion.

On December 14, Dr. McCampbell, secretary of the state board of health, presented a paper on "The Present Status of Our Knowledge of Scarlet Fever." It was discussed by Drs. F. G. Boudreau, W. L. Dick, Louis Kahn, H. M. Platter, and J. M. Dunham.

## COUNTY SOCIETIES

### FIRST DISTRICT.

**Butler County.**—One of the most profitable and helpful meetings of the year was held in the assembly room of the new Y. M. C. A. on December 16. The visiting speaker, Dr. Edward Pirrung, of Cincinnati, addressed the society upon the subject, "Fractures About the Ankle Joint." This was profusely illustrated by about fifty stereopticon slides showing every form of fracture in this region. The speaker dwelt on the folly of classing every fracture above the ankle joint as a "Potts' Fracture."

The member speaker was Dr. Mark Millikin, of Hamilton, who spoke upon "Occipito Posterior Positions." He illustrated his method of making the diagnosis and of rectifying the position by converting it into the anterior position, upon an actual specimen pelvis. He accomplished this by taking his position to the left of the patient, using the left hand in pronation to revolve the fetal head into an anterior occipital position.

This meeting was well attended and full of interest, almost every man present having at least a word of comment or a question to present.

W. E. Griffith, Correspondent.

**Butler County.**—The bulletin of the academy, for December, contained the following editorial:

"The Butler County Medical Society is surely entering upon an era of increased interest in society work and along with this, of course, is being shown an increased interest in organization work as a whole. Last month about twenty-five men attended the meeting which is nearly 50 per cent of our membership. This attendance is so much better than it was two years ago that it deserves mention. At the district meeting in Dayton last month not less than six men were in attendance. There is not a shadow of a doubt, doctor, that the county society is the best agency existing at present to aid you and stand back of you in all the things honorable and ethical that you undertake, and the only one that can and will do so to the ultimate power it possesses so to do. On the other hand the county society must in the very nature of things lay its heavy hand on all "quacks" and



"irregulars" within its reach, and discourage all attempts at, and participants in shady and unethical practice. Its power and influence to serve its members by performing these legitimate functions depends largely upon you. Cast your lot and influence with the organization that stands ready to make that influence count for the most that it can count for, and may you never use your society merely for selfish ends, but rather may you aid in building up an organization in which it is always an honor to hold membership. Join your county society if you are not a member at present, and start the new year with a determination to show yourself friendly to all who are walking this earthly way in the practice of medicine or surgery."

**Fayette County.**—The Fayette County Medical Society met at the Cherry Hotel at 10:30 a. m., on December 1, for the purpose of electing officers, paying dues, and mapping out a campaign for the coming year.

After much discussion and a multitude of suggestions a resolution was passed which fixed the time of the regular monthly meeting the first Tuesday at 8:00 p. m., and provided for a light luncheon at the close of each business meeting and authorized the chair to appoint a committee of three to prepare a program for the January meeting which will be held in the second floor of the Stitt and Todhunter Building, on Market street.

A suggestion was made that hereafter members who miss three successive meetings shall be automatically dropped unless absent on account of sickness of themselves and that notice of each member dropped shall be given to the Ohio State Medical Journal by the corresponding secretary following each meeting. A resolution to this effect will be offered at the January meeting.

The members present were Drs. Pine, Todhunter, Ireland, Rowe, Stitt, Teeters and Hughey.

The officers elected were: President, George W. Blakely; vice-president, W. E. Ireland; secretary-treasurer, Lucy W. Pine; delegate to State Society, R. M. Hughey; alternate, D. H. Rowe; corresponding secretary, L. P. Howell; censor, E. F. Todhunter (to fill expired term of G. E. Blakely.) The censors holding over are W. E. Ireland, and L. P. Howell.

L. P. Howell, Correspondent.

**Clermont County.**—The Clermont County Medical Association met in the office of Dr. Richard Belt, Milford, December 16, 1914. The weather being severe the attendance was not as large as usual. The meeting, though, was one of unusual interest.

Dr. Charles Langdale, of Cincinnati, gave a very interesting paper upon "Fractures." It brought out much favorable comment by all members present. The remarks of Dr. Scofield upon Orthopedic Appliances and Surgery were well received.

The election of officers for the ensuing year resulted in the following: President, Dr. Frank Leevee, Loveland; vice-president, Dr. E. C. Ireton, Marathon; secretary-treasurer, Dr. Frank Ireton, Newtonsville; censors, Drs. Mitchell R. Belt and J. K. Ashburn.

At the close of the session refreshments were served by the genial host, Dr. Belt. The next meeting will be subject to the call of the president. It was mutually agreed to resume the mid-season annual outings at the Owensville Fairground during the 1915 season.

T. A. Mitchell, Correspondent.

**Warren County.**—The newly-elected officers of the Warren County Medical Society are: President, Charles A. Hough; secretary, Herschel Fisher; treasurer, W. E. Blair; censors, T. E. Keelor, J. E. Witham and N. A. Hamilton.

Herschel Fisher, M. D., Correspondent.

## SECOND DISTRICT.

**Champaign County.**—At the meeting of the society held December 11 at the home of Dr. E. R. Earle, in Urbana, all officers were re-elected for the ensuing year, as follows: President, Dr. E. R. Earle; vice-president, Dr. H. M. Pearce; secretary-treasurer, Dr. Mark C. Houston. The addresses of the evening were made by Dr. Bowen, Dr. Shepard and Dr. Fletcher, all of Columbus. The first named talked on the X-Ray and illustrated it. Dr. Shepard's talk supplemented that of Dr. Bowen. Dr. Fletcher spoke on puerperal sepsis.

It might be said in passing that these three talks or addresses were of the very highest order and probably the most helpful of any addresses of late delivered before the local organization.

The following physicians answered the roll call: Buhner, Wolfe, Richard Henderson, Mark Houston, O'Brine, Barger, David Moore, Pearce, Rhodes, Earle of Urbana, and Hunt of St. Paris. Dr. C. E. Demand of Mechanicsburg, was admitted to membership at this meeting.

During the evening the host, Dr. Earle, assisted by Mrs. Earle, served inviting refreshments and the evening was socially and intellectually a great success.

**Darke County.**—The following officers were elected for 1915 at the regular annual business meeting of the Darke County Medical Society, held on December 10: President, Dr. P. W. Byers, Arcanum, Ohio; vice-president, Dr. R. H. Spitler, Greenville, Ohio; secretary-treasurer, Dr. J. E. Hunter, Greenville, Ohio; censor for three years, Dr. A. F. Sarver, Greenville, Ohio.

J. E. Hunter, Correspondent.

**Greene County.**—The Greene County Medical Society met at the Bijou Theatre, at 11:00 a. m., November 27. Twenty-three members present. The following officers were elected for the en-



suings year: President, F. W. Ogan, Jamestown; vice-president, J. O. Stewart, Cedarville; secretary, D. E. Saphr, Xenia; treasurer, P. R. Madden, Xenia; delegate to state convention, M. I. Marsh, Cedarville; alternate, E. G. McPherson, Xenia; board of censors, R. W. Smith, Spring Valley; H. O. Whitaker, New Burlington; W. D. Galloway, Xenia. On motion A. C. Messenger and D. E. Saphr were appointed a committee to draft resolutions on the death of Dr. C. W. Galloway.

The society then listened to an illustrated lecture on "Local Anesthesia," by Dr. J. H. Jacobson of Toledo. Dr. Jacobson is a prime favorite with our society, and was listened to with rapt attention.

After the address, Dr. B. R. McClellan, escorted the entire society to the Y. W. C. A. dining room, where an elaborate feast was partaken of in honor of his father, Dr. H. R. McClellan, one of the oldest and most beloved physicians of our county, who had reached his 88th birthday.

The death of C. M. Galloway, one of the most prominent physicians of Greene county who died at the home of his brother, Dr. W. A. Galloway, November 22d, was a great shock to his friends. The members of the Greene County Medical Association attended the services in a body as a mark of respect to Dr. Galloway, who was one of the oldest and best known members of the society. Practically all of the physicians of the city were present and members from surrounding towns were Drs. Ritenour of Bellbrook, Smith of Spring Valley, Ream of Bowersville, Stewart of Cedarville, and Humphrey of Yellow Springs.

D. E. Spahr, Correspondent.

**Miami County.**—The Miami County Medical Society met at the Piqua Club, Piqua, Thursday, December 3. There was an excellent attendance. After reports from the treasurer and several committees an election of officers for 1915 was held. One new member was elected to membership in the society—Dr. E. A. Yates, of Piqua.

Dr. Matson, secretary of the Ohio State Medical Board, addressed the society on "Public Policy and Legislation." The address provoked a spirited discussion from the members. The president, J. E. Murray, gave a farewell address reviewing the work of the year.

Officers elected for 1915 are as follows: President, J. R. Echelbarger, Fletcher; vice-president, M. M. Brubaker, Covington; secretary-treasurer, R. D. Spencer, Piqua; member board censors, Warren Coleman, Troy; delegate to state convention, I. C. Kiser, Fletcher; alternate, T. M. Wright, Troy.

Dr. J. B. Barker, Piqua, Ohio, local examiner for the state industrial commission, received the unanimous endorsement of the Miami County Medical Society for re-appointment. This mark of appreciation was voluntary and unsolicited.

R. D. Spencer, Correspondent.

**Montgomery County.**—Officers elected December 4, 1914, by the Montgomery County Medical Society for the year 1915 are: President, Dr. C. C. McLean, Dayton; secretary, Dr. E. R. Arn, Dayton; state auxiliary committee on legislation, Dr. Webster S. Smith, Dayton.

### THIRD DISTRICT.

**Hardin County.**—Hardin County Medical Society met December 17 in the parlors of Antonio Hospital. There was a good attendance. Dr. W. C. Snodgrass presented the first paper, on pleurisy, giving two interesting case histories with X-Ray plates. Dr. C. D. McCoy opened an interesting discussion. Dr. J. H. Zeis presented a paper dealing with lobar pneumonia, which was fully discussed. Dr. R. L. Souder's paper on catarrhal pneumonia was read by Dr. Belt, the secretary, owing to the doctor's enforced absence. Dr. R. K. Evans closed the most interesting program with a paper on bronchitis.

**Auglaize County.**—At a meeting of the Auglaize County Medical Society, November 19, the following officers were elected for the ensuing year: President, R. A. Ruhlman, Minster; vice-president, Charles McKee, St. Marys; secretary-treasurer, C. L. Mueller, Wapakoneta. The meeting was held at the residence of Dr. H. S. Noble as a surprise to him, and marked his twentieth anniversary of medical practice. Speakers were Drs. Charles Hamilton and Frank Winders, of Columbus.

**Allen County.**—The Allen County Medical Society met as usual at Lima on December 3. Dr. A. H. Creps, of Lima, read the paper of the evening on the subject of "Pneumonia." The usual conception of the etiology and pathology of the disease was endorsed. The treatment recommended was principally alkaloidal; sulphocarbates, digitalein, strychnine, nuclein, and aconitine being mentioned. As would be expected the discussion was free and varied.

At the meeting held on December 17, Dr. H. A. Thomas, roentgenologist at the Lima Hospital, exhibited a number of plates chosen from those taken during the past year. A great variety were shown and the value of the X-Ray in diagnosis and treatment was fully confirmed.

E. J. Curtiss, Correspondent.

**Hancock County.**—Eleven members of the Hancock County Medical Society met at the City Hospital, Findlay, December 2, and partook of a turkey dinner. Guests were Miss Roena Lambert, matron of the hospital, Miss Emma Greenman, retiring assistant matron, and Miss Stewart, incoming assistant matron. A business session was held at which Dr. Tritch reported a serious case of hyperemesis during pregnancy. Dr. Baker reported a malignant tumor of lower right lobe of

lung. Diagnosis by X-Ray. Dr. Hartman gave his impression of European surgery. Dr. Hartman was in Europe at outbreak of war and his studies were materially interfered with and the time greatly shortened. His conclusion is that for training in diagnosis, Europe is the best; but for training in practice, America is far superior in every way.

Election of officers resulted as follows: President, R. N. Lee; vice-president, W. J. Fishell; treasurer, J. M. Firinin; secretary, Nelia B. Kennedy; delegate to O. S. M. A., Don C. Hughes; alternate, J. C. Fritch; censor, three years, Earl J. Thomas; local legislative, Nelia B. Kennedy.

Nelia B. Kennedy, Correspondent.

**Logan County.**—The Logan County Medical Society met in Educational Hall, December 11. Papers were read by Dr. W. W. Hamer, Bellefontaine, on "Tumors of the Breast," and Dr. O. N. Loffer, DeGraff, on "How to Collect Bills." These were splendid papers and created a lively discussion. Election of officers for 1915 were as follows: President, Dr. J. H. Wilson, Bellefontaine; vice-president, Dr. Guy H. Swan, Bellefontaine; secretary-treasurer, A. J. McCracken, Bellefontaine.

W. C. Pay, Correspondent.

**Van Wert County.**—The Van Wert County Medical Society met December 7, and elected the following officers: President, M. S. Cramer; vice-president, R. C. Flemming; secretary-treasurer, C. G. Church; delegate to state convention, B. L. Good.

C. G. Church, Correspondent.

**Marion County.**—November 25, marked the opening of the Orchard Hospital, the name selected by Dr. E. O. Richardson for his newly established institution for the care of his special cases, and the other cases that may require surgical care. Practically all of the local medical fraternity and their wives accepted the invitation of Dr. and Mrs. Richardson for dinner, and all enjoyed a good time, with much talking as to the needs of so growing a city as Marion for a hospital and congratulations to the Richardsons for their addition to the hospital resources of the city.

There was no meeting of the local society, because the state election interfered in November.

December 1, was the annual meeting for the election of officers, the following officers being elected: James W. McMurray, president; S. W. Mattox, vice-president; E. O. Richardson, re-elected secretary-treasurer; A. Rhu, delegate to state society, elected for two years in 1913; C. T. Wiant, new member of board of censors; A. M. Crane, committeeman on public policy and legislation; Carl W. Sawyer, member of the Red Cross committee.

Two new men applied for membership, and were referred to the board of censors.

President Crane spoke at some length on "Clinical Diagnosis, as taught at Johns Hopkins," showing that study may be done, and advantages enjoyed there equal to any of the European centers.

The question of programs for 1915, brought out a spirited discussion as to having men from out of town read papers before the society. The question was left unsettled.

James W. McMurray, Correspondent.

**Mercer County.**—Mercer County Medical Society held its annual meeting at Celina December 1, and elected the following officers: President, W. R. Taylor; vice-president, J. E. Hattery; treasurer, F. E. Ayers; secretary, D. H. Richardson. There was a good attendance and a lively interest manifested. Dr. P. F. Weamer read a very interesting paper on "Cancer of the Uterus." Drs. F. E. Ayers, W. R. Taylor, and J. E. Hattery each reported interesting clinical cases. The paper of Dr. Weamer and the clinical reports were freely discussed. All of the members in attendance paid their dues for the incoming year.

The by-laws were amended to provide for the holding of monthly meetings during the summer and early fall, when the place of meeting can be easily reached by automobile. The railroad schedules are inadequate for all parts of the county.

D. H. Richardson, Correspondent.

**Seneca County.**—The Seneca County Medical Society held their annual meeting at the Shawhan Hotel in Tiffin, Thursday, December 17. The following officers were elected for the ensuing year: President, Dr. M. W. Uberoth, of Tiffin; vice-president, Dr. R. A. Palmer, of this city; secretary, Dr. Willard, of Tiffin; treasurer, Dr. Lambright, of Tiffin.

**Shelby County.**—The Shelby County Medical Society elected the following officers at their regular meeting Thursday, December 3: President, Dr. M. F. Hussey; vice-president, Dr. A. B. Gudenkauf; secretary, Dr. O. O. LeMaster; treasurer, Dr. B. M. Sharp; censors, Dr. Lester Pepper and C. E. Johnson; delegate to state society, J. W. Costolo.

**Paulding County.**—A joint meeting of the Van Wert and Paulding County Societies was held in the Commercial Club rooms at Paulding, on Wednesday, December 16, at 2 p. m., with about 35 in attendance. Dr. D. F. Russell, of Paulding, presented a paper on "Pneumonia—Etiology and Pathology"; Dr. R. C. Flemming, of Van Wert, dealt with "Pneumonia—Symptoms and Treatment." Discussion was opened by Drs. A. C. Sherrard, of Oakwood, and Martin Cramer, Van Wert.

At 5 o'clock a splendid banquet was served in the armory, following which there were a number



of toasts. Dr. Huston presided as toastmaster, and the following responded: "Surgery," Dr. Good, Van Wert; "Reminiscences," Dr. Cartwright, Payne; "The Country Doctor," Dr. Rank, Cavette; "Spirits That Move," Rev. Dr. Custer, Paulding; "The Doctor in Politics," Dr. DeMuth, Cecil.

The committee in charge of the joint program was made up of Drs. G. M. Brattain, Antwerp; C. E. Huston and L. R. Fast, Paulding.

**Sandusky County.**—Dr. M. Stamm, who has been president of the Sandusky County Medical Society for the past 12 years, was re-elected at the annual meeting of the society Friday, December 4. This organization has had but three presidents since 1878, when first organized, the other two presidents being Dr. James W. Wilson and Dr. Robert Rice. Other officers named were: Vice-president, Dr. O. C. Vermilya; secretary, Dr. Frank L. Moore; treasurer, Dr. M. O. Phillips.

#### FOURTH DISTRICT.

**Fulton County.**—Fulton County Medical Society met at the office of Dr. Maddox in Wauseon on December 21 with 12 members present. Program: Case Report, Dr. Hartman; Case Report, Dr. Hutchins; "Infantile Eczema," Dr. Edwin Tucker, of Toledo.

The election of officers for 1915 resulted in the election of C. L. Hutchins, Delta, president; C. S. Murbach, Archbald, vice-president; and A. A. Brindley, Swanton, secretary and Treasurer.

P. S. Bishop, Correspondent.

**Ottawa County.**—The Ottawa County Medical Society met in Oak Harbor, December 10, and elected the following officers: President, Dr. C. P. Finnefrock, Port Clinton; vice-president, Dr. M. J. Skiff, Oak Harbor; secretary-treasurer, Dr. S. T. Dromgold, Elmore; delegate to state meeting, Dr. H. J. Pool, Port Clinton.

The annual banquet was held at Port Clinton, December 2, and was a success in every way. Forty-five physicians were present, including guests from Cleveland, Toledo, and Fremont. Cleveland and Toledo physicians always have responded to our calls and have helped to make our society a "live wire." Little Ottawa county is alive, and doing something.

S. T. Dromgold, Correspondent.

#### FIFTH DISTRICT.

**Lorain County.**—The annual meeting of the Lorain County Medical Society was held in the K. of P. Hall, Lorain at 4 p. m., December 8. The election of officers resulted as follows: President, Dr. E. V. Hug; vice-president, Dr. V. Adair; secretary, Dr. C. R. Meek; censor, Dr. S. S. Cox. A banquet was served by the Pythian Sisters.

The papers of the evening were presented by

Dr. V. A. Dodd, Columbus, on "The Diagnosis of Common Bone Lesions," and Dr. Jonathan Forman, Columbus, "Practical Points to be Gained from a Study of Cancer Research."

S. V. Burley, Correspondent

**Ashtabula County.**—Ashtabula County Medical Society held its ninety-seventh regular meeting in the Public Library Rooms, Tuesday, December 1, 1914. Harlan Dudley, M. D., author of paper scheduled for meeting, was unable to be present. The matter of annual program for 1915 was brought up for discussion. Motion made for chair to appoint three to determine character of program and report at next meeting. Doctors Crockett, Battels and Hogan were appointed.

Application for Roy B. Wynkoop was read. Drs. Crockett and A. W. Hopkins were appointed censors to act on application, which was approved.

Motion made to accept proposal in communication from the Tuberculosis society for disposal of Red Cross stamps, under supervision of the Ashtabula County Medical Society. Carried.

Next meeting will be held at the Ashtabula General Hospital with smoker and luncheon.

J. J. Hogan, Correspondent.

**Lake County.**—The Lake County Medical Society held its annual and monthly session Monday evening, December 7, at the City Hospital. The officials elected for the year are as follows: President, Dr. A. P. Brady, Painesville; vice-president, Dr. J. W. Lowe, Mentor; secretary, Dr. G. F. Barnett, Fairport; treasurer, Dr. C. W. Hawley, Painesville; board of censors, Dr. C. O. Hudson, for one year; Dr. J. J. Orton, for two years; Dr. E. S. Jones, for three years; auxiliary committeemen, Dr. J. W. Moore, Willoughby; delegate to the state convention, Dr. C. F. House. The next regular meeting will be held Monday evening, January 4, 1915, at City Hospital.

E. S. Jones, Correspondent.

#### SIXTH DISTRICT.

**Mahoning County.**—The Mahoning County Medical Society held its November meeting in the assembly hall of the First National Bank. Fifty-one members and guests were present. Dr. Frank Smithies, of Chicago, honored us by reading a paper outlining his some seven thousand stomach analyses, in all possible conditions of stomach disorders due to extra gastric as well as intra-gastric causes. The paper was highly instructive. Following the reading of the paper a luncheon was served.

On the evening of December 1, Dr. C. C. Booth gave a lantern illustrated talk on a recent trip through the Holy Land and Egypt. At this meeting three physicians of the city were elected to membership, bringing our total to ninety-six. The application of Drs. Metzger and Smyth were presented.



Several inquiries have been received as to our method of dealing with quacks. To meet this request Dr. McCurdy, one of our active committee, has prepared a short article for the State Journal, telling of our method of procedure. We wish him to commend, before the medical profession, our daily papers. Neither of them will print quack advertising knowingly. This, we believe, can be said of no other paper in a community of 100,000 people. Such newspapers are an honor to themselves and the community which they serve.

The city council of Youngstown has just passed legislation that will enable the city treasurer to pay to the two hospitals the full cost of maintenance of charity cases sent to the hospitals by order of the secretary of the health board. Unless the city council had done so and had made provision to repay to the hospitals the amounts lost, the two institutions would have been confronted by serious financial conditions. The Youngstown Hospital Association had lost \$20,000 and St. Elizabeth's Hospital \$8,000 in charity work during the past year. The Youngstown Hospital Association in the space of years it has been caring for these cases has lost \$60,000. The city proposes to pay this back in whole, practically, and in the future to meet the cost per capita of all such cases.

Dr. Charles F. Hoover, of Cleveland, was the principal speaker at the fortieth annual banquet of the Mahoning County Medical Society which was held in the assembly room of the Dollar Bank building, Thursday, December 17. Eighty guests were present and listened to interesting addresses by Mr. A. E. Adams, Dr. M. P. Jones and others.

Dr. Buechner was toastmaster and called for responses from many of the members. Medicine was the principal topic of the evening and many interesting facts were brought out by the speakers.

The event interested several out-of-town physicians both members of the society and invited guests.

H. E. Patrick, Correspondent.

**Portage County.**—The regular monthly meeting of the Portage County Medical Society was held at the office of Dr. E. J. Widdecombe, Kent. Twelve members were present, L. W. Prichard of Ravenna presiding.

Following the regular order of business, Dr. John F. Hill, of Ravenna, addressed the society on "The Tonsils." After reciting carefully the anatomy and physiology of the tonsils, Dr. Hill discussed very thoroughly the diseases to which these glands are subject, and especially the severe general infections which often follow tonsillar diseases. Although Dr. Hill is a nose and throat specialist, he covered the subject in a manner that made it of unusual interest to the general practitioners and his address was freely discussed and proved very instructive.

The secretary then read a plea from the secre-

tary of the Tri-County Nurses' Association for more rest for nurses on private duty.

A committee of three was appointed to draw up a resolution addressed to the state senators and representatives-elect from the district protesting against further legislation tending to legalize the practice of various cults now clamoring for recognition by our legislature.

Drs. Widdecombe and Evans served refreshments, after which the society adjourned to meet at Dr. W. W. White's office, Ravenna, January 14, 1915, for the annual meeting.

W. B. Andrews, Correspondent.

**Summit County.**—The 74th annual meeting of the Summit County Medical Society was held on December 1, 1914, with the president, D. H. Morgan, in the chair. The attendance numbered 62, from Akron, Barberton, Cuyahoga Falls, Hudson and Toronto, Ontario.

Three applications for membership were presented. Seven physicians were admitted to membership: L. E. Brown, M. D., J. G. Griffin, M. D., K. H. Harrington, M. D., H. R. Heckert, M. D., of Akron. A. S. Baird, B. S., M. D., of Bath, W. A. Mansfield, M. D., of Barberton, E. C. Hinman, M. D., of Inland. This gives a total membership of 156 and 92 per cent of all physicians in Summit county. Three names were proposed for membership from Akron and Tallmadge. The treasurer's report submitted by S. J. Metzger showed receipts \$535.46 and expenditures \$480.73. L. B. Humphrey and C. E. Townsend were appointed auditors.

Officers elected for 1915: President—T. K. Moore, M. D.; Vice-President—J. N. Weller, B. S., M. D.; Secretary—A. S. McCormick, L. A., M. D.; Treasurer—E. C. Banker, A. B., M. D.

Committees: Board of censors—J. G. Grant, M. D., chairman; G. M. Logan, B. S., M. D.; D. H. Morgan, A. M., M. D. Health and legislation—F. C. Reed, M. D., chairman; F. C. Newcomb, B. Sc., M. D.; C. E. Held, M. D. Library—D. S. Bowman, M. D., chairman; E. W. Barton, M. D. Delegates—J. N. Weller, B. S., M. D., H. H. Jacobs, B. S., M. D. State legislation—M. D. Stevenson, M. D., F. A. C. S. National legislation—W. A. Searl, M. D.

The program: 1. "Annual Report of the Secretary," by A. S. McCormick. The report described all events in connection with the society and its members since the annual meeting on December 2, 1913. One member, Irving Cornelius Rankin, Ph. M., M. D., died and nine were seriously ill. Six suffered the loss of parents in the short space of ten weeks. Thirty-five purchased new automobiles and three were arrested for speeding in them. Five were married and to seven others children were born. Three purchased and four erected new residences. Two received the new surgical degree of F. A. C. S. To the art gallery were added three pictures, to the pathological collection five specimens, to the library 196 volumes, making

a total of 2,000. Two members left the county. All but these two and the deceased were retained, the three who dropped out in 1913 rejoined and 33 others were admitted. The total, 36 elected, is a record for any year. Ten regular and three special meetings were held. Of the latter two were impromptu and very short. For the other 11 the total attendance was 508, the average 46, both records. The attendance of 83 on November 3 was another record. Nineteen cities and towns of Massachusetts, Michigan, Ohio, Ontario were represented at the meetings. The membership of 156 is the largest ever, and represents Akron, Barberton, Bath, Clinton, Copley, Cuyahoga Falls, Doyleston, Ghent, Hudson, Inland, Kenmore, London, (Ont.), Manchester, Mogadore, Peninsula, Rittman, Twinsburg, Wadsworth, West Richfield. The most pleasing part in breaking all but one record is that no attempt at record breaking was made. The officers did their duty energetically, without fear or favor, and considered nothing but the best interest of the Summit County Medical Society.

2. "The Progress of Medicine and Surgery During 1914," by S. St. J. Wright. Dr. Wright joined the society in 1876 and there is no more enthusiastic or faithful member. Medical history and anecdote are his delight. He gave an interesting description of the more important advances and discoveries made in the profession during the year.

The meeting adjourned for refreshments at 11 o'clock.

The officers for 1915 were installed at the meeting of January 5. The program was:

"The Treatment of Pulmonary Tuberculosis by Artificial Pneumothorax," by C. S. Rockhill, M. D., of Cincinnati. The lecture was illustrated by lantern.

A. S. McCormick, Correspondent.

**Ashland County.**—The Ashland County Medical Society met in regular session December 8, at Samaritan Hospital. The annual election of officers resulted as follows: President, Dr. O. J. Powell, Ashland; vice-president, C. D. Conover, Haysville; secretary, Dr. C. B. Meuser, Ashland; board of censors, Dr. D. L. Mohn; delegate to State Association, W. M. McClellan.

W. M. McClellan, Correspondent.

**Richland County.**—A very pleasant evening was spent by the Richland County Medical Society at the beautiful home of Dr. John Maglott on South Main Street, Mansfield, December 16, 1914. This being the annual meeting, and at the home of the president, there was a splendid attendance, even Dr. Woltman coming and taking his part in giving what is new and important in various journals pertaining to the medical profession, although he had been operated on for appendicitis since our last regular meeting in November. The secretary-treasurer gave the report of the year's work, which proved quite interesting. Officers were

elected as follows: President, Dr. J. M. Garber; vice-president, Dr. George W. Miller; secretary-treasurer, Dr. J. Lillian McBride; auxiliary committeeman, Dr. C. G. Brown; board of censors member, Dr. Harro Woltman; delegate to the state meeting, Dr. John Maglott; alternate to the state meeting, Dr. W. P. Mecklem, senior.

The program was taken up and Dr. John Maglott read a paper on "Let's Talk It Over." Dr. J. Lillian McBride read a paper, "The Doctor's Dream—How to Make It Come True." The first part being read by Dr. V. C. Vaughan, president of the American Medical Association, at the Race Betterment Congress last January. After some discussion of the paper the doctors were invited by Dr. Maglott to another room, where he and his charming wife served a delicatessen luncheon, which all enjoyed immensely.

This meeting seemed to be a fore-runner of good work next year. Dr. Garber, in well-chosen words, thanked the society for the honor conferred upon him and upon what he hoped to do in the society the coming year.

J. Lillian McBride, Correspondent.

#### SEVENTH DISTRICT.

**Columbiana County.**—The Columbiana County Medical Society met in Lisbon, December 8. There was a good attendance and great interest shown.

Dr. Carl A. Hamann, of Cleveland, presented a paper which he styled, "Remarks on Diseased Conditions of the Kidney." This proved to be much more than the title would indicate, as the essayist touched upon many conditions adjacent to, and related to the kidney, either anatomically or from similarity of certain symptoms. Hydronephrosis was described as resulting from one of two causes, stone in the pelvis of kidney or ureter, or a kink in the ureter. Movable kidney in the child is due to trauma, as from a blow to the abdomen. A large abdominal tumor in a child is often a sarcoma. Tuberculosis of the kidney produces symptoms of cystitis; the treatment is removal. Reference was made to a case showing symptoms of appendicitis with pain and tenderness also in the region of the right kidney. Operations revealed an inflamed appendix that was lying upon and adherent to the kidney. A case of abdominal tumor was operated upon which revealed a mass composed of fat, through which there ran the ureter. The latter was tied off and the tumor removed. In a few weeks the patient presented herself at the hospital with almost as large a mass in the abdomen as before. A second operation revealed a large cyst below the kidney, caused by distention of the ureter from the functioning kidney. The organ was removed and the patient had no further trouble.

Dr. W. H. Tuckerman, of Cleveland, whose paper "Otitis Media," or "Running Sore Ears," was very timely since it is the general practitioner who is



the first to see and care for these cases—that is, when they have an intelligent care. The doctor urged greater care in all acute cases, especially insisting that it is not safe to lose sight of any case until discharge had ceased. Many chronic cases have a slow process disease of the mastoid. Some could be cured by operation. For pain in the acute attack, heat over and about the ear. Porasentesis when bulging of Tympanum shows, but would not advise it in small children. Would advise warm soda, bi-carbonate solutions to irrigate after discharge begins, following this with wiping the canal dry.

Following the discussion of these papers, the society discussed the "Medical Defense Bill." The consensus of opinion was that this bill should not only be supported, but urged. A motion to support the bill was carried without a dissenting vote.

The following officers were elected for 1915: President, Dr. Stanton Heck, Salem; Vice-President, Dr. Alfred Cobbs, Damascus; Secretary-Treasurer, Dr. W. E. Morris, Lisbon; re-elected: Board of Censors, for three years, Dr. Harry Bookwalter, Columbiana; for two years, Dr. W. M. Calhoon, East Liverpool; one year, Dr. W. N. Bailey, East Liverpool.

W. E. Morris, Correspondent.

**Tuscarawas County.**—Medical Society met in Uhrichsville in the Mayor's office, December 1, at 8 o'clock p. m., with the president, R. A. Goudy, presiding.

The annual report of the secretary showed that the society held nine meetings during the year with an average attendance of about 13 members at each meeting. There were eight subjects presented by invited guests and five by members of the society.

The number of members January 1, 1914, was 36; number lost by death, two—P. M. Wagner, of Canal Dover, and F. F. Finnical, of Dennison; new members admitted during the year, four; present membership, 38. Thirteen members were not present at any meeting during the year and five were only present at one. Treasurer's report shows receipts during the year, \$118.00; expenses, \$124.05; balance December 1, \$28.48. Reports were also filed by the publicity committee and correspondent to The Journal, and from the member of the auxiliary committee on public policy and legislation.

Officers elected for 1915 were as follows: President, F. B. Larimore; vice-president, C. H. Siegrist; secretary-treasurer, G. T. Haverfield. Member of the House of Delegates, W. R. Hosick; alternate, E. D. Moore. Member of the board of Censors, E. D. Moore. The Chairman of the Committee on Public Health and Legislation for next year will be J. A. McCollam.

James A. McCollam, Correspondent.

#### EIGHTH DISTRICT.

**Jefferson County.**—The Jefferson County Medical Society met in regular session on Tuesday, December 8, with a full attendance. The annual dinner was served to the members and their wives, after which came the election of officers and the reading of papers. The following officers were elected to serve for the coming year: President, Dr. Walter Strayer, Steubenville; vice-president, Dr. J. A. Bradley, Steubenville; secretary-treasurer, Dr. J. R. Mossgrove, Steubenville; board of censors, Drs. H. D. McCullough, Walter Strayer, and Theodore Dodd; delegate to the state society, Dr. C. W. Maxson; alternate, Dr. H. C. Minor; correspondent, Dr. J. R. Mossgrove.

The society was addressed by Dr. J. O. Howells, of Bridgeport, on "Notes from Foreign Clinics," in which he gave an interesting account of his trip abroad just prior to the outbreak of the present war, and by Dr. Earnest W. Willets, of Pittsburgh, Pa., who took as his subject "Laboratory Aids in Diagnosis." Both papers were very interesting and highly instructive.

J. R. Mossgrove, Correspondent.

**Noble County.**—The Noble County Medical Society met Thursday, December 3, and elected the following officers for 1915: President, F. D. Bird, Ava; vice-president, W. I. McCowan, Summerfield; secretary-treasurer, J. L. Grey, Caldwell; and W. S. Williams, Caldwell, member Board of Censors. The society will have a smoker at the meeting of January 7, at 2 p. m. We hope that this will be the banner year for the O. S. M. A.

F. R. Dew, Correspondent.

**Athens County.**—The December meeting of the Athens County Medical Society was held in Athens, December 1, 1914. It being the regular time for the selection of officers, the following were elected to serve for the year 1915: Dr. S. E. Butt, of Nelsonville, president; Dr. H. M. Taylor, of Athens, vice-president; Dr. T. A. Copeland of Athens, secretary-treasurer; Dr. I. E. Stanley, of Albany, censor for three years; Dr. Charles S. McDougall, of Athens, delegate to State meeting, for two years; and Dr. J. L. Henry, of Athens, alternate.

Following the election of officers, Dr. Stanley, of Albany; Dr. N. Hill, of Nelsonville, and Dr. Lee, of Athens, discussed with much interest to those present the things that had been of the greatest benefit to them in their practice. Dr. McDougall gave short biographical sketches of some of the older physicians who practiced in Athens County—Dr. John Erhart, of Albany; Dr. James S. Dow, of Trimble; Dr. Web. P. Sheppard, of Nelsonville; Dr. Witham, of Shode; Dr. H. S. Stimpson, of Athens; Dr. A. J. Shrader, physician and lawyer of Lancaster, Logan and Nelsonville; and Dr. Wm. Parker Johnson, of Nelsonville and Athens, who served for three terms as representative of Athens



County in the Ohio Legislature, and to whose efforts and farsighted wisdom Athens County is indebted for the location of the Athens State Hospital. Many very interesting things could be told of these physicians if time and space allowed. Dr. Web. P. Sheppard was no doubt one of, if not the best emergency surgeons this section ever produced, and though 'cut down' in the prime of life, few here operated with better results, and that, too, before the days of anti- or aseptic surgery.

Dr. Sadie Monahan, who located in Athens a few months ago, was elected a member of the society. Chas. S. McDougall, Correspondent.

**Licking County.**—The annual meeting of the Licking County Medical Society was held in connection with a splendid banquet served at the Hotel Warden on Thursday, December 17, with a large number of members present. Dr. Selby, of Toledo, secretary of the state society, was the speaker of the evening and gave a very interesting talk on the subject of medical organization and the duties and opportunities of physicians of the present day.

The annual report of Dr. Harry E. Hunt, the secretary, showed a splendid growth of the society during the year, with an increase in membership from 28 to 42. A systematic membership campaign was conducted during the year and by the end of 1915 the society hopes to enlist every available physician in the county.

Dr. J. G. Shirer, the retiring president, completed his tenure of office with one of the most inspiring presidential addresses the writer has ever heard. He strongly urged extending the membership to every reputable physician in the county, pointing out that many benefits accrued even to those practitioners who are compelled to be absent from most of the meetings—membership in the state and national organizations, touch with other physicians through The Journal, co-operative support, etc. He urged the value of "imported" speakers, pointing out that at the recent district meeting an essayist who presented a subject with which very few were familiar, elicited an unusually lively discussion. He urged each member to take part in every county society meeting through the presentation or discussion of papers, and to give active support to the various public health problems which confronted the community.

Following his address, a number of the members were called upon for brief talks and all responded in an interesting manner. The News Editor of The Journal was present and outlined the reasons underlying the development of The Journal along its present lines.

Dr. Henry B. Anderson was elected president for the ensuing year, with Dr. Homer J. Davis, vice-president, and Dr. Harry E. Hunt, secretary-treasurer. The endorsement of Dr. Hunt's reelection was enthusiastic, as he has been very

active in upbuilding the county organization. Drs. W. H. Knauss and W. E. Wright were elected censors, and U. K. Essington, delegate to the state meeting, with Dr. W. H. Lewis, as alternate. Report by News Editor.

**Washington County.**—The Washington County Medical Society held its annual meeting, Wednesday evening, December 9, in the court house. Dr. C. J. Scott read an interesting paper on "Auto Vaccines," after which a general discussion of the article, by the members, followed.

The following officers for the ensuing year were elected: President, C. A. Gallagher; vice-president, I. J. Johnson; secretary, F. S. McGee; treasurer, E. W. Hill.

**Perry County.**—Dr. Michael Clouse, of Somerset, was elected president of the Perry County Medical Society for the ensuing year at the meeting held in New Lexington, December 11. Dr. J. I. Davis, Shawnee, is the new vice-president, and Dr. Robert Miller, Hemlock, secretary-treasurer. Dr. N. T. McTeague was chosen legislative delegate; Dr. J. H. Wright delegate to the state meeting, and Dr. James Miller, alternate. Members of the board of censors are Dr. J. G. McDougal, New Lexington; Dr. J. C. Fountain, Somerset, and Dr. W. F. Stoneburner, Moxhala.

**Fairfield County.**—Fairfield County Medical Association held its annual election, December 22, 1914. The following officers were elected: President, Dr. C. G. Axline; vice-president, Dr. G. W. Beery; secretary-treasurer, James T. Lantz; censor, H. L. Bounds; delegate to State Society, H. M. Hazelton; alternate delegate, C. H. Hamilton, all of Lancaster. Dr. James T. Lantz was appointed correspondent for the society to The Journal.

H. M. Hazelton, Correspondent.

#### NINTH DISTRICT.

**Scioto County.**—The News Editor of The Journal had the pleasure of attending the annual banquet of the Hempstead Academy of Medicine at the Hotel Washington in Portsmouth on December 14—and he herewith states that it was a decided pleasure.

Following the business meeting which had been held in the afternoon, an elaborate banquet was served in the hotel ordinary, with Dr. W. W. Smith as symposiarch. A number of members responded to toasts in a very interesting manner. Dr. F. H. Williams, the incoming president, outlined "What I Am Going To Do," and in addition responded to the toast, "The Ideal Doctor." Dr. A. L. Test toasted "The Annual Banquet"; Dr. J. S. Rardin, councilor of the district, gave an interesting outline of pending medical legislation. Dr. S. S. Halderman dealt with "The Ideal Patient," while Dr. W. O. Robe, the retiring president, responded to "How I Got By." Dr. P. J.

Kline toasted "Hempstead Academy of Medicine," and told of the early days of the organization which has had a continuous history for nearly half a century. The News Editor of The Journal talked on medical journalism and allied subjects. Covers were laid for 25 guests.

At a business meeting held prior to the banquet these officers for the ensuing year were chosen: Dr. F. H. Williams, president; Dr. Harry Schirrmann, vice-president; Dr. William A. Quinn, treasurer; Dr. George S. Mytinger, secretary; trustees, Drs. S. S. Halderman, J. W. Jordan, W. W. Smith, J. W. Fitch and A. L. Test. The board of censors is composed of Drs. L. D. Allard, L. G. Locke, and A. R. Moore. Dr. C. S. Early is the librarian.

Report by News Editor.

**Pike County.**—The Pike County Medical Society met in regular session, December 7, 1914, at the office of Dr. Andre, in Waverly, with Dr. J. L. Caldwell in the chair. The regular course of business was taken up. Under "The Report of Cases," Dr. Tidd reported a case of septicemia, also one of post-partum hemorrhage. The entire hour was taken up by different members of the society, under the discussion of the two subjects above mentioned.

The following officers were elected for the coming year: President, J. R. Hilling, of Lucasville; vice-president, L. E. Willis, of Omega; secretary-treasurer, E. M. Dixon, of Stockdale; member Board of Censors, I. P. Seiler, Piketon; representative, J. L. Caldwell, of Waverly; legislative committee, O. C. Andre, Waverly.

E. M. Dixon, Correspondent.

#### TENTH DISTRICT.

**Pickaway County.**—Pickaway County Medical Society met in regular session, December 4. Dr. C. F. Bowen, of Columbus, gave an interesting and instructive talk, illustrated with lantern slides, demonstrating the X-ray as used in treatment and diagnosis. The slides exhibited external and internal malignant disease and the effect of X-ray as a curative measure. The slides proved the positiveness of making exact diagnosis in locating foreign bodies swallowed by children, fractures, and diseases of bone. The doctor also described and showed fractures of a very ingenious X-ray box-like table used to facilitate the location of these foreign bodies. The talk was greatly enjoyed, the society and 20 guests voting him thanks for his effort. Communications from the secretary of Council, Dr. Wells Teachnor, and the chairman of the Section of Medicine of State Society were read.

D. V. Courtright,  
Correspondent.

**Crawford County.**—The Crawford County Medical Society met Thursday, December 10, in the

Second National Bank Building, Bucyrus. Drs. J. A. Riebel, of Columbus, presented a paper on "Backache," and Dr. C. D. Hoy, of Columbus, a paper on "Pott's Fracture and Bone Work." The program was one of unusual interest and especially instructive. In connection with the papers, six clinics were conducted.

Following the afternoon meeting, the society repaired to the Deal House for a banquet, which was greatly enjoyed by all present.

Dr. Harvey Van Natta, of Lemert, was elected president, to succeed Dr. C. A. Marquart, of Crestline; C. D. McLeod, of Chatfield, was elected vice-president, and Dr. R. J. Caton, of Bucyrus, was elected secretary-treasurer, succeeding Dr. L. Kemp.

L. Kemp, M. D., Correspondent.

**Delaware County.**—The annual meeting of the Delaware County Medical Society was held at the Court House, Delaware, on December 4, 1914.

The meeting was called to order by A. H. Buck, president. Dr. Charles McGavran, Professor of Clinical Medicine at O. S. U., read a very interesting paper on "Some Heart Conditions," dwelling chiefly on the syphilitic heart. He also gave the result of a clinical examination of a patient presented before the society. The doctor demonstrated considerable ability in presenting his paper and the reporting of this case, and made many friends by the thoroughness of his work.

Dr. A. W. Binkley, chief medical examiner of the Ohio Industrial Commission, gave a talk on the Workmen's Compensation Law and its relation to medical fees, explaining many points heretofore not well understood by the medical profession. A free discussion followed and many interesting points were brought out by those present.

Dr. C. F. Falley, of Powell, Ohio, a member of our society, was indorsed for Superintendent of the State Institution for Epileptics.

The election of officers for the ensuing year resulted as follows: President, Dr. G. W. Morehouse; vice-president, Dr. O. W. Bonner; secretary-treasurer, Dr. A. H. Buck; censors, Dr. D. E. Hughs, for five years, and Dr. A. J. Pounds for one year, filling the unexpired term of Dr. W. H. Woodworth. The society has been very successful this year, having many interesting and instructive papers. The attendance has not been large, but those who have attended have been greatly benefited.

A. H. Buck,  
Correspondent.

**Morrow County.**—The Morrow County Medical Society met at Mt. Gilead, December 3, 1914, with nine out of its thirteen members present.

No special program has been arranged and the discussion drifted to a discussion of plans to make our county society a success. We had a good old-fashioned revival, and it begins to look as if Morrow County would really "come back."



Officers for the year 1915 were elected as follows: President, Dr. T. P. Johnston, of Mt. Gilead; vice-president, Dr. Geo. H. Pugh, of Mt. Gilead; secretary, Dr. C. S. Jackson, of Edison; treasurer, Dr. W. C. Bennett, of Mt. Gilead; Dr. C. E. Neal, of Cardington, a newly-acquired member, was elected censor.

We still have a few "back-sliders" and some who have never joined us, but have planned, as suggested by the State Medical Journal, to have some social evenings, with a "feed," to bring back our backsliding brothers into the fold and acquire some new members. We hope by the first of the year to have every physician enrolled in the county and State society.

The next meeting will be held at Mt. Gilead the first Wednesday in January, and Dr. J. H. Jack-

son, of Edison, will give a talk on "Clinical Diagnosis of Diphtheria."

J. H. Jackson, Correspondent.

**Ross County.**—The Ross County Academy of Medicine met in regular session Tuesday evening December 15, at the Welfare Home on West Main street, with a full attendance. Dr. Harris, of Columbus, read a comprehensive paper on "Diseases of the Gall Bladder," which was discussed by the doctors present.

The Academy will be entertained at its January meeting by the N. C. R. of Dayton with its exhibit of "Venereal Diseases," at which time the public will, on invitation, be permitted to see this educational production.

G. E. Robbins, Correspondent.

## INTER SOCIETY LEGISLATIVE COMMITTEE MEETS WITH MEDICAL MEMBERS OF HOUSE AND SENATE

Additional joint meetings of the members of the legislative committees of the three state medical associations were held at Columbus in the office of the State Medical Board on December 8 and on January 5. As stated in the December Journal these committees are working together to perfect a defensive plan for the protection of the Ohio Medical Practice Act. Joint action was taken in view of the increased activities of the various cults. The meetings have been entirely harmonious and have resulted in the formation of a definite plan of campaign by which it is hoped to protect the citizens of the state from the unrestricted operations of the unqualified and uneducated healers.

One of the busiest of these organizations is the Ohio Chiropractic Association. Despite the fact that these healers are practicing illegally in Ohio—some two hundred of them—they had the effrontery to hold an "annual convention" at the Southern Hotel in Columbus, on December 5. After retaining a press agent they perfected plans for a general assault on the next legislature, incidentally arranging for a campaign fund of considerable proportions.

They have already drafted a bill which is understood to contain a dangerous "sleeper," the enactment of which would admit them to practically unrestricted practice of medicine in this state. John H. Oswalt, of Warren, who has been under indictment for illegal practice of medicine, was elected president.

Since returning to their homes, the chiropractors have been busy securing petitions with which to flood the legislature. Every member of the cult is working night and day to this end. They have petitions on file in their offices and spend their spare time securing signatures in their respective communities.

### Legislators Present.

The meeting in the office of the Medical Board on January 5 was one of the most enthusiastic ever held. Seven of the nine medical members of the legislature were present, as follows: Senator E. E. Vorhies, Cambridge; Representatives Van S. Deaton, Alcony; W. S. Hoy, Wellston; G. J. C. Wintermute, Celina; William P. Ellis, Thompson; R. B. Cameron, Jewell; and D. M. Criswell, of Plainfield. Drs. Gallagher and Winans were called out of the city but sent regrets. The meeting was presided over by Dr. Ben R. McClellan, of Xenia, with G. V. Sheridan, Columbus, as secretary. The following representatives of the three state societies were present:

Drs. J. H. J. Upham, E. F. McCampbell, W. B. Carpenter, S. M. Sherman, G. H. Matson, F. O. Williams, R. O. and J. G. Keiser, and Homer C. Brown, of Columbus; Henry E. Beebe, of Sidney; T. A. McCann, of Dayton; and L. E. Siemon, of Cleveland.

A general plan for the protection of the integrity of the medical practice act and for the protection of the people of the state from the preying of the poorly-prepared practitioners was thoroughly discussed. The medical members of the House and Senate individually promised that their best efforts would be in support of measures designed to this end. Those who have been in touch with medical legislation in Columbus for many years say that better co-operation is promised this year than ever before.

Mr. Russell D. Scott, who for five years has been assistant bacteriologist to the Columbus filtration plant, has been made assistant bacteriologist in the hygienic laboratories of the state board of health. He succeeds Dr. Fred Berry, who is on a year's leave of absence.



## ADDITIONAL NEWS NOTES STATE MEDICAL BOARD

(Continued from Page 42)

passed upon at the regular meeting of the board January 5, 1915:

Ignatius M. Jarzynski, Cleveland; Robert A. Warren, Cleveland; Ottis Lee Graham, Cleveland; Clark Stetson Bogart, Cleveland; Elliott H. Metcalf, Youngstown; Harold C. Messenger, Xenia; Bret B. Hurd, Kinsman; Owen R. Kackley, Pleasant City; Leon B. Lemon, Cleveland; Francis A. McCullough, Mansfield; Lowry Lee McHenry, Cincinnati; William L. Layport, Cincinnati; Albert J. Nunnamaker, Cincinnati; George S. Nutt, Youngstown; George H. Reeve, Cleveland; Clarence J. McCullough, Springfield; Edward P. Dennis, Conneaut; Russell A. Pease, Cleveland; William J. Rogers, Cleveland; George D. Black, Toledo; David E. Montgomery, Youngstown; Kenneth E. Shauwecker, Canal Dover; Francis P. Fitzpatrick, Youngstown; William C. Russell, Columbus; Robert W. Schulenberg, Columbus; Francis J. Abt, Cincinnati; Daniel Wolfson, Cincinnati; Albert F. Snell, Jr., Cincinnati; Linus L. Chandler, Cleveland; Rupert R. Rogers, Cleveland and Homer A. Crossett, Toledo.

### Osteopaths.

Oliver E. Brodbeck, Conneaut; Albert E. Balbert, Jr., Toledo; John B. LaRue, Lancaster; Ralph S. Crum, Tiffin and Everette E. Braithwaite, Lakeside.

### Examination Questions.

The following questions were offered at the December examination:

#### **Materia Medica and Therapeutic (Regular.)—**

1. Name three sera whose places in medicine are recognized and give uses of each, also state modes of administration. 2. What symptoms follow the continued use of cocaine and morphine? How would you treat an habitue? 3. Name the official preparations of digitalis. Give dose of each. Under what conditions would you prescribe each? 4. Name the principal alkaloids of opium. State use and dose of each. 5. To what class of drugs does bismuth belong? What are the official preparations? State dose of each. 6. Write two prescriptions you would use in diarrhea and give reason for using each. 7. Give mode of applying heat as a remedy. Describe its physiologic action and therapeutic use. 8. What preparations of mercury are employed as cathartics? Give dose of each. 9. What are the uses of narcotics—name the principal ones? Give dose of each. 10. What is atropin, its source, physiological action and dose?—L. H.

**Dermatology, Syphilology, and Diseases of Eye, Ear, Nose and Throat.**—1. Define dermatitis. Mention its causes and give treatment. 2. What

is pellagra? What are its symptoms and its manifestation upon the skin? 3. Define psoriasis. What is its treatment? 4. Point out the difference between syphilitic eruptions and the common eruptions of the skin. 5. Describe syphilitic gumma, cutaneous. What treatment would you select? 6. Define astigmatism. Mention the principal types. How is diagnosis made and how is it corrected by lenses? 7. Define glaucoma. How established in early diagnosis? Give treatment. 8. Describe atrophic rhinitis—its treatment. 9. Describe chronic catarrhal inflammation of the middle ear. 10. Describe perichondritis of the laryngeal cartilages.—A. R.

**Practice.**—1. Give etiology, symptoms and treatment of epidemic cerebrospinal meningitis. 2. What would you suspect from a sudden drop in the blood pressure in a case of typhoid fever? 3. How would you diagnose a case of small-pox, and what measures would you take to prevent the spread of the disease? 4. Give your treatment of a case of croupous pneumonia throughout the course of the disease. 5. Give medical treatment of gastric ulcer with indications calling for surgical interference. 6. Give outline of treatment in lost compensation from mitral insufficiency of heart. Upon what factors would your prognosis depend? 7. What is purpura hemorrhagica? Give treatment. 8. Give etiology, symptoms and treatment of tabes dorsalis. 9. Differentiate between hysteria and epilepsy. 10. Give diagnosis and treatment of acute pleurisy with effusion.—L. E. S., S. S. and J. H. J. U.

**Chemistry.**—1. When corrosive sublimate and iodide of potassium solutions are mixed, what chemical changes occur? Give equation. 2. Give chemical difference between arterial and venous blood. 3. Describe and give properties of (a) carbon dioxide; (b) carbon monoxide. 4. Define and give examples of (a) acid; (b) base; (c) acid salt; (d) basic salt. 5. What examination should be made of a given sample of milk to ascertain its fitness for drinking.—S. S.

**Surgery.**—1. How would you treat a cut on the dorsal surface of the hand that had severed all the tendons leading to the fingers? 2. What are the symptoms of acute intestinal obstruction? What treatment would you recommend? 3. Describe complete inguinal hernia, methods of reduction and operation if strangulation occurs. 4. Give the symptoms accompanying the unconsciousness of cranial trauma that demand prompt operative treatment. 5. In the retention of urine of old men, what is the usual obstruction to the passage of a catheter and how is it to be overcome?—T. A. McC.

**Physiology.**—1. What is the theory of protein digestion? 2. What is understood by specificity in nutrition? What are the two important functions of the fats in nutrition? 3. What are the factors controlling the flow of the lymph? 4. What are the causes of the heart sounds? 5.

What do you understand by the myogenic and neurogenic theory of the heart beat? 6. Give a description of fixation of the ovum. 7. Describe the mechanism of accommodation in the eye. 8. Describe the visual area of the cerebrum. What may follow disease of this area? 9. Describe formation, distribution and function of the sebaceous glands. 10. Briefly state mechanism of phonation.—L. E. S.

**Antomy.**—1. Give brief description of the large intestine. 2. What organs are supplied with blood through the celiac axis? 3. Where would you locate the fundus of the gall-bladder on the abdominal wall. 4. Name the contents of the abdominal cavity. 5. Describe the spinal column and name its divisions.—S. M. S.

**Diagnosis.**—1. What is understood by "type of respiration?" What pathological conditions does each type reveal? 2. In percussing the thorax a decreased resonance in the different thoracic regions is found. What does it denote? 3. Define abnormal breath sounds and state their significance. 4. Describe the abnormal types of vocal resonance. What is their pathological significance? 5. When hemoptysis is present, what disease may be indicated? 6. When the lymphatic glands of the neck are enlarged, what diseases are suggested? 7. State diagnostic significance of the deep reflexes, especially of the knee-jerk. 8. What pathological meaning has the reduplication of the heart sounds? 9. Discriminate between organic and functional heart murmurs. 10. How conduct a physical examination of the kidneys and what diagnostic results may be derived therefrom?—A. R.

**Pathology.**—1. What pathological conditions in the lungs do you find in pulmonary tuberculosis? 2. What is the process of formation of a chronic gastric ulcer? 3. What is the pathology in chronic mitral valvular disease of the heart? 4. What conditions do you find in the kidney in chronic parenchymatous nephritis? 5. What is metastasis in cancer and give usual route of metastasis in cancer of breast?—J. H. J. U.

**Obstetrics.**—1. Describe briefly the methods of performing podalic and cephalic versions. 2. What is ectopic gestation? Name varieties. 3. How long after the child is born would you wait for the placenta to pass? If delayed what would you do? 4. What is the significance of albuminuria in pregnancy? Give treatment. 5. Give symptoms and treatment for placenta previa before term and at full term.—S. M. S. and L. H.

A sanatorium for the treatment of tuberculosis is being established on a 320-acre tract of land near Albuquerque, N. M., by Dr. L. C. Reed, of Grand Rapids, Mich.; Dr. N. N. Reed, of Owosso, Mich.; and Dr. A. R. Dolph, of Elmore, Ohio.—*Modern Hospital*, January.

## TWO LOSE CERTIFICATES

### TO PRACTICE MEDICINE

A Third, Who Has a Tuberculosis "Cure" in Cincinnati, is Cited to Appear.

The board after investigation extending over several months, voted unanimously to revoke the certificate of Dr. A. G. Henry, of North Baltimore, Wood county. Dr. Henry first appeared before the board on October 22 after he had been fined in the local courts for the illegal sale of narcotics. Feeling that further investigation was necessary, Dr. Matson and Inspector Harrington, of the Drug Bureau, later visited North Baltimore and made a complete investigation. Among other things, it was found that Dr. Henry kept in his office unusually large quantities of narcotics in various forms. He was unable to satisfactorily explain his need of these. Necessity for action in this case was deeply regretted because of the accused's long and honorable career and his failing health. Action was prompted by a desire to protect the community in which he lives.

#### Skinner Loses License.

With only one vote in the negative, the board determined to revoke the license of Dr. E. C. Skinner, of Cleveland, charged with participating in the falsification of birth certificates. This case has been before the board for some months and has been the subject of exhaustive inquiry. Dr. Skinner, who has not been in active practice, but who was for years connected with an insurance agency, is charged with lending his name to illegal practitioners connected with the East End Maternity Hospital, now closed. Collateral testimony instituted during the hearing shows that he is, or was, medical director of the Mountain Rose Medical Company, which markets a line of so-called "female remedies." According to information received from Mrs. Skinner, the doctor is now in Florida. He is said to be in ill health.

#### Refuse Davis' Plea.

The board, by unanimous vote, declined to reopen the case of Henry O. Davis, Steubenville physician whose license was revoked on October 22 after he had been twice convicted of illegally selling narcotics. Probate Judge Bell, of Jefferson county, appeared and made a plea in Dr. Davis' behalf.

The board postponed action on the written application for reinstatement of John C. Ludwig, formerly of Cincinnati, who was sent to the penitentiary in 1907 after conviction on a charge of rape. Ludwig was recently paroled. As he failed to appear in his own behalf, action was postponed.

#### The Case of Preston.

Dr. Louis F. Preston, formerly of Ripley, who is exploiting an alleged tuberculosis cure in Cincinnati, had been cited to appear at this meeting.



At the request of his attorney, and on his promise to cease activity temporarily, action was postponed. After the evidence in his case was presented to the board it was deemed advisable to consider the matter at the earliest possible moment, and it was decided to hold a special meeting in Cincinnati to take up his case. The practice of Preston was recently investigated by Dr. Matson, Mr. R. G. Paterson, director of the division of tuberculosis of the state board of health, and by Mr. Courtenay Dinwiddie, superintendent of the Cincinnati Anti-Tuberculosis League.

Preston, to exploit and secure profitable publicity for his alleged cure—which he offers for \$150—adroitly makes use of the Cincinnati board of health. It is his plan to proclaim through the newspapers that he has a tuberculosis cure and to demand that it be “passed upon by the health department.” As the officials are familiar with his record, they declined to pay attention to his claims. He immediately assumed the role of a persecuted patriot and managed to enlist some newspaper support. For months he has been “challenging the authorities” to test his cure—in the meantime raking in the dollars through the publicity gained.

#### **We Print These Free.**

Under the black caption, “Cures Tuberculosis,” Preston had the following two-column advertisement in the Cincinnati Commercial Tribune on January 1, 1915:

“I challenge the Medical Profession to give me a chance to prove to the world this New Year's Day that I can cure Tuberculosis in all parts of the body. Also that I can blot out Tuberculosis from the entire world inside of five years. Every family in Cincinnati has lost one or more of its members; in fact, every family in the United States, in every quarter of the world, has lost members of their families from this disease. There is no fatal disease that they are more familiar with. What New Year's Greeting would make them all happier than a cure for Tuberculosis?”

In a display advertisement in the same paper on December 20, 1914, Preston says: “Do you want to be cured of Tuberculosis? If you do, deposit One Hundred and Fifty Dollars in the bank; I will furnish all medicines free—pay when cured.” He offers a “beneficent” arrangement to treat the poor by collecting one dollar each day for 36 days, “which is the time required to effect a cure.”

In an advertisement printed on December 10, over his signature, he says: “Other doctors offer to treat Tuberculosis only—Dr. Preston offers to cure Tuberculosis.”

#### **“Cure Guaranteed.”**

Filed with the evidence in this case is a professional (?) card bearing Preston's name and office hours and the inscription in the upper left-hand corner: “Tuberculosis Cure Guaranteed.”

Anti-tuberculosis workers who have investigated Preston find that he has carried on somewhat

similar campaigns in Hamilton, Dayton, several Indiana cities and at various points in the Southwest. The medical board will make a complete investigation of his activity.

#### **TEN PHYSICIANS LICENSED**

##### **BY RECIPROCITY AGREEMENTS**

The following physicians were granted certificates to practice medicine in Ohio, through reciprocity arrangements, at the meeting of the board on January 5:

Howard A. Knox, Dartmouth Medical College, 1908; now in U. S. Army; application approved by army surgeons; intended residence, Ashtabula.

Edwin R. Lewis, Baltimore Medical College, 1909; of Union Bridge, Md.; intended residence, Kimbolton, Guernsey County.

Howard R. Hartman, University of Michigan, Medical Department, 1914; now located at Rochester, Minn.; intended residence, Toledo.

Harry W. Hayes, Cornell, 1913; now serving internship in Brooklyn, in M. E. Hospital; intended residence, Steubenville.

George William Keil, College Physicians and Surgeons, N. Y., 1912; Polyclinic Hospital, 1913; now resident of Columbus, where he intends to locate.

George L. Weinstein, University of Pennsylvania, 1906; connected since with hospital at Frankfort, Pa., and St. Joseph's Hospital, Philadelphia; intended residence, Summerfield, Noble County.

James W. Guest, Bellevue Hospital Medical College, 1888; practiced since in Louisville, Ky.; intended residence, Cincinnati.

William H. Matchette, University of Michigan, 1899; practiced Hancock, Mich.; intended residence, Greenville.

Daniel C. Bell, Detroit Medical College, 1894; practiced McBride, Mich., to 1908; post-graduate to 1909, at Flint, Mich., to 1914; intended residence, Toledo.

Zaccheus R. Scott, University of Pittsburg, 1912; resident of Pittsburg; intended residence, Scio.

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**FOR SALE**—In Columbus, house of nine rooms, with three connecting office rooms; pressed brick, hardwood floor and finish; hot water heat, electricity, gas; on 54 foot lot. This house was built by a doctor for a doctor's use. A splendid location, near car line and high and graded schools. Will be sold for less than tax value. Easy terms if desired. D. C. Doney, Shepard, Ohio. Citz. 99142-1 ring.

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The directors of the Peoples Hospital, Akron, expect to open the institution in February, 1915. The Summit County Medical Society will equip and occupy rooms there, as will the Summit County Dental Society.



## SECRETEARS

The past year has been a good one; the next will be better.

News of increased activity in the county societies comes in every mail.

Muskingum county gets a good start. Before the first of the year, Dr. Culbertson put 31 men in good standing for 1915.

Dr. Lucia Kemp, of Bucyrus, Crawford County, gets card Number Two. Your dues came in, Dr. Kemp, just eight days after Dr. Jefferson's.

Dr. T. E. Jefferson, of Danville, Knox County, will have membership card Number One. The doctor's 1915 dues were received by the secretary-treasurer August 17th, 1914. You know what the early bird gets.

The Columbus Academy of Medicine, we understand, raised its dues from \$3.00 to \$5.00. The membership in 1911 was 255, in 1912, 276, in 1913, 196, in 1914, 303. The puzzle is—in which year did the Academy raise its dues.

We have good news from Paulding County. "A personal canvas made by two or three members of our local society," writes one of the officers, "resulted in getting into the fold every physician in the county." That is "going some"—every physician in the county. We are proud of you, Paulding County.

Our good friend Dromgold, secretary-treasurer of Ottawa County, is always on the job. He is usually the first man to remit each year, and to make sure he sends his check in December. But, Doctor Dromgold, Bishop, of Fulton County, beat you out this year. Dr. P. S. Bishop, Delta, gets card number 3 for 1915, and his members come along in 4, 5 and 6 order.

Summit, as usual, sends in a good report. The pleasing feature of the work in this county rests not so much in numbers as in the fact that 69 per cent. of the homeopathic, 83 per cent. of the eclectic and 89 per cent. of the regular physicians of the county are members. Dr. McCormick, Summit's secretary, has done much to do away with medical creeds and doctrines in his county.

## MEDICAL COLLEGES

Mid-year registration figures at Ohio State University show the following: College of Medicine, 234; Homeopathic College, 47; School of Optometry, 9.

The College of Homeopathic Medicine, Ohio State University, announces the establishment of a down-town free clinic to be operated in the Riebel Building, 15 West Goodale Street, Columbus. The staff will include members of the faculty of the homeopathic college.

Dr. Victor C. Vaughan, of Ann Arbor, President of the American Medical Association, delivered an address December 16 before the faculty of Ohio State University, at a dinner served in Ohio Union. Dr. Vaughan talked in a very interesting matter on medical education. Dr. W. O. Thompson also spoke. Dr. E. F. McCampbell presided at the meeting.

Howard Thomas Karsner, B. S., M. D. (Pennsylvania), now Assistant Professor of Pathology in Harvard Medical School, has been appointed Professor of Pathology in the School of Medicine, Western Reserve University, effective December 1, 1914. The following additional full-time instructors began service this year: Henry O. Feiss, A. B., M. D. (Harvard), D. Ss. (Edinburgh), in experimental medicine; Gaius E. Harmon, M. D. (Boston), C. P. H. (Mass. Inst.), in hygiene; Bradley M. Patten, A. B., Ph. D. (Harvard), in histology and embryology; George E. Simpson, B. S. (Illinois), in organic and bio-chemistry.

Homeopathic physicians from all over the country were in Columbus December 12 to celebrate the opening of the College of Homeopathic Medicine, Ohio State University. In an address before the gathering, Dr. T. A. McCann, of Dayton, is reported to have given Governor Cox credit as being the biggest factor in establishing the school in connection with O. S. U.

Dr. George Royle, of Des Moines, dean of the Homeopathic department of the Iowa state school, asserted that the time is coming, possibly within the next ten years, when there will be a need for only one college of medicine. He stated that he had noticed a broadening process operated in both branches of the medical profession, which would bring this about.

# The OHIO STATE MEDICAL JOURNAL

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If we are to reach that goal—five thousand members in 1915—we must first see that every society holds its own. Every physician who was a member in 1914 must be re-enlisted for the 1915 campaign. If this is done early, at once, we will be in good shape to go after the new ones.

This is the reason for launching the One Hundred Per Cent Club.

A study of the membership rolls of the Ohio State Medical Association brings out the fact that every year hundreds of members drop out. There seems to be no particular reason. Probably the secretary-treasurer neglected to exercise sufficient vigor in collecting dues. Possibly a temporary press of outside work interfered with attendance. In any event, they neglected the payment of their dues and their names were automatically dropped from the rolls. They thereby severed their touch with organized medicine.

The duty which now faces you and every member of your county society, therefore, is to see that every member is put in good standing for 1915. First attend to your own case. Don't permit yourself to get behind. If the officers of your society are not sufficiently active to take the initiative, hunt them up and hand in your check.

Make yours a One Hundred Per Cent Society.

This is a matter of great importance. It affects you; it affects the conditions under which you will practice medicine in this

state in the future. A strong, virile, active State Association has become absolutely necessary to the protection of medical practice. The first essential of organization strength is membership. If we do not perfect our organization, we will be poorly equipped to resist the low-grade cults which are becoming more of a menace every year.

This statement should not be construed to mean that The Journal is in favor of indiscriminate extension of membership. It is not. Membership rolls should be carefully guarded to exclude those practitioners who are a disgrace to the profession. Almost every community has such men. But we should not "lean over backward." In our zeal to keep out the charlatan and the quack, we should not overlook those men who are entirely eligible and desirable, and whose support can be enlisted if the matter is presented in the right light.

On checking the membership lists the Bureau of Promotion has found that probably the largest number of desirable non-members are those who live in the more or less isolated communities. In many counties there are towns removed from the county seat which have from three to eight practicing physicians—and not a single member of the State Society.

The reason, of course, is plain. It is difficult for these men to attend meetings of the county society. They soon lose track of medical organization work.

But they can be enlisted if it is explained

to them that their active support is needed in the great state-wide movement to uphold the high standard of medical practice. Even if they cannot attend the meetings, they can receive The Journal and be kept in close touch with medical affairs; they can be kept in touch with the legislative and public health activities of the State Society; they will be eligible to participate in the annual state meetings, which even the most isolated practitioner can arrange to attend; and, above all, they will be lending their support to a movement which is designed to protect their interests and which is giving intelligent attention to their collective affairs.

+ + +

**Optometry.**—The following advertisement appeared in a recent issue of a Cleveland newspaper. In style and manner of composition it imitates the advertisement of a well-known optician. Imitation is the sincerest flattery, but this advertisement ceases to flatter the original in that while professing to tell the truth, it does not. It reads in part:

"When 'drops' are put into your eyes to 'fit' you with glasses it is not for your benefit but to make the doctor's work easy at the expense of your eyes. Will you let him do this or will you seek some one who has sufficient skill to fit you without 'drops'?"

"Optometry has made it possible for every person requiring glasses to secure such as are best suited to his eye needs without risk, annoyance or detention from business. Of course, even an optometrist, must mix his optometry with brains."

Of course those who read this advertisement have no means of knowing that physicians formerly examined eyes without the use of "drops," but that the accumulation of experience shows that the use of "drops" is not in itself harmful and makes possible a more accurate determination of refractive errors, particularly in persons under forty), and at the same time allows a careful examination of the condition of the interior of the eye, which is not possible by any other method. But why tell the whole truth to the public?

No doubt all this will be changed when optometry becomes a profession, with an appropriate degree.(?) But in the meantime, anything to discredit the physician and to "bust" the "doctor's trust!"—J. E. T.

We must be able to convince prospective advertisers that we can give them results. Failing to do this, we cannot reasonably expect advertising patronage. Advertisers are all from Missouri. They want to be shown.

**Use The State Laboratories!**—In a recent issue of The Bulletin of the State Board of Health, Dr. McCampbell calls attention to the importance of the hygienic laboratories which have been maintained by the board since 1908, and expresses the belief that the physicians and health officers of the state are not taking full advantage of the facilities they offer gratuitously. After enumerating many of the possibilities of the laboratories, he says:

"One of the most important functions of the laboratory is to aid in the diagnosis of communicable diseases. Of these the laboratory is of the greatest assistance in cases of diphtheria. It is now almost universally recognized that the bacteriological diagnosis is not only much more exact than the clinical diagnosis of diphtheria, but that carriers and atypical cases may be detected only by this means. The laboratory may be of considerable assistance in recognizing and dealing with typhoid fever. The blood culture will detect cases before clinical symptoms are sufficiently advanced to justify a positive diagnosis. The Widal reaction, in which little or no trouble is entailed on the part of the physician, will confirm a diagnosis, while the bacteriological examination of stools and urine is the only means of determining when a patient ceases to be a menace to the community. There is practically no problem with which the health officer has to deal that cannot be solved or rendered easier of solution by means of laboratory assistance. The wonder is that health officers and physicians do not recognize that in the hygienic laboratories lies one of their greatest assets as guardians of the public health. Scattered over the state, two or three to each county, are hundreds of outfit stations where outfits for submitting specimens may be obtained. In addition, any physician or health officer who states that the nearest outfit station is inconveniently placed, may secure such containers as he desires by addressing the Secretary or the Director of the laboratories. Health officers who urge upon physicians the use of the Hygienic Laboratories will benefit their work and aid in detecting epidemics in their incipency and in checking them.

"The present policy adopted by those who direct the laboratories is to examine all specimens of a public health nature, and give all the advice and assistance possible to health officers and physicians when such advice and assistance may be of public benefit."

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Six important words:

Dues are due. This means you.



The Journal is devoting considerable space this month to reviewing legislation pending before the General Assembly now in session at Columbus. We are trying to make it possible for every reader to know the exact nature of the proposed measures which, if enacted into law, will affect public health, medical education and medical practice in Ohio. And we are not doing it merely to satisfy your curiosity. We are printing this information so that you may lend intelligent aid through securing the support of your home representative in the Senate and House of Representatives.

The great drawback to securing united support for legislation by a state organization, the members of which are widely scattered, is the difficulty of informing these members of the exact nature of the proposals under consideration.

In presenting your case to the legislator you increase the weight of your argument when you show him that you know exactly what you are talking about. For instance, you are opposed to the state licensing chiropractors. The layman legislator is not familiar with the general subject of medical education; he knows only the details of the law presented for passage by the chiropractors. He knows it by number, and by its specific provisions. If you are able to discuss this particular law, and show him wherein its provisions are dangerous, in specific terms, he will much more quickly understand the force of your argument.

Our aim is to furnish you with this information. Every bill sent to the legislative hopper is being carefully scanned by a representative of The Journal, working in conjunction with the Committee of Public Policy and Legislation of the State Society. Its main points will be covered in our legislative news columns, and its progress through the various committees will be noted.

At the end of this session of the General Assembly it will be your own fault if you are not familiar with the laws enacted to regulate practice, improve public health, etc. And if unfavorable legislation is enacted it likewise will be partially your fault, unless you do your duty and exercise your personal influence with your home representative during the next two or three months.

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If you do not receive your Journal regularly, write the Business Manager, 25 Ruggery Building, Columbus. Unless we receive your complaint we are powerless to straighten out the difficulty. And we want you to get the Journal, every month.

**Why Shouldn't Ohio Try This Kansas Plan?**—Kansas has just blazed a trail in legislation designed to regulate the practice of medicine which, in the opinion of many who have given the subject considerable study, Ohio and other states would do well to follow.

After serving in both branches of the Kansas legislature, Governor Hodges realized that the state's method of regulating medical practice was wrong. Like Ohio, certain "schools" were admitted to practice under lower educational requirements, and at every legislative session other cults were applying for similar favors. To ascertain the truth regarding the whole subject, Governor Hodges appointed a commission comprising a doctor from a rural county who had served in the state senate, a Kansas City physician, the dean of the law school of the state university, a layman who had served as speaker of the House of Representatives, and a Wichita banker.

This commission has drafted a bill providing for a preliminary examination of all persons desiring to practice medicine, surgery or any other form of healing art. The bill provides for a board of preliminary examination, made up of the chancellor of the state university, the president of the state agricultural college and the president of the state normal school, ex officio, who shall examine all persons desiring to treat the sick in any way. Any persons seeking a license from the State Medical Board, the board of osteopathy, the board of chiropractic or any other board must first satisfy the board of preliminary examination that he has had a four years' course in some reputable or established high school or its equivalent, and has spent at least four years of at least eight months each at some reputable professional school which includes in its course anatomy, physiology, pathology, surgery, obstetrics, chemistry, bacteriology, symptomatology, diagnosis, urinalysis, hygiene and sanitation. Suitable sections for the administration and enforcement of the act are included, together with sections amending the medical practice, osteopathic and chiropractic laws so as to make them uniform with the proposed bill.

In commenting on this bill, the Jour. A. M. A. (Jan. 16, p. 250) says:

"Medical practice acts are primarily and solely for good of the public. The report of this commission marks an epoch in medical legislation. It is the first distinct recognition of two important principles which must sooner or later dominate such legislation in all of our states. The first is the necessity and equity of a single standard for all persons, regardless of 'schools,' and by infer-

ence, the inequity of different standards for different schools. The second and equally important principle is that the examination and licensing of persons desiring to treat the sick for compensation is not a medical but an educational problem. The recognition of this fact in the designation of the three leading educational authorities of the state as the board of preliminary examination is a most important step in the development of better conditions in state regulation of the practice of medicine."

With the above, most of us thoroughly agree. And wouldn't such a bill be a possible solution for the situation here in Ohio?

In this state already we have taken a step toward the evil of varying educational standards, in admitting the osteopaths to license. At the present time the chiropractors are active with a state-wide lobby urging the legislature to admit them to practice. They want to treat the sick, but they refuse to comply with the educational requirements demanded of physicians. Immediately back of them, marching upon the legislators at Columbus, each with a supporting delegation of the gullible, come the naturopaths, the mechano-therapists, the optometrists, the chiroprodists, the neuro-healers, and a horde of others. All want state license to practice, and all seek exemption from even the basic educational requirements.

At a recent meeting of the Cleveland Academy of Medicine, Dr. J. W. Clemmer, of Columbus, presented a paper upon this general subject, which was thoroughly discussed by a number of men who have studied the varied aspects of our problem in Ohio. The plan of a lay commission was offered, and discussed. It seemed to meet with general favor.

The successful tryout of the plan in Kansas entitles the matter to serious consideration by the medical societies of the state. We predict that the time will come, not far hence, when Ohio will turn to it as the means of protecting its citizens from the unscrupulous operations of the correspondence school healers.

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County societies throughout the state are showing signs of renewed activity. Organizations which might have been called "dead" a few months ago are showing unmistakable signs of real activity. If you doubt this statement run through the reports of county society meetings in the January number and in this issue. Throughout the state the value of organization work

is being recognized, perhaps as never before. This means great things for the Ohio State Medical Association in this year that is just getting under way. Get in line.

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**The "Knocking" Physician.**—The Creator made man, the story goes, then he made the lower animals, and finally the slimy, crawly, creepy things. Some of the material was left; out of that He made the knocker.

Occasionally one meets a physician who speaks derogatively of his fellows in practice. Can it be that he seeks to advance his standing in the public mind by odious comparison? Certainly not! We will not believe that any man of our noble profession wishes to climb to eminence over the fallen bodies of his brethren. We would rather think that he takes this method of stimulating others to greater endeavor. But what a crude method is this! It does not lift the weaker brother; rather does it lower him who seeks to lift and with him our whole profession.

Don't be a knocker.

"If you know of a thing that will darken the joy

Of a man or a woman, a girl or a boy,

That will wipe out a smile, or the least way annoy

A fellow, or cause any gladness to cloy,

It's a pretty good plan to forget it."

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**Chiropractors throughout the state** are circulating a small publication known as "The Weekly Chiropractor; for the Education of the Public." It is a four-page pamphlet issued by one of the Davenport, Iowa, schools, filled with the usual quackish testimonials relating how chiropractic effects a cure after physicians fail, etc., etc.

One of our Lima members sent us a copy containing a half-page "card" of "D. H. Miller, D. C., Chiropractor Graduate of the P. S. C. (Chiropractic Fountain Head)." Under black caption, it is stated: "One visit will convince you chiropractice is right; you won't have to explain your condition for a chiropractic analysis enables the chiropractor to tell you exactly where the trouble is and what causes it. No questions are asked. Adjustments will correct the cause—nature cures. Consultation and spinal analysis free."

The cult which sponsors this sort of appeal to the ignorant is now demanding to be licensed by the state!

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Is your society of the One Hundred Per Cent Club class?



**Governor Willis made a good start.** In a communication to The Journal dated September 14, 1914 (while he was a candidate for the honor) Mr. Willis said: ". . . I am in favor of liberal support by the state of the Board of Health and other agencies co-operating for the protection and betterment of the health of our people." In his first message to the legislature (January 12, 1915), in which he dealt with only a few subjects, the governor said:

"The reports of the Board of Administration indicate that better facilities are sorely needed in certain of our eleemosynary institutions. Economy in the expenditure of public funds is greatly to be desired, nevertheless we must not be unmindful of our duty to care for the unfortunate and comfort the afflicted. Adequate appropriation is recommended to carry forward the work of the State Department of Health in sanitary engineering, industrial hygiene and the prevention of communicable diseases. Provision should be made to furnish through this department free diphtheria antitoxin, to all state institutions and to all indigents in the state. Very properly and wisely the state is now providing and making hog-cholera serum; some provision ought to be made for poor children who are so unfortunate as to contract diphtheria. The field of usefulness of the State Sanatorium for Tuberculosis should be extended so far as the condition of the treasury will permit by allowing any citizen of the state to be treated in this institution on the same basis as in other state institutions, the payment of fees for treatment to be placed in the hands of the Board of State Charities. Such action relative to the public health and our state institutions will tend to preserve the health of the people and thus be of lasting service to generations yet unborn."

Statements like these indicate that Governor Willis has a splendid grasp of the needs of the state in health conservation work, and that he is not disposed to subordinate these to less important governmental questions.

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**The Bulletin of the Butler County Medical Society** states the case thusly:

"This society must go steadily forward and never backward. We can make it the best society in the state if all will help. Let the slogan for the year be 'Every Worthy Man a Member.' The secretary-treasurer wants to see this end realized. If you are a member and you know some good man who is not, ask that man to join, or if you do not think you are the one to approach

him, ask some other man to get his application for membership."

That's the spirit!

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**State Compensation Plans.**—The Journal of the Iowa State Medical Society, after commenting upon our recent statement that occupational disease insurance will probably be the next step in Ohio, supplementing our workmen's compensation act, makes the following point in regard to state compensation acts:

"These accident and sickness compensation and insurance acts appeal to the selfish side of medical and insurance interests as unnecessary and undesirable, in that it places under state control that which we have so long regarded as private interests. After a considerable study of this subject we are inclined to believe that our interests will not suffer if we co-operate in working out in a large and liberal spirit. These workmen compensation schemes must bring about a very material change in the work of the general practitioner and in the adjustments of general hospitals, especially in what are known as the 'open hospitals.' We are strongly inclined to believe that workmen's compensation plans will pave the way to the development of the municipal or county hospitals or what is sometimes known as the 'Iowa Idea,' particularly in industrial communities where the small ward provision will be necessary to meet the minimum rate demanded by the employer and the insurance companies.

"No argument is necessary to prove that the most efficient care and treatment will lessen the cost by lessening the period and extent of the disability. It is plain in all fairness that if the state feels called upon to require the employer to provide for his sick or injured workman, and it feels likewise to impose a duty of furnishing professional services for a reduced compensation, then the state or municipality should feel called upon to provide means for carrying on the work in properly organized hospitals."

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**What State Next?**—It is but a few years since California had a thoroughly competent law on medical licensure, stringently enforced through adequate examination of applicants. The physician who passed the California State Board had no hesitancy in taking the examination in any other state. He felt sure of qualifying. How that law, good though it was, has been changed for the worse by a meddling legislature the fol-



lowing editorial in the California State Journal of Medicine indicates:

"We cannot too often call attention to the fact that a large number of unqualified physicians are being granted licenses to practice in this state under the present law, and that all county units should exercise the greatest care in investigating applicants for membership. A recently published article from a member of the Board of Medical Examiners admits this condition of things, and the records in the office of the state society amply prove it. Many persons are securing licenses now, who have been rejected over and over in years past, under the old law. What the present legislature will do is, of course, an unknown quantity, but the activity of the osteopaths, some disgruntled factions in the regular ranks and a horde of quacks, is well known. Letting down the bars and reducing standards required for the practice of medicine is what legislatures call 'being fair and liberal to all'; but is it fair to the people to allow these quacks to pillage them? The trend of things, not alone in this state but also in many others, seems to indicate that it will be easier and easier for almost any one to get some sort of a license to practice something—which is but a roundabout way of getting a right to practice medicine and surgery, though totally unqualified to do so. It seems probable that we must reconcile ourselves to the inevitable coming of the time when a license to practice will not mean much of anything as an indication of the ability of the licensed one to care for the sick or injured. What is to be done? It is useless for us to plead with the legislature for they say we are biased and unfair and a 'medical trust.' The one only hope in sight, seems to build up our county societies, in quality and not quantity merely, and to safeguard and protect membership so that it will be a real badge of qualification to practice medicine. In other words, make membership in the society take the place, so far as practical purposes go, of the state license to practice. Think it over and see how you can help do this."

How soon will it be before we in Ohio will be writing a similar editorial? State legislatures are all too apt to rush to unwarranted conclusions as to what will conserve the health interests of the public. Medical license in California no longer protects the public against the incompetent.

What state next? Ohio?—J. E. T.

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Mark off these dates on your appointment book, at once: May 4, 5 and 6, State Meeting, Cincinnati.

**Marion County's Appeal.**—Dr. James W. McMurray, president of the Marion County Medical Society, in his inaugural address January 5 set forth several reasons why **every** reputable physician in the county should be a member of that society. These reasons are applicable to every county in the state. Dr. McMurray said, in part:

"With our society augmented to nearly the entire registered membership in the county, almost everything would be possible—the establishment of a local protection from those who will not pay, the building up of a good medical reference library, the crystallization of public sentiment to provide a public hospital worthy of our town, the bringing to bear of pressure upon our law makers (not only state but national), the correction of seeming abuses of those in charge of the Workmen's Compensation Law, the general betterment of our position in the community, and an improvement in our personal checking accounts. So, in closing, I am asking those now members of the society to reject no application from those who are not members, if the applicant has done or is doing nothing worse as to ethics than we ourselves have done, and are doing. Let us ask every registered member of the medical fraternity in Marion county to join the society, assuring him that personalities will not enter, and that his application will not be rejected for any but good moral or ethical reasons.

"To those members of the medical fraternity in Marion county who have not seen fit to join the society, or having joined in the past, became dissatisfied or disgruntled, I, as president of this society, extend a most cordial welcome and ask you for your own good as well as that of the society, to make application now. Let us all stand together, united as to medical affairs, regardless of our personal likes and dislikes!"

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Are you thinking of buying anything? If so, look through the advertising pages of The Journal and see what firms carry the articles you want—and advertise in your Journal. Go a step further than that and when you buy, let the firm know that you saw their advertisement in your Journal and that your patronage is a result. We do not permit the advertisement of any firm or any article that is not reliable to appear in our advertising pages, therefore you may depend upon them as a safe and sound business directory.

*Original Articles***Congenital Cataract: A Study of a Few Interesting Cases.****C. F. CLARK, M. D., COLUMBUS, OHIO.\***

**C**ONGENITAL and juvenile cataracts, when we consider their etiology, the various forms which they assume, their early and late manifestations, the involvement or association of other structures of the eye and especially when we turn our attention to the means which may be adopted for the restoration of vision, constitute one of the most fascinating chapters in the study of ophthalmology. In looking over a long series of records of various forms of cataract, many cases of great interest are to be found, but there are few that seem more worthy of careful study than those of this class which may be followed from early childhood, and when a good result is obtained, unlike our cases of senile cataract, still have a long life before them in which to enjoy their restored vision.

It is not my purpose in the present paper to attempt a systematic consideration of the subject of congenital cataract nor to consume time in the consideration of case histories, but I wish to put on record a few cases which have been of great interest to me and at the same time to make some observations based on my experience in the management of such cases. In estimating the result we may hope for in a case of congenital cataract we must, of course, remember that we are generally dealing with a patient in whom there has existed some abnormal element in foetal development and, not infrequently, other portions of the eye are affected as well as the crystalline lens, and for this reason perfect vision may not be possible even though the lens be removed and a clear pupil obtained.

About twenty-three years ago, there appeared at my clinic in St. Francis Hospital a German girl, eighteen or twenty years of age, who had recently arrived in this country. She had divergent strabismus of the left and well advanced cataract in both eyes, and stated that her father in Germany also had defective vision which was supposed to be due to the same cause. I extracted the lens from the right eye and after the adjustment of proper glasses she obtained good vision. A few years later she was married and in 1902, some eleven years after her operation, she called at my office bringing with her her little girl, Stella M., five years of age, who had a central congenital

cataract in each eye. At this time the mother stated that a younger child, Flora, two years old, also had the same trouble in both eyes, but that two older brothers were free from such defect. Ten years later, in 1912, a third little girl, Hildegard, at that time nine years old, was brought to me with both eyes in the same condition and a little later still, the mother brought in a fourth child, a little boy about four years old, with a similar, central cataract in each eye. The children were unusually bright and healthy and, with the exception of the cataractous lenses, and slight amblyopia, seemed free from physical defects of all kinds.

In this family we have a mother with three daughters and one son, each of whom had cataract in each eye, there being two older sons who seem to have escaped. In each case, so far as the children were concerned, there was a dense, central opacity about which, in the cases of the older children, a more diffuse opacity developed gradually reducing vision.

An operation on one eye of the mother and from time to time, as the cases were presented to me on each eye of each of the three little girls; needling, linear extraction and division of the secondary membranes were performed until we had obtained good, useful vision in each case. Fourteen (14) operations have thus far been performed on the various members of this family and there are possibilities of more to follow.

In the earlier cases the usual method of procedure was employed,—a needle operation with ample time allowed for absorption—but later, and this applied to all of the operations performed during the last few years, the more radical method was pursued with free division of the capsule and stirring up the lens substance at the first operation, keeping the case under close supervision in the hospital and extracting at the most favorable moment by the linear method. This plan, when properly carried out, with the patient under strict and frequent observation and the operator ready to choose the psychological moment for extraction, has seemed to me to yield the most favorable results and to be the most rational method for the successful treatment of such cases.

Congenital cataract, as we all know, even when operated at an early age, is often accompanied by a small mass of dense, ceta-

\*Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, Annual Meeting in Columbus, May 6, 1914.



ceous substance occupying the center of the opacity. This, of course, is not capable of undergoing absorption and, if the soft lens substance is allowed to absorb it is apt to remain deposited in, and adherent to the iris or in the angle of the anterior chamber and to be very difficult of removal. By the more rapid method of breaking up and softening the lens and prompt extraction through a free linear incision this can generally be pressed out with the soft lens substance or, if necessary, removed by free irrigation of the anterior chamber with normal salt solution. Cretaceous deposits of this character were present in both of the elder children who were operated by the older method, at least so far as the first operation was concerned, and in both cases small hard, white masses remained which, while they have seemed even after the lapse of twelve years to do no harm, are naturally not a source of pride to the surgeon.

#### ADVANTAGES OF RAPID METHOD OF TREATMENT.

If you will refer to our standard text books you will find that, while the method of rapid maturation by a fairly free breaking up of the lens substance and prompt extraction as soon as the lens is sufficiently disintegrated is mentioned, it is, by some of the best writers, spoken of as an extra hazardous procedure, decided preference being given to the idea of awaiting the process of gradual absorption, and while I freely grant that excellent results may often be obtained by this slower method and that there are some cases in which it is to be preferred, an experience including a fair number of cases leads me to take issue with this view. I am open to conviction on the subject, but, judging by the results of my own experience and putting the question to the crucial test I am free to say that, had I a child with congenital cataract, I would prefer the more rapid method of treatment with close supervision and extraction at the most favorable moment; I believe that this method is more in keeping with the principles of modern surgery as it subjects the eye to only a brief period of active disturbance under the constant supervision of the surgeon rather than prolonging the danger period.

We must, I think, grant that traumatic cataract, with which we are really dealing in either form of operation, imposes upon the lymphatic and vascular system of the eye a task, in providing for the absorption of the disintegrated lens substance, which taxes its capacity and tends to the establishment of a temporary glaucomatous process. This is unquestionably a condition accompanied by some danger, especially when we remember

that in addition to the glaucomatous tendency and in spite of our most careful exclusion of the risk of infection from without by a strictly aseptic technique, we have the added danger of endogenous infections which cannot be ignored. But the practical question which the operator must face is this: Is it better, in a child's eye which is elastic and capable of resisting the tendency to acute glaucoma, to excite a brief state of increased tension and possible infection under conditions completely under his control or to subject an eye to prolonged and repeated risks for extended periods with all of the chances of neglect or mismanagement which may occur when the patient is not under his immediate observation?

It is probable that a large majority of operators are, under ordinary conditions, favorable to the more rapid method of dealing with this class of cases, but I have not long since seen a case in which in the hands of a well-known surgeon in a western city the plan of gradual approach was pursued to such an extent that three or four slight incisions of the anterior capsule were made at long intervals with no effect further than to cause the development of small cicatrices. This case at once yielded an excellent result when a thorough division was made and the lens substance was extracted by the linear incision.

I would not have deemed the subject worthy of this discussion if it had not happened that in looking over some of our standard text books I found the slow method advocated by a surgeon of acknowledged authority, whose opinion on all subjects I hold in the highest esteem. The older authorities, who wrote before the days of aseptic surgery when infections of unknown origin added a serious element of chance to all surgical procedures, frequently recommended great caution with a very small first puncture of the capsule and three or four needlings during a period of three to six months, thus adding, in my opinion, enormously to the risk taken by the patient. The modern writer to whom I refer, however,—no less an authority than Dr. G. E. deSchweinitz,—on page 865 of the seventh edition of his admirable text book, after describing the method of performing discission, makes the following statement: "Some operators invariably extract the lens a few days after needling, a practice which certainly hastens the restoration of vision, but which is not so safe as repeated discissions. The student should remember that even in the hands of the most skilful surgeons the operation of needling a cataract is surrounded with dangers, and sometimes has resulted in a general inflam-



mation of the globe and loss of the eye—dangers which are lessened by strict asepsis, proper laceration of the capsule, and care not to undertake too much at the first operation."

Such caution on the part of the writer to the prospective operator is certainly most pertinent as it is of the utmost importance that every precaution should be taken. And neither this nor any other operation involving opening the eyeball should be undertaken without every means at our command being employed to guard against sepsis or any other form of accident, but, when such precautions have been taken and the case is kept under strict supervision, it is my deliberate judgment that the interests of the patient and his chances of an uninterrupted recovery will best be conserved by the very procedure which Doctor deSchweinitz here condemns.

I do not wish to pit my judgment against that of those operating in a broader field and, as I have already stated, I am entirely open to conviction on the subject, but a careful consideration of the surgical principles involved and a reasonably busy practice extending over a period of something more than thirty years leads me to exactly the opposite opinion; I bring the matter to your attention in the hope that we may obtain a free discussion of what I regard as a very important subject.

The question may be put in this manner: Under equally favorable conditions, as to asepsis and the state of the eye in other respects, does a fairly free discission of the lens followed by extraction within a short period varying from three to ten days, during which the patient is kept under close observation and treatment, subject a child's eye to greater risk than repeated discissions distributed over a period of several months with all of the chances incident to such treatment?

#### CASE REPORT.

To demonstrate that by this method of operating, if the nerve and retina are normal, we may expect to obtain normal vision I will briefly detail two cases of juvenile cataract which I have now had under observation for several years. The vision in each of these cases would be rated as fairly good, ranging in the neighborhood of 5/7.5, but, as the pupillary space was clear, it was evident that, as is so often the case in congenital cataract, there was a moderate degree of associated amblyopia, which alone prevented them from obtaining normal vision.

W. S., a grocer's clerk, age 17 years, consulted me in July, 1908, complaining of de-

fective vision which had gradually increased for a number of years. An examination revealed the presence in both eyes of a well-marked, diffuse opalescence of the posterior half of the crystalline lens with more opaque peripheral sectors. The vision was 5/15- in each eye, and was only slightly improved by weak concave lenses combined with concave cylinders. (R.  $-5^s \odot -1.5^c$  axis  $45^\circ = 5/15$ - L.  $-5^s \odot -2^c$  axis  $180^\circ = 5/12$ .)

As the defective vision was interfering seriously with his work he was advised to have the lens removed, and a few months later, in October, 1908, the right eye was operated and in March, 1910, a similar operation was undertaken on the left eye. These operations were of the type described above; a rather free needling and breaking up of the lens substance in the first operation followed after a few days (in this instance seven to ten days) by linear extraction and a few weeks later by division of the secondary membrane. By this means a clear pupil was obtained with vision which, when fully corrected, was 5/5- in each eye and with appropriate reading glasses D.31/.37 and binocular vision. The patient obtained this vision with the following lenses: R  $+10.5^s \odot +1.25^c$  axis  $90^\circ$ . L  $+11^s \odot +2.25^c$  axis  $90^\circ$ , thus proving that the myopia corrected by concave spheres and cylinders required before operation, while vision of 5/15, was obtained through the opalescent, cataractous lenses, was due entirely to the influence on the refraction resulting from the condition of the lens (lenticular myopia and lenticular astigmatism).

I will cite one more case in which the cataracts were of quite a different type, but which as fully illustrates the advantages of this method of treatment which, in my judgment, has fully established its claim to consideration.

Edward B., 20 years of age, employed as a leather inspector in a shoe factory, consulted me in April, 1910, complaining of a gradual decline of vision for some months. He had a large head with rather full eyes which proved to be myopic and, on close inspection, it was found that the anterior chambers were somewhat deeper than usual and the iris could be seen to tremble on sudden movement of the eyes. The pupillary reaction was good, but the lens in each eye presented irregular, opaque masses scattered through their otherwise clear substance, these masses being more noticeable in the lower segments. The patient stated that it was his belief that his vision had always been defective but that the defect had of late increased to such a degree as to interfere with his work. The ophthalmoscopic examination was somewhat unsatisfactory, owing to the lenticular opacities, but the disc region could be well made out in each eye and was

found to be normal. Tension was slightly subnormal, rather more in the right than in the left and the general picture presented by the eyes suggested the possibility of fundus changes which led me to make a rather doubtful prognosis as to the ultimate acuity of vision to be obtained. The vision in the right eye was 5/45 increased by  $-7^s$  to 5/15- and in the left 5/22.3 increased by  $-3^s$  to 5/15-.

This young man's employer was very generous and considerate, but it became increasingly apparent that unless something could be done to improve his vision he would soon find it necessary to give up his position and for this reason it was decided, in spite of the somewhat unfavorable outlook, to operate upon the right eye. He was placed in the hospital and a free discission was performed, followed in six days by linear extraction, and two months later by division of the thin secondary membrane, after which his vision was 5/5-, later increasing to 5/4-. Encouraged by the vision thus acquired he later became urgent that the left eye should also be operated and this was the more necessary because of an occasional, annoying diplopia. Accordingly, in April, 1912, two years after operating on the right eye, the left was subjected to the same operation yielding an excellent result even more promptly than that obtained in the right. In

August, 1912, his vision in each eye was 5/5- and, as in the former case, he could use the eyes in combination, having good binocular vision. In August, 1913, he reported for inspection with vision of 5/4- in each eye and read D.37 with ease. Here again it was found that the myopia and myopic astigmatism present before the first operation had practically disappeared, proving that they were of lenticular origin. The normal vision for distance was obtained with R.  $+9^s$  and L.  $+10^s$ , whereas the right before operation had required  $-7^s$  and the left  $-3^s$ . This patient who, owing to his defective vision, had been on the point of giving up a good position was able after operation to successfully pass the U. S. civil service physical examination for the position of railway postal clerk.

In this whole group of cases and with many others operated upon during a series of years there has been no single instance of a serious result attributable to the method under consideration, and I cannot avoid raising the question whether such an over-cautious method of treating the subject as is found in some of our modern text books which insist that this method is extra hazardous, may not be an inheritance from the text book writers of a previous generation before the days of aseptic surgery.

## Diagnosis and Prognosis in Gastric Ulcer: A Clinical Study of 500 Consecutive, Operatively Demonstrated Cases. Preliminary Report.

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THE material comprising this report was obtained from my records at the Mayo Clinic and at Augustana Hospital. Five hundred operatively demonstrated gastric ulcers make up the series. Instances of ulcer carcinomatosum are not included in the study.

Certain *etiologic factors* are of service toward the diagnosis of peptic ulcer. They will be emphasized briefly.

*Relative Frequency.*—Until modern surgery returned definite information respecting the location of peptic ulcers, it was commonly held that gastric ulcer was of more frequent occurrence than was duodenal. Our observations show that in 1725 instances of proved peptic ulcer, there were 1225 cases of duodenal and 500 of gastric ulcer, or a proportion of 2.45 to 1.

*Age.*—The greatest number of cases occur-

red between the ages of 40 to 50 years. More than three-fourths of the cases were in the interval between 30 and 60 years.

*Sex.*—In my series there were 315 males and 185 females, or approximately three males to each female. In males the greatest number of ulcers occurred at approximately a decade older than in females.

*Nationality.*—American born furnished 68% of cases. The remainder were of European or Canadian extraction.

*Occupation.*—More than 30% of our cases were from rural communities. Practically every occupation was represented.

*Habits.*—In 145 cases a history of the use of alcohol was obtained. In 26 instances spirits had been used in excess. Smoking or the use of tobacco in any form appeared to be but an accidental factor in ulcer production.

*Dietetic Errors.*—The frequent occurrence of the disease in American-born farmers

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(30.4%) is worthy of notice. We can find no special dietetic factor of particular significance.

*Previous Infectious Diseases.*—Seventeen percent of our patients gave history of having had typhoid fever. Numerous instances of pneumonia, scarlet fever, measles, severe la grippe, tonsillitis, malaria and rheumatism were noted. Twelve patients had had syphilis (2.4%). It was frequently observed that after an acute infectious disease, the ulcer symptoms appeared, or those ulcers already existing were aggravated at such time.

*Association of Gastric Ulcer with Other Abdominal Pathology.*—Of the entire series 180 patients (36%) had had previous appendectomy or a laparotomy for ulcer. In 70 instances (14%) cholecystitis or cholelithiasis was found at operation, or their previous occurrence had been noted. In other words, of 500 cases of gastric ulcer, affections, generally of inflammatory type, were proved to co-exist at some phase in 250, or 50%, of the series. This observation is of sufficient importance to warrant emphasis from at least three points: (a) The etiologic significance of local foci of disease in the appendix and the gall-tract in relation to coincident or subsequent changes in the stomach wall; (b) the prognostic limitations respecting proper stomach functioning following appendectomy, cholecystectomy or cholecystostomy, and (c) the advisability of careful anemnesis and abdominal examination of individuals whose only ailment, symptomatically, appears to be located in one of the above regions.

In addition to gall-bladder and appendix affections, Lane kink was found five times, pancreatitis thirteen times (2.6%), retroperitoneal sarcoma, carcinoma of the gall-tract, and ureteral stone each one.

*Clinical Symptomatology of Gastric Ulcer.*—The most striking clinical feature of the disease is comprised in what the term "periodicity" includes. By this we mean that discomfort occurs intermittently, in "spells" or "attacks." Between such periods there is (until gastric stagnation comes on), good gastric health. Of our cases 360 (69.2%) fell into this class. These spells of distress frequently bore definite seasonal relation—spring and fall being favorites. This is not altogether a valueless observation, if we are to consider bacterial infection as an important etiologic factor in the production of gastric ulcer. It will be recalled that at these seasons epidemic infectious ailments are common. At such time actual infection of a gastric mucosa may take place or a reinfection may occur in a healed ulcer surface or one in process of repair.

In a given case the periodic recurrence of ulcer dyspepsia often happens wholly without

regard to medicinal, dietetic or other form of treatment. In this connection, it may be useful to call attention to the fact that various clinicians who have advanced dietetic cures for gastric ulcer (Williams and Donken, Ewald, Weinstein, Boas, Lenhart, Von Leube and a host of others), claim that such "cure" occurs in from 62% to 70% of instances, and those figures it will be recalled are returned from widely different and frequently opposite modes of therapy. The close approximation of these figures to that of periodicity of manifestation of ulcer shown in this series (69.2%) may be more than a curiously significant coincidence.

It is on account of this periodicity of the disease that gastric ulcers frequently give long histories of digestive disturbance. Our records show that more than 52% of cases had been dyspeptics for from five to twenty years before operation. Less than 20% had been affected for a shorter time than five years. During these intervals, attacks of distress ranged in frequency from one every three to five years to a gastric upset every two or three weeks. In less than 24% was the ailment continuous. The attacks varied in severity. The gastric health in the interim was generally excellent. Weight was not infrequently lost during the spells, but rapidly gained so soon as abdominal distress subsided. The average weight loss was 18.2 pounds. There were instances where as much as 65 pounds were lost within a few months, or 28 pounds in rather more than three weeks. The weight loss, even if strikingly rapid, is rarely associated with the cachexia usually accompanying that in malignant disease. The systemic toxic evidences are lacking. Weight loss is only progressive so long as gastric symptoms exist in a given "spell." The gain when an attack passes, is often astonishingly rapid. Night pain with loss of sleep, constant abdominal distress with dread of aggravating such by eating or caution in diet on account of recent hemorrhage are important factors in the production of weight loss.

Even without gross hemorrhage, anemia not uncommonly goes hand in hand with intermittent decrease in weight. The hemoglobin in our series averaged rather more than 76%. The red cell count was above 4,000,000 in eight out of ten instances where hemorrhage had not recently occurred. The white count in non-perforating ulcers was rarely higher than 11,000 cells.

As we have already stated, between attacks the gastric ulcer patient generally enjoys good health. This is maintained in these intervals so long as such complications as pyloric stenosis, perforation, perigastritis or hour-glass contraction do not come on. In these events



the ailment becomes continuous, with stages of aggravation.

The *symptomatology* in the attacks is largely covered by observation of epigastric pain, vomiting, hemorrhage, weight loss, weakness and anemia. The *signs* of the ailment generally consist in evidences of abdominal tenderness, alterations in gastric secretion and emptying power, phenomena elicited upon X-ray examination and unusual findings in the stools.

#### I. SYMPTOMS:

1. Pain.—In 98% of the cases comprising our series, some form of gastric distress was noted.

*Character of Abdominal Discomfort.*—This is variously styled "vague discomfort," "burning feeling," "gnawing," "dull ache," or "soreness." In 19.6% colicky attacks were observed. Such pains were variously described as "tearing," "doubling up," "cramps," or "piercing." They were so severe as to require opiates in 9.4%.

*Location, Symptomatically, of Abdominal Discomfort.*—In nearly four out of five instances pain was generally epigastric, without definite point of intensity. In 12.2% the area of maximum distress was toward the right rib margin. Fifty-two patients had sternal pain, 31 complained of general abdominal soreness—while eight had distress in the "small of the back."

*Transmission of Pain.*—In about one out of three cases there was no transmission of distress. In the order of frequency, referred pain was noted in the right scapular region, the right rib edge, the infra-navel region, between the scapulæ, the sternum, throat and nipples.

*Time of Occurrence of Pain.*—In 415 instances (83%) pain or distress had definite relation to food ingestion. It was recorded that in more than three out of four cases pain occurred within four hours following the taking of food. In uncomplicated ulcers, pain usually came on sooner after a light meal than after a large one, i. e., relief by food intake was not so long obtained.

*Relation of Time of Manifestation of Abdominal Distress to the Location of Ulcer.*—Irrespective of the location of the ulcer it was shown that nearly 80% of instances have distress within four hours after eating, nearly 50% have discomfort within three hours after food; more than 44% of lesser curve ulcers have pain one to three hours post cibo; nearly two-thirds of the ulcers located near the cardia have maximum distress within two hours following food intake, and two out of five within one hour afterwards.

*Pain Controls.*—Except in the acute accidents of the disease or when pyloric obstruction or "hour-glass" contraction have occurred, distress in gastric ulcer is most commonly relieved by limitation of the amount or alteration in the character of ingested food (diet)—the taking of food when distress is most marked (food-ease), the neutralization of acid by alkalies or by emptying the stomach (vomiting-lavage). Opiates are not infrequently required.

The observation of relief of gastric distress by food ingestion is of prime importance in diagnosis of uncomplicated peptic ulcer. If its history is constantly obtained it is practically pathognomonic in three out of five cases. While patients, on casual questioning, frequently state that food distresses them, yet careful inquiry will elicit the fact that food does not at once cause discomfort, but that such comes on from one to four hours following ingestion. If the gastric lumen is not obstructed (hour-glass contraction), or if the pyloric channel remains patent our observation is that the duration of food relief of pain bears direct proportion to the size and character of the meal taken. Small amounts of food give relief for a shorter period than do large, and liquid food relief is not infrequently more prompt than that obtained by solids. The dread of pain following food intake often leads to an anticipatory attitude on the part of the patient. This state of mind appears to exert a not altogether negligible influence in the production of uncomfortable gastric spasms. That this is so, is readily shown by the change occurring in pain time and pain intensity following the administration of atropin or bromides. A game of golf, cards, or foot-ball very often brings about similar beneficial effects.

2. Vomiting.—Frequency.—This is an important and often an annoying symptom. Of the 500 cases of gastric ulcer making up my series, 390 patients (74%) gave history of vomiting. There were 164 instances of non-obstructing ulcer; of this number 104, or 63%, vomited. There were 336 cases where some degree of pyloric obstruction or malformation of other part of stomach obtained. Of this group 286 cases (85%) vomited sour fluid, food or both. In all instances vomiting depended largely on character of food intake. Solid food more regularly produced vomiting than did liquid. At times of acute exacerbation of distress, the factor of gastric or pyloric spasm proved an important cause for emesis. At such periods even non-obstructing ulcers frequently gave vomit pictures similar to those where there was anatomic hindrance to the onward progression of food.

"Delayed" vomiting—that is, vomiting of

food that had lain in the stomach for from eight hours to several days—was exhibited by 22% of the ulcers forming the non-obstructing group and by 68% of those where ulcer scar caused some type of stenosis. Cases exhibiting "delayed" vomiting showed varying degrees of gastric dilatation in nearly eight out of ten instances. It should be emphasized that only rarely is dilatation of the stomach a disease per se. It is practically always but a symptom. When searched for, its cause is usually readily determined.

Of the 390 patients who vomited, 172 (44%) vomited regularly. Two hundred and three cases (52%) vomited occasionally, generally when attacks of abdominal distress occurred. When pyloric stenosis was present in various grades, vomiting was regular in 262 such cases (78%).

While vomiting is most common in ulcers involving the pylorus and the pyloric half of lesser curvature, it may occur in a given case wholly independent of the location of the gastric ulcer.

*Nausea*—Without vomit was a distressing symptom in 46 cases of this series. Pyrosis eructations or "water-brash" were noted in 410 cases (82%). They were very frequently both annoying and persistent and often led to over medication or the pernicious use of stomach tubes.

*Hemorrhage*.—History of gross bleeding, either hematemesis or melena was obtained in 182 cases (36.4%). It is thus shown that, while such symptom when taken into consideration with other clinical facts, is practically pathognomonic, yet but one out of three cases exhibit it. Nearly twice as many cases of gastric ulcer must be diagnosed by other signs and symptoms.

Of 182 cases that had bled, 148 patients (80.2%) had had hematemesis with or without melena. Thirty-two instances (17.1%) where melena alone had occurred were noted. Fifty-eight patients (31.8%) had shown both melena and hematemesis.

*Severity of Hemorrhage*.—The minimum number of hemorrhages was one. Several instances where from 10 to 15 hemorrhages had occurred were noted. Of those bleeding, one out of four suffered no inconvenience. In about one out of three, faintness with symptoms of shock was described. Approximately two out of five actually fainted.

*Relation of Ulcer Location to Hemorrhage*.—Hematemesis is of more frequent incidence than melena, wholly irrespective of the place occupied in the stomach wall by the peptic ulcer. It is interesting to observe, also, that melena only may occur with ulcers located on the lesser curve or pars media. In general,

however, melena alone means that the ulcer is situated well toward the pylorus. On the other hand hematemesis alone may occur with an ulcer located in any position.

*Relation of Hemorrhage Incidence to the Character of Ulcer*.—Our operative examination of ulcers reveals that while ulcers in all grade of chronicity may bleed, yet approximately three out of five exhibiting this symptom show some grade of perforation.

II. *The Signs in Gastric Ulcer*—(a) *Abdominal Tenderness*.—In our series some degree of abdominal tenderness was discovered in 465 cases (93%). While the epigastrium generally is tender to deep palpation in gastric ulcer, in more than three out of four of the cases comprising this study, the area of maximum epigastric tenderness was at or to the right of mid-line. In 57 instances (11.4%) the greatest discomfort on palpation was elicited to the left of the mid-line. In 45 cases (9%) there was especial tenderness in the "pit," irrespective of general epigastric sensitiveness. Tender ridges were demonstrated nine times (1.8%).

*Relation of Areas of Abdominal Tenderness to Location of Ulcer Demonstrated at Operation*.—Our laparotomy statistics show that nearly four out of five gastric ulcers were located at the pylorus or in the region distal to the pyloric half of the pars media. We have shown above that more than 75% of patients exhibited epigastric tenderness in the right upper abdominal quadrant. It would seem that, when taken into consideration with other observations, points of abdominal tenderness are of certain practical value towards locating gastric ulcers. It should be emphasized strongly, however, that similar areas of epigastric distress can not infrequently be demonstrated in pyloric spasm due to disease of the duodenum, gall-bladder or appendix.

(b) *Alterations in Gastric Secretion and Emptying Power*—1. *Test-meal Findings*.—As we have already mentioned, 336 of our cases (67%) showed some evidences of retained contents when the stomach was emptied after a 12-hour interval. In 164 instances (32.8%) motility was not interfered with. We determined this deficiency in emptying power by the simple procedure of taking the patient off "diet," administering a mixed meal containing boiled rice and twenty raw raisins, and then searching for food remains after 12 hours. From the personal examination of nearly 8,000 stomach extracts, we have learned that only the persistent demonstration of food retained in a stomach longer than 10 hours has definite significance towards the proof that the gastric lumen is not patent. Retention of food for from four to eight-hour periods is



readily demonstrated, *intermittently*, where pyloric or gastro-spasm exist, with hyperacidity associated with vagotonia, gall-bladder disease, duodenal irritation or appendicitis. The persistent finding of test-food remnants after a 12-hour interval is an indication for surgical intervention. Dilatation of the stomach generally coexists in such cases, but is a secondary, compensatory change.

*Acidity of Gastric Extracts.*—In the retention cases the average free HCl was 56.4, the average total acidity 74.2 and the combined acids and acid salts 17.8.

In non-retention gastric ulcers the free HCl averaged 40.5; the total acidity 52.4, and the combined acidity 11.6.

It was observed that the highest gastric acidities were uniformly determined in acute and sub-acute perforating ulcer; that in simple, chronic gastric ulcer the figures closely resemble those returned from cases of *ulcus carcinomatosum* and of chronic gastritis. Where recent bleeding had occurred, the free HCl averaged 35, the total acidity 48, and the combined acid and acid salts 13.5. These figures very closely resemble those of early malignancy or malignant ulcer. In chronic ulcer of benign type, with retention, there is an increase in both free HCl and total acidity. This is in sharp contrast to instances of retention developing in malignant ulcer, where as stenosis occurs, free HCl is *progressively lowered*, while total acidity correspondingly increases.

Blood macroscopically or by the benzidin or guaiac tests was noted in 39% of gastric extracts. Frequently such blood came from tube manipulation and had no apparent relation to the activity or quiescence of the peptic ulcer. Very often patients were tubed within 48 hours following severe hemorrhage without blood being noticed in the removed test-meal.

While we are considering the incidence of blood in gastric extracts, it might be useful to call attention to the fact that chronic gastric ulcers bleed only intermittently. To anyone who has observed the pathologic alteration occurring at a point where an ulcer is situated, the reason for this intermittent bleeding is evident. An ulcer cannot exist for very long without a tissue reaction occurring at its edges. This tissue reaction is at first the hyperplasia of repair. It results in the production of scar-tissue. Unless the ulcer progresses very rapidly and the proteolysis results in destruction of vessels of fair size, hemorrhage rarely occurs. The bases and edges of most ulcers are usually clean. The pathologic explanation is sufficient to warn us not too frequently to expect blood in either gastric extracts or stools.

On account of this intermittent bleeding in

gastric ulcer, so-called raw granulating surfaces occur only at times of activity of the process. It is thus seen that such technical maneuver as the localization of an ulcer or the determination of its existence by means of the "string tests" as suggested by Einhorn and others, has *more* than a *limited* diagnostic value. We have made observations with the "string test" upon 318 cases of gastric ulcer. In only seven instances were we able to observe definite blood stains upon the test string. These stains were practically always at a distance approximating that where we theoretically locate the pylorus. Knowing the pathologic fact that two-thirds of all ulcers are located in the pyloric third of the stomach, it is not difficult to prognose, when a blood stain occurs upon a string, that a suspected ulcer will be in the pyloric region. One can do this quite well without the use of a test string. It should also be emphasized with respect to the "string test," that gastric and jejunal peristalsis carry the string forward in the straightest possible line. From experience in passing duodenal tubes upon thread guides, we have convinced ourselves that after a string has been in the stomach or jejunum for six hours it closely hugs the lesser curvature and the superior surface of the pylorus. Knowing as we do, the variation and the character of gastric ulcers one can readily see how many strings actually never came in contact with ulcer surfaces. In cases where there is pyloric stenosis, the diagnostic value of the "test string" is almost nil, for the simple fact that the string frequently does not reach the ulcer.

*Blood in the Stools.*—As we have stated above the intermitency of bleeding in gastric ulcer warns us never to delay diagnosis of such until the appearance of occult blood is noticed in the stool. In our cases rather more than 31% gave positive benzidin or guaiac reactions in the properly prepared stool. Unless the stool is properly prepared, one may obtain positive chemical tests for blood in specimens from the majority of suspected ulcers examined. Such reaction usually comes from material ingested as food. To eliminate this error we have found it necessary to place our patients after thorough catharsis upon meat-free diet for at least 48 hours, and then upon absolute milk diet the 24 hours preceding the time for the collection of the stool. If this technic is adhered to, the chemical finding of blood in a patient, *with an ulcer history*, is then of significance with regard to telling us of the activity of the ulcer more than as a diagnostic aid in telling us that an ulcer is present. This information is particularly useful in cases where one suspects that malignant change has taken place in an ulcer edge. Malignant ulcers are apt to break down quickly



and in such cases chemical tests for blood in the stools are positive with fair constancy.

*X-Ray Evidence of Gastric Ulcer.*—Our observations are based upon a personal study of the reports of nearly 1700 examinations of patients with gastric symptoms. All patients were examined by both the fluoroscopic and plate method. We believe that the internist should personally fluoroscope his patient or at least be present at such examination. He should also make a practice of studying and comparing plates with chemical and operative findings. In this series there were 126 proved instances of gastric ulcer.

It is well to state that in uncomplicated gastric ulcer, the X-ray evidences as shown by the plate method are largely accidental. By uncomplicated ulcer I mean, ulcer in which pyloric stenosis has not occurred, where types of hour-glass contraction have not taken place, where malformation of the stomach outline by excess of scar tissue has not ensued, where perforation is absent or crater ulcer does not exist. When it is recalled that the X-ray plate in gastric work is but a silhouette of the bismuth-filled stomach at one instant of its exposure, it is readily seen why X-ray plates do not locate all ulcers. Further, when we realize that less than 60% of chronic gastric ulcers are of the complicated type, it is not difficult to appreciate that many ulcers must escape recognition in the X-ray plate. The most important evidence returned by the X-ray plate is the demonstration of various types of stenosis, the indication of the size of the stomach, differentiation between a simple ulcer and a gross carcinoma and the relation of the stomach to adjacent viscera. Many of these facts can be determined more quickly and far less expensively by simple clinical methods such as we have already outlined.

It is safe to say that while in a given case it is extremely desirable for purposes of record to have X-ray plates made of the bismuth-filled stomach, the X-ray examination by means of the fluoroscopic screen returns us the greatest amount of information in far shorter time and at less expense to the patient. One admirably supplements the other type of examination, but it is difficult to see, after any amount of clinical experience, how the plate method alone can satisfy the clinical needs. The fluoroscope itself is not infallible in determining the presence or absence of gastric ulcer. Its range of activity is greater than that covered by the plate method, because, within a few minutes, one can see the stomach in a great variety of phases of activity and can add to this visualization the changes in gastric action that may be brought about during abdominal palpation. As a result of these added advantages, one not infrequently proves the

existence of an ulcer where the plate had been negative or shows that what appeared pathognomic of uncomplicated ulcer in the plate is but an artifact or is due to some cause, extragastric in origin. This is particularly the case when the patient is fluoroscoped at several sittings before and after the use of atropine or belladonna to relax pyloric or gastric spasm.

From the above it must not be understood that in our opinion the X-ray examination of patients is valueless. On the contrary, we consider that facts of great importance are often obtained by the X-ray technic. Clinically we have come to regard X-ray examinations as having the same relative worth as a differential blood count in cases of anemia. While frequently nothing is added to the clinical picture there are occasions when the diagnosis is *given* by such examination. It is certainly to be deplored that unproved and wild statements have been made regarding the absolute diagnostic worth of the X-ray examination of the bismuth-filled stomach. The procedure is so largely a mechanical one that no hard and fast rules can be laid down with respect to diagnostic signs as returned by its application. The interpretation of what is seen or felt by the plate or in the fluoroscopic examination is highly individual. Added danger from the use of these mechanical procedures, clinically, is to be found in the fact that in the novelty and the perfection of the mechanical device, clinical cerebration tends to decline and simple, well-proved methods of diagnosis are forgotten. It is my custom to *terminate* the examination of a gastric case with X-ray examination. In fully 85% of our cases, the diagnosis has been well established before the X-ray findings were observed.

## II. PROGNOSIS OF GASTRIC ULCER:

The clinical course of any gastric ulcer is highly individual. While it is true that we have undoubted histologic proof that many ulcers heal, we have yet no means of determining, clinically, in a given case whether or no such ulcer will heal in its acute stage, will tend to benign chronicity or will become the basis of a future cancer. It is reasonable to suppose, however, from the mass of data, carefully studied, which has accumulated during the past decade, that many gastric erosions and simple ulcers have a natural tendency toward healing. This not uncommonly occurs wholly irrespective of the clinical type of treatment that is carried out. It is also a commonly observed fact that a given ulcer will tend to chronicity and recurrence in spite of all known methods of therapy. In such cases, prognosis is largely dependent upon intensely individualized pathology. If the process continues benign, the resultant condition

demanding treatment is largely accidental. Pyloric stenosis with gastric dilatation, hour-glass contraction, perforation involving other viscera, or malignant degeneration may occur without regard to our clinical care. Each case is a law unto itself. In many instances of chronic gastric ulcer, the ulcer itself heals, but in the healing complications occur which generally require surgical treatment.

We have no known means of telling clinically in any case of gastric ulcer and particularly in those gastric ulcers which run a chronic course what the ultimate outcome will be. The life history of the affection seems to depend upon unknown factors. It is coming to be more generally recognized, however, that gastric ulcers of the chronic type which have a tendency to frequent recurrences not uncommonly terminate in malignancy. We do not know how often such transition takes place. It should not be understood that all chronic gastric ulcers become malignant. It should, however, be firmly emphasized that, in a given chronic gastric ulcer, we have at present no means at our command that enable us to tell which chronic ulcer is destined to pursue a benign course and which will become malignant.

The future course of chronic gastric ulcer is dependent wholly upon tissue reaction to hyperplasia. When the clinical pathologist is not uncommonly unable to differentiate between benign and malignant hyperplasia, it is very difficult to see how the internist is to be expected to prognose the future course of any gastric ulcer. Certainly from our studies of gastric cancer, it would seem that more cases of this affection developed from previous benign ulcer than has heretofore been generally recognized.

In a recent study we analyzed 566 consecutive cases of operatively and pathologically proved gastric cancer. We showed that the sex ratio in these cases was approximately that of chronic gastric ulcer; that the average his-

tory of the affection before evident malignancy occurred extended over 11.4 years in two out of three cases; that the supervening period of evident malignancy averaged 6.1 months; that but one out of three cases of gastric cancer had no previous dyspeptic history; their whole course averaged 7.1 months; that of the entire series, in 92 cases where hemorrhage had been noted, the bleeding occurred in nearly 63% of those with previous ulcer history and that of the whole number bleeding 52% had bled two years prior to their coming under observation; that of those who bled within the two-year period, 77.5% of the cases fell into that group with ulcer history previous to a period of evident malignancy; that in but 55.4% was free HCl acid absent in the gastric extract and that in 31.5% it ranged between 20 and 50.

While the above facts are not to be taken as an indication that the majority of chronic gastric ulcers become malignant, they certainly indicate that the accuracy of our prognosis of the future course of any chronic ulcer is highly limited and frequently impossible. While malignancy supervenes often enough wholly irrespective of our methods of treatment, it is rational to state that therapeutic measures which keep the stomach clean bacteriologically and which tend to minimize sources of tissue irritation, should be thoroughly carried on so long as surgical complications have not occurred, or a continuous and progressively downward affection has succeeded one which was before periodic and without symptoms of malignant intoxication. When in doubt as to the actual pathology existing in a given case, patients should be urged to submit to laparotomy. For it should be remembered, that the cases of gastric cancer early diagnosed and surgically curable are those in which the clinical symptomatology is that which we associate with chronic gastric ulcer.

122 South Michigan Ave.

***FAMILIARIZE*** yourself with the bills affecting your practice, now before the Legislature. Then get in touch with your Legislator. Don't permit the cults and healers to walk away with the State House at Columbus, merely because no one enters a protest!



## Some Extra-Genital Syphilitic Infections\*

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**E**XTRA-GENITAL infections of syphilis are sufficiently trite and commonplace to merit no particular clinical or scientific interest. Bulkely, some years ago, collated from various American sources, many hundred instances, in an extensive and painstaking investigation of the subject, and imparted some interesting facts of more or less practical importance.

The writer wishes to touch upon only a few cases of extra-genital infection specially se-

most of pandemic character, extra-genital infection is exceedingly common, and genital infection, strange to say, exceedingly infrequent. In the light of these facts, it is incumbent upon every physician, and every member of the laity, to exercise every effort to not only minimize in every community, by proper regulatory and restrictive measures, the prevalence of syphilis, but to block, as far as possible, the sources of extra-genital infection. In all communities where syphilis is widespread and prevalent, extra-genital infection is a grave



Figure I



Figure II

lected from a somewhat large number in his personal experience, because of their special practical importance and somewhat unusual clinical interest.

Extra-genital infection of syphilis is a matter that should deeply concern not only the practitioner of medicine, but also the laity at large. It is self-evident and axiomatic that the more prevalent and widespread syphilis is disseminated in a community, the more common is the extra-genital form of infection. In fact, in certain countries, the Turkish provinces of Asia Minor for example, where syphilis is al-

menace to every man, woman, and child, and the physician, because of the peculiarly exposed character of his vocation, bears the brunt of the danger. Extra-genital infections are exceedingly more common in physicians than in any other class of individuals.

### SOME EXAMPLES OF COMMON SOURCES.

This bright, handsome child of ten months, (Fig. 1), has a chancre of the lower lip, incurred from the fond kiss of an overindulgent father, who deemed it his privilege to seek sexual gratification from improper sources, during the prohibitory child-birth period, with the result that he incurred a genital infection of syphilis. Strange to say, this prerogative to seek illicit sexual gratification during the

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latter stages of pregnancy, and periods of pelvic ailments, is boldly claimed by many otherwise exemplary husbands, with the result that they constitute a very large proportion of venereally infected individuals, and become the source of genital and extra-genital syphilis insonitum. It is needless to state that not only this bright, innocent child must bear the life-long blight of the erring father, but the wife and other children at the time born and unborn. It is not uncommon to note that syphi-



Figure III

lis, when brought into a family in fresh active form disseminates through the entire family, unless painstaking precautions are carefully and promptly taken. It does not always take extra-genital or even genital incipient form. The chancre is not always in evidence. It may remain concealed, what the French has termed "syphilis emblee," which in the light of our present knowledge, indicates that the spirochaete has gained hidden entrance, possibly through the gastro-intestinal tract.

#### DANGERS OF "BARBER SURGERY."

Case II (Fig. 3). An infection at the hands of a barber. This young man came to my attention when the accompanying photograph was taken, with the statement that he had been troubled for several years with "wild hairs," which his barber had been successfully removing with needle and forceps, from time to time. In fact, the sore on his face was caused by "wild hairs," which the barber was still treating with the same forceps, up to the hour of his presentation. It is needless to state that this culpable barber infected the patient with contaminated forceps, and how many others he infected with the same unsterilized instrument used on this patient, is beyond conjecture. These tonsorial infections are not infrequent, and permit but one deduction: namely, a barber should give only tonsorial atten-

tion, i. e., shave and cut hair. All other attention of a surgical or medical character should be strictly tabooed.

Case III (Fig. 3), is a manicurist infection. Infection at the hands of manicurists is no infrequent occurrence, and is attributable to the same general causes, which pave the way to similar infections at the hands of barbers, self-styled "dermatologists," and other individuals, who essay surgical attention of minor character, and who are careless in their asepsis and are deficient in knowledge, experience and special training with what they are dealing.

Case IV (Fig. 4), is that of a young boy, of 12 years, who, during the summer months in 1900, incurred an extra-genital chancre of the upper lip, while working in one of our large shoe factories, at a time when child-labor was still permitted, in order to help sustain a large and indigent family. The source of infection was in all probability, a common drinking cup, an old-time offender, which present-day regulation has practically eliminated.



Figure IV

Present-day regulation, however, has not effected its entire elimination, or at least has not removed such kindred sources, as common use of pipes, mouth harps, plugs of tobacco, indiscriminate kissing, etc.; what regimentation has not and cannot effect in this direction, should be essayed by education.

Case V (Fig. 5), is an extra-genital chancre of the abdomen, incurred in an unsuspected venereal manner, just as many mouth and lip chancres are similarly contracted. The pa-

tient, a well-to-do, highly respected and exemplary married citizen of Cincinnati, was induced against his personal volition and good judgment, to accompany some of his convivial friends after a banquet one evening, to a house of prostitution. His desire to remain down stairs in the parlor was overruled by one of his friends, who tossed him some condoms and who assured him that no ill could possibly come if he used the covers. Illicit

But the case typifies one point, namely, that this class of infection is relatively more common, the more widespread and prevalent the disease, from which it takes its source.



Figure V

intercourse with one of the inmates, in spite of the protection of the condom, resulted in an infection at a point on the abdomen, beyond the reach of the illusive cover. Physicians, as well as laymen, are often deceived by this illusory form of protection, and a strong object lesson can be correctly drawn from the above experience. Antiseptics are a highly illusory form of venereal prophylaxis and have found a very unwholesome form of general credence. In my opinion, their irritating properties produce tiny abrasions and superficial excoriations, which merely "pave" instead of "block" the way to venereal infection.

#### INFECTION FROM MONEY.

Case VI (Fig. 6), is an extra-genital infection on the lip of a bank clerk, who attributes his infection to the handling of contaminated currency. In spite of his exemplary habits, personal care, and intelligent and careful living, such an inference must remain purely conjectural, as there are other sources, of unknown, innocent and equally likely character.



Figure VI



Figure VII

Case VII (Fig. 7), is that of a physician, who presented himself in February, 1911, for an infection around the nails of the right index and middle fingers, which he believed to be a paronychia of simple character. When the writer made the clinical diagnosis of double initial chancre, and even after the latter was amply confirmed by examination for the spirochaetae, the patient could not reconcile him-



self to the diagnosis. His intimate acquaintanceship with his clientele and the restricted conditions under which he practiced, in his small country town, made him believe that an exposure to such an infection was out of the question. He was instructed to return and consult his obstetrical and gynecological records of late December and early January, and report his findings. On his return visit, he stated that late in December he delivered a patient, in a family whose moral integrity and status he never for a moment questioned. This patient, upon subsequent examination, presented syphilis in most florid and active form. This physician is a prototype of numerous extra-genital infections in practitioners of medicine, which come to the experience of every syphilographer. As a rule, the chancre is situated upon the index or middle

finger, or both, of the examining right or left hand. Obstetricians, gynecologists, laryngologists, dentists, and midwives, more seldom nurses, form a particularly vulnerable class. The syphilographer, insofar as the writer has been able to judge, is seldom infected. Those infected invariably express complete ignorance and astonishment regarding the nature of the infection and usually state that they can recall no case within the given period of exposure, which in their judgment could have transmitted the infection. Physicians should bear distinctly in mind that the mildest case and the most trivial lesion of unrecognized syphilis is a greater menace and a source of greater danger to personal extra-genital infection than the most virulent type with active and florid lesions, properly recognized and intuitively safeguarded.

## Therapeutic Abortion: Indications and Methods of Procedure.

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HERETOFORE, when a paper dealing with abortion has been presented to this society, it has been the custom to present but one side of the subject. Our essayists have seen fit to ignore the therapeutic or life-saving phase of this operation. Therefore, I have made bold to offer for your consideration, a brief resumé of some of the more important indications for therapeutic abortion.

### THE LAW GOVERNING ABORTION.

In order that we may at once appreciate the responsibility we place upon ourselves when we perform this operation, I wish to quote a few lines from the law dealing with the subject of abortion.

"Whoever, with the intent to procure the miscarriage of a woman, prescribes or administers to her a medicine, drug or substance, or with like intent, uses an instrument or other means, unless such miscarriage is necessary to preserve her life, or is advised by two physicians to be necessary for that purpose, if the woman either miscarries or dies in consequence thereof, shall be imprisoned," etc. Sec. 12412, General Code.

Experience has shown that, however urgent the case, the only safe course is to have the support of one or two professional brethren before treating it. The unsupported testimony of the practitioner may not be sufficient to

convince the jury that the medicine or operation was necessary to save the woman's life.

Inasmuch as this paper has to do only with abortion, and not with premature labor, I shall confine myself to the discussion of emptying the uterus before viability of its embryo.

### DEFINITION AND HISTORY OF THE OPERATION.

A therapeutic abortion is an operation which consists of emptying the uterus of its fetal contents, before the period of viability, on account of some grave disease which threatens the mother's life, and with the specific purpose of saving the mother's life.

This operation has been done since the remotest antiquity, in savage as well as in civilized lands. By some it was a recognized procedure done to prevent over-population; by others, to avoid the discomforts and dangers of the function of reproduction, or even the disfigurement of the person wrought by gestation, as in decadent Rome. The child was considered to be without a soul—only a growth upon the mother. As a therapeutic measure, abortion was done long before Christ. The ancient Jews considered abortion a great sin, but admitted it as a means of cure of disease affecting the mother. I might say that the modern Jews are of the same opinion as their ancient brethren. The Catholic church forbids abortion for any cause or reason.

"One of the saddest commentaries on our modern 'civilization,' in a so-called religious and ethical era," says De Lee, "is the prevalence of criminal abortion." A young physi-

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cian is not long in practice before he is approached, in a hundred ways, open or concealed, to perform criminal abortion. Both single and married women will come. The single women will usually offer the excuses we are accustomed to hear. The married women will usually offer the excuse of ill health. Let the inexperienced physician beware of simulated disease. A woman will read up some disease which she knows sometimes gives the indications for abortion, and will try to impress the physician that she is ill with this disease. The statement that the patient can retain nothing, made by herself and friends; that she vomits constantly, that she cannot sleep, that she cannot endure the pregnancy, that she has been told by several doctors that she must never conceive; such remarks are to be taken not to indicate her real condition, but her unwillingness to go through gestation.

Therapeutic abortion is rarely indicated, and lately our general therapy has improved so much that few affections justify its performance. The induction of abortion must never be undertaken lightly; every reputable physician appreciates this, and in consequence makes it a rule to have consultation with a confrere. It is well to draw up a written statement of the facts in the case, and have it signed by the woman, her next of kin, and all the physicians in charge. Every appearance of mystery or secrecy must be studiously avoided. The operation should be performed in a good hospital in full view of the nurses, unless there are positive indications of great weight to prevent it. The reluctance of the obstetrician to perform this operation must not be carried to the extreme. I have seen cases, in consultation, where the operation has been postponed too long, and the patient has been so reduced in health as to prevent her life being saved, even by emptying the uterus.

It is evident, therefore, that the time for interfering is difficult to decide, and can only be arrived at by carefully watching the patient from day to day, and estimating how far she is resisting the disease and to what extent she is responding to the prescribed treatment.

#### INDICATIONS.

The various authorities which I have consulted give the following indications for performing therapeutic abortion. Included in this list are several offered by myself:

1. Contracted pelvis with a conjugata vera of less than 6 cm.

2. Hyperemesis gravidarum and other toxic affections.

3. Incarceration of a retroflexed gravid uterus.

4. Advancing tuberculosis as shown by loss of weight, evening fever, etc.

5. Heart disease.

6. Diabetes and other constitutional diseases.

7. Diseases of the kidneys, especially if complicated by retinitis.

8. Other diseases which seriously jeopardize the mother, as Basedow's disease, leukemia, pernicious anemia, chorea, etc.

9. Diseases of the ovum—polyhydramnion, hydatidaform mole, death.

10. Cancer of the uterus and other malignant growths of the uterus and surrounding tissues.

11. Insanity, idiocy.

12. Hemorrhage during the early months of pregnancy.

13. Eclampsia.

Formerly we were wont to perform abortion in cases of contracted pelvis, or where there were benign tumors which obstructed the birth canal. Nowadays, Cæsarian section has become so safe that the obstetrician is not justified in performing abortion in these cases unless pregnancy is complicated by heart, lung or kidney disease. We can nearly always expect to have a live child by abdominal Cæsarian section, and if necessary, further surgical measures can be considered at the time the section is performed.

2. Without doubt pernicious nausea and vomiting is a real but a restricted indication for abortion. In cases of toxemic vomiting, with evidence of involvement of the structure of the liver and kidneys, one should not wait too long. On the other hand, one should not be too quick to perform abortion because it is, at times, *most pleasing to note what can be accomplished by skillful treatment*. Do not abort until, after mature consideration and consultation, you are sure that it is necessary.

3. Retroflexed gravid uterus must be treated by laparotomy.

4. Of course, consumptives should not wed. If they marry and conception takes place, they assume a most pitiable plight. Most authorities agree that the progress of the disease, while not necessarily stayed, is rendered less rapid by interrupting pregnancy. I am firmly convinced that it is our duty to sterilize them at the time of operation unless they have the chance to procure the benefits of modern treatment for tuberculosis—namely, fresh air, good food, rest in bed and some assurance that they will not immediately lay themselves open to the liability of another conception. It has been my observation that consumptives fail very rapidly after delivery where they are allowed to go to term. If the tuberculosis is complicated by hyperemesis gravidarum, the

sooner we abort the better. Tuberculous laryngitis is a positive indication for abortion. I think that the sooner we teach tuberculous patients that reproduction among their kind can bode nothing but unhappiness, if not death, the sooner we will stimulate them to care for themselves and take advantage of all the easily obtained agents for the cure of this disease. The mother instinct will spur many women to try to get well in order that they may enjoy the exquisite happiness of maternity.

5. I believe that women suffering from diabetes, syphilis and such constitutional diseases should be aborted as early as possible. I do not see much sense in treating a pregnant woman for advanced syphilis. The best we can get from such a conception is an inferior stock, and there is no reason for burdening our society with such offspring. Let the woman be cured and then try again.

6. Heart disease is an indication only when the heart muscle is markedly inefficient, as in advanced myocarditis and loss of compensation. These cases can often be tided along to successful delivery by abdominal or vaginal Cæsarian section. If we can tide them along until the latter part of the seventh or beginning of the eighth month, we may be able to deliver them of a living child. I prefer the surgical delivery to the induced natural delivery in these cases. No case of heart disease should be aborted until a reputable internist has expressed the opinion that the heart will not stand the strain of labor.

7. Advanced or rapidly increasing kidney disease is a positive indication for abortion. This is often accompanied by retinitis. I trust that our new course in optometry at the O. S. U. will touch on this point as the retinitis is a factor in determining the operation. However, I do not believe that we should be too premature in our judgment of these cases. In albuminuria of the primipara three cardinal conditions must be considered: 1. The character of the albuminuria. 2. The presence or absence of uremic symptoms. 3. The time to which pregnancy has advanced. A primipara who presents albuminuria of slight or moderate degree with few or no kidney elements and no uremic symptoms at a time before the viability of the child should have close observation, and a salt free and restricted diet, with an occasional calomel purge. A primipara before the viability of the child with much albuminuria and many kidney elements, reduced quantity of urea and urine but still no uremic symptoms, is in a very serious condition. These are the cases in which I advocate abortion.

I have frequently seen cases of pyelitis clear up under systematic administration of hexa-

methylenamin and acid sodium phosphate. I have seen women with severe albuminuria go to full term, be delivered of healthy children, and the urine become normal in a short time after the accouchment. If we can carry these women along until late in gestation, carefully watching the patient as well as the urine, because the clinical picture and the bedside symptoms must be the guide for action, we can often perform an emergency Cæsarian section and add to the happiness of the family. I would never abort a kidney case without full advice and consent of an internist and a pathologist.

8. Exophthalmic goiter has become the subject of such profound study and diversity of opinion that I would certainly hesitate before performing abortion upon a woman so affected until I had had the opinion of one or more colleagues who have made a careful study of this disease and their advice and consent to perform the operation. I do not think that simple goiters are indications for abortion. We know that they frequently make their appearance at the time of conception; or having been present before, they increase in size. These simple goiters usually disappear or return to their original size after the puerperium. It has been noted that goiters existing before conception frequently disappear after delivery. But how shall we know the exact type of goiter? I would advise you to consult one who knows and thus be sure of your ground.

Leukemia, pernicious anemia, and chorea may assume such severity as to make the indications for abortion positive. The few cases that I have seen in the European clinics were aborted with marked diminution of symptoms.

9. In diseases of the ovum such as polyhydramnion, mole, death, operation is indicated. In the last mentioned, hemorrhage from the uterus usually indicates the necessity for interference, and then its performance cannot be called a true abortion; we are really completing a process begun by nature. I think it is true that we are inclined to be too hasty and to abort at the first sign of bleeding; but we must not go to the other extreme and allow the patient to pass the line of safety. Careful observation and examination will be the rule of conservative obstetricians.

10. Malignant disease of the uterus or adnexa, fully proven by the pathologist and by clinical symptoms, is a positive indication for terminating pregnancy, especially if the malignancy is discovered early.

11. Insanity and idiocy should, in my opinion, generally constitute grounds for terminating gestation. These cases are always poor risks and why should we burden society with the offspring of such forebears? It is well to



have an alienist assure you that the indication is positive. Of course, sterilization is better, but a discussion of this subject is not within the scope of this essay.

12. Hemorrhage in the early months of pregnancy may come from placenta previa, placenta marginata, cornual placenta, and chronic abortion, and may require interference. Repeated bleedings are almost always followed by complete abortion. Sometimes pregnancy continues to term, and trouble arises in the placental stage from placenta accreta and post partum hemorrhage. Again, a placenta previa may show itself at the seventh or eighth month. These cases if carried until the seventh or eighth month can be delivered by abdominal hysterotomy, and this, I believe, is the only safe method of handling placenta previa. Frequent hemorrhages at an early date is usually a cause for abortion.

Chronic abortion can often be overcome by first making a Wasserman reaction and then giving full doses of iodides or sajodin. Never give up hope in cases of chronic abortion until you have given the specific treatment a full test.

13. Eclampsia as an indication for abortion offers a large field for discussion. There are just as many good men on one side of the fence as on the other. I think that if eclampsia makes its appearance within the time period covered in this thesis the uterus should be emptied. But we should remember that we do not know the cause of eclampsia and that we frequently secure unexpected results from empiric treatment. We must also remember that emptying the uterus does not always cure eclampsia.

14. There is just one other indication for abortion that occurs to me at this time. I have not included it in the foregoing list because I could not conscientiously designate it as a *therapeutic* indication. The theme for this indication is not original, it having been advanced some time ago at one of the meetings of an eastern medical society. It is at times very difficult to draw a line between criminal and therapeutic abortion and I will leave it to you to decide in which field we should put this specific phase of the subject. Suppose that your sister or daughter or a child of your best friend should be waylaid and assaulted by some brute, perhaps of another color, and she should conceive therefrom. Would you be in favor of convicting the doctor who aborted her? You will remember that I said there might be two sides to this subject.

Abortion should rarely be performed in the presence of infectious disease; and yet, this very disease may at times present the indication for interference. Appendicitis, cholecys-

titis, stone or abscess of the kidney are not indications for emptying the uterus. These cases should be operated upon for the relief of these conditions just as if the woman were not pregnant. Unfortunately they frequently abort in these cases without help. My success in saving the conception in these cases has seemed to me to give me the right to offer much hope to these women.

#### TECHNIC OF OPERATION.

The operations may be divided into those done during the first eight weeks, those done from the eighth to the sixteenth weeks, and those from this time until the child is viable.

The selection of the anesthetic to be employed must depend upon the condition of the patient and the operation to be performed, but I feel that we make no mistake when we rely upon ether in these cases as well as in all others. Sometimes no anesthetic is needed, but these cases are few and far between. If the performance is to be of short duration ethyl chlorid may be employed. Nitrous-oxid-oxygen is recommended, but I do not like it. Bronchial affection or irritation suggests the use of oxygen and chloroform. Toxic conditions contra-indicate the use of chloroform, because of the danger of acidosis and acetone intoxication. Twilight sleep is not indicated in these cases.

The operation should be performed where there is every agent for the relief of emergencies and where it is possible to secure undisputed asepsis. In other words, the only safe place to perform this operation is in a first-class hospital and many lives will be saved if physicians will insist upon this part of the technic. The patient is prepared in the usual manner for any vaginal procedure. The bladder is emptied under aseptic precautions.

In the first eight weeks the uterus can usually be emptied at one sitting. An anesthetic is not always required, but the accoucheur must always be able to do everything with the greatest deliberation and comfort. A very careful examination is made to discover an ectopic pregnancy or retroflexed uterus. I have seen several attempts made to produce an abortion upon an ectopic pregnancy and the resulting complications were of a very serious nature. The cervix is dilated with any good dilator, this requiring from five to twenty-five minutes. The contents of the uterus are removed with a blunt curet or polypus forceps, after which the uterus may be packed lightly with iodine gauze. This stops the bleeding and when, the next day, it is removed, it brings away the shreds of decidua which may have been overlooked. It is impossible to remove all the particles with the curet. It is hardly



necessary to caution about the use of the curet in these cases and the great danger of perforation and other accidents. In rare cases the cervix is so hard that it is impossible or dangerous to forcibly dilate it. Here the cervix may be packed with iodine gauze for twenty-four hours, when it will be found soft and dilatable. I do not advise the use of laminaria or sponge tents owing to the danger of infection from these articles. The two stage operation just described is recommended where haste is not demanded.

During the third and fourth month the operation is done in two stages. On the first day the os is opened with the dilator, then with the curet, the ovum is broken up, making certain that the amnion has been punctured; then the cavity of the uterus is lightly and the cervix tightly packed with iodine gauze. Pains almost always start up within twelve hours. If the pains come on slowly they may at times be aided by pituitrin. If the packing is not expelled, at least the cervix is opened enough to admit one finger. If it is not, the packing may be repeated. At the end of another twenty-four hours the uterus may be emptied as described for earlier periods.

During the fifth and sixth months the process resembles more the induction of premature labor. The bag of waters is ruptured and a small Vorhees bag or iodine gauze is inserted. In cases of great urgency, vaginal Cæsarian section should be done.

Many surgeons prefer the abdominal to the vaginal route in performing the operation of Cæsarian section. They claim less danger from infection and no increase of shock or danger to life.

The accoucheur must be warned against the removal of a small fetus piecemeal through a long, narrow cervical canal. He will have his troubles if the head be torn off and continue to bob around in the blood within the uterus. The cervical canal may be wounded and offer good soil for infection. If this operation be attempted, it is unsuccessful until every part of the fetal body is accounted for. After the placenta is removed, the whole interior of the uterus is lightly curetted and swabbed with pure tincture of iodine and finally the cavity

is lightly filled with iodine gauze which is removed the next day. I am in the habit of giving a hypodermic injection of ergot before the patient leaves the operating room. Whenever possible, the finger is to be used instead of the curet or placental forceps. There is less danger from a clean curet, however, than from a dirty finger. Need I say that rubber gloves must always be worn when performing this operation? There are no drugs or medicines that will safely bring on an abortion, and this applies to pituitrin.

#### AFTER TREATMENT.

The after treatment consists of rest in bed and the usual care given to patients after vaginal operations. Douches are not used unless specifically indicated, and then only for flushing the vagina to remove retained particles of deciduum, etc. Instead, we wash the vulva with mild antiseptic solutions, being careful not to allow this water to run into the vagina. The bowels are kept open and the patient watched for any symptoms of hemorrhage or infection. If either of these emergencies occur, they are handled as I have advised in my earlier papers on infection and post-partum hemorrhage. The patient should remain in bed at least a week or ten days. I usually allow them to go to the commode in order to promote drainage.

#### PROGNOSIS.

The production of abortion is attended by a certain, though in proper hands, small mortality. The dangers are, infection, which is not always avoidable, since the woman may have it within her, and perforation. Hemorrhage may at times be so profuse as to be alarming.

I wish to impress upon you that the operation of therapeutic abortion is one of the most dangerous in obstetrics. In view of this the operation is not to be lightly undertaken, and is to be performed with great care and circumspection. In other words, let our slogan be "Safety First."

References: DeLee, Davis, Kerr, Wertheim, Richter, Adler, Schauta, Ill, Goodman, O'Malley, Walsh, whose writings have been freely used.

238 E. State St.

***That One Hundred Percent Club idea is traveling around like wildfire. There will be many surprises at the finish.***

## Review of the Progress of Genito-Urinary Surgery During the Year 1914

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**P**ROGRESS in the domain of genito-urinary surgery during the year 1914 can be compared very well with the progress being made at the present time in the European war.

In the early stages of the war brilliant advances and desperate sorties were made first by one side and then the other, but in every case these brilliant advances were not only checked but were driven back, some times even further than their starting point. Gradually the armies settled down to steady and persistent work, bringing up reinforcements, strengthening their fortifications and preparing themselves in general to continue the struggle whenever opportunity should present. In the field of the genito-urinary surgeon, have appeared in the last several years numerous brilliant advances which for the most part have met the same fate as the spectacular invasions in Europe.

Let us mention first salvarsan. We all remember how three or four years ago the medical journals and even the newspapers were filled with articles concerning this wonderful discovery; this great advance which in a very short time would wipe syphilis from the face of the earth! One injection was to absolutely cure the dreaded lues! That was four years ago! Lues is still with us, but on the other hand, mark well, salvarsan is still with us. As a brilliant conqueror it met with ignominious defeat. As a steady worker in the ranks, it is a great success, and used judiciously in conjunction with the heavy artillery, mercury, it is making friends for itself every day. Every one can see that salvarsan marks a distinct advance in our attack on syphilis.

Before salvarsan would accept its prosaic place in the ranks, it made one more effort to disclose a scintillating brilliancy. I refer to the use of salvarsanized serum in the treatment of paresis and tabes and other specific diseases of the brain and cord. The opinion of the profession at present is in a rather chaotic stage. That much has been claimed for this new treatment, only to eventually prove false, is I believe certain, while on the other hand, it is possible that out of it will come one or two features that can be classed as real progress.

### Pyelography.

Only a year or two ago we heard a great deal of pyelography, and genito-urinary men all over the country were flooding the journals with X-ray plates showing the diagnoses that they were enabled to make through the injection of collargol or some similar silver preparation. The plates were beautiful and it seemed as if at last we had made a wonderful advance; but alas, only too soon we began to observe the dreary side. Here and there

began to appear reports of unfavorable results; this patient suffering extreme pain; that patient suffering the loss of a kidney because of injury done by the silver; another patient suffering either a rapid or a lingering death. The retreat of the silver forces began. The advance has fallen back, but again, mark well, it has not fallen clear back. The advance was not an entire failure. We have simply learned its danger and its limitation. Even its most enthusiastic advocates now admit that it must be used with extreme caution, and in selected cases only. In most of our cases we will find that we can make a diagnosis by simpler means without resorting to pyelography with its attendant dangers.

For a number of years the genito-urinary surgeon has endeavored to obtain some accurate information regarding functional activity of the kidney. Many methods for determining this have been advanced. Very few, if any of them, have stood the critical test of experience without suffering from loss in prestige. Cryoscopy was one of the first to make its appearance; it is seldom heard of now. The phloridzin test, indigo-carmin, lactose and phenolsulphonethalein tests were brought forward. Each one, however, developed certain defects which kept it from being accepted as a universal test. Nevertheless in this line of work we have made a distinct advance. If one test is not satisfactory we can fall back on one of the others. If the phenolsulphonethalein test cannot be carried out satisfactorily because of our inability to catheterize the ureters, then we have in the indigo carmine test a most admirable substitute.

These few examples of genito-urinary work are characteristic of the entire field. Genito-urinary work today is upon a more scientific basis than ever before and is, I think, characterized by greater caution than any other field of surgery. We have found out, and I am glad to say, the general surgeons and general practitioners are gradually sharing in our views that a careful study rather than a hasty diagnosis is desirable in all diseases of the bladder and kidney. The day is passing when we are expected merely to look into a bladder with a cystoscope and make an immediate diagnosis. Several cystoscopies together with several tests and perhaps one or two X-Ray pictures may be necessary in some cases before we can reach a definite diagnosis. This requires greater care and attention on the part of the surgeon, greater perseverance on the part of the patient, but the recompense is found in a greater number of cured cases.



## Peter Smith, the Indian Doctor: An Historical Sketch\*

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(Secretary of the Western Association for the Preservation of Medical Records.)

COINCIDENT with the birth and development of western civilization and culture, the earliest attempts to practice medicine in the newly colonized West were made by men who were not graduate physicians but drifted to the new settlements with the colonists and worked and practiced among them in a crude and empirical way. All of these early practitioners were well versed in the art of dispensing remedies which they gleaned from the workshop of nature. They knew all the trees, herbs and flowers and were familiar with all the therapeutic effects which were attributed to the products made from the bountiful flora of the virgin-soil of the West. Every practitioner had a therapeutic system of his own, with special external and internal remedies, prepared by him according to his own notions. These men were the original herb-doctors whose methods of practice eventually developed into special schools of medicine under the leadership of such men as Samuel Thompson, the father of the botanical school, and Wooster Beach, the founder of eclecticism.

A good type of the pioneer doctor of the early times was Peter Smith, originally a New Jersey man, who graduated from Princeton College, and began to preach the gospel to the new colonists. He lingered for a time in Virginia, then in the Carolinas and finally settled in Georgia as an old-fashioned Baptist minister. Being a strong anti-slavery man, even in those early days, he found himself in continuous trouble with his neighbors, who were all slave-holders. He decided to leave, and began to meander through the country with his family. His wife sat on a big horse, the two smallest children slept in baskets hung to the horns of the saddle, the other children, thirteen in all, walking along on either side of the horse. Smith traversed Georgia, Tennessee and Kentucky in this fashion. He was disgusted with the slavery he found everywhere and decided, as he expressed himself, "to leave the South and its scorpions, head-ticks, bad whiskey and slaves." He came to Cincinnati about 1794 and preached in the old Baptist church on Duck creek near Cincinnati. After some years he moved to Donnell's Creek, Ohio, and became a farmer. He died here in 1816.

### First Western Medical Book.

Smith was the son of a physician and, in traveling from place to place, picked up bits of medical knowledge. He was particularly interested in the medical notions of the Indians, and eventually expanded his work by becoming a healer of the body in addition to being a minister of the soul.

In 1812, while engaged in missionary work in Cincinnati, he published a book on his methods of practice, under the title of "The Indian Doctor's Dispensatory." This book, written by this picturesque itinerant doctor, was the first book on medicine published in the West. It is a curious publication, containing crude and strange medical superstitions and vagaries and, with it all, much knowledge of the pathology of diseases and the physiological action of remedies. Smith is a strong advocate of sunlight, fresh air and water, and a great believer in the curative properties of the herbs used by the Indians. It is interesting to know that Rafinesque who wrote on American plants many years later, quotes Smith very liberally and attaches much importance to his views. There are not more than three copies of Peter Smith's book still in existence. The Lloyd Library of Cincinnati has recently republished it for the benefit of the many who are interested in the medical history of the West.

Smith's Dispensatory, as already stated, was published in 1812. There was at that time very little of American medical literature to be found anywhere. When Smith's book appeared in Cincinnati, not more than a dozen books on medicine had been written by Americans. Dorsey's Surgery and Wistar's Anatomy, at one time the most popular American books on their respective subjects, had not yet made their appearance. Peter Smith must have been a man of close observation and some originality, judging by the character of his work no less than by the mere fact of publishing a book on medicine at a time when he could not help being original. Thus, he is a noteworthy character in American medicine, and is entitled to a more respectable position in our history than has thus far been accorded to him. As I have stated, he was an herb-doctor or botanical practitioner. Men of this type, as you know, made a good deal of noise one hundred years ago. Peter Smith undoubtedly was one of the most original and interesting characters among these exotic products of the early times.

The book by Smith is a quaint publication of great historical value and of sufficient scientific interest to justify a short review of its contents. In the preface Smith informs the reader that the price of the book is \$1. For the contents of the book he figures 75 cents to be a fair equivalent, while the remaining 25 cents are the profit to which the author feels entitled—considering all the experience, information and advice which he offers in the book, not to speak of the trouble he had in writing it. If the reader objects to the price, "let him desist from the purchase." Smith also states that nature has made him a physician

\* Read at a combined meeting of the Darke County Medical Society and the Ohio Historical Society at Greenville, Ohio, November 12, 1914.



and that, therefore, his advice is worth something. He gives an accurate account of all the old doctors who have taught him, especially some of the German doctors who drifted to this country during the Revolutionary war, and some of the Indian Medicine Men whom he was fortunate to know. He proudly speaks of his family of fifteen children whom he raised according to his ideas of living, as given in his book. An interesting portion of the preface refers to Benjamin Rush whose teachings seemed to dominate the therapeutic notions of the profession in those days. Smith tells us at some length why he does not agree with Rush.

#### Review of the Book.

In the first chapter Smith discusses the general physiological laws which underlie the practice of medicine. He gives his ideas about respiration and circulation and the importance of fresh air under any and all circumstances. He emphasizes the necessity of fresh air in the sick room. In this respect he is vastly in advance of the accepted teaching of those days.

In the second chapter he offers a criticism of the teachings of Dr. Brown, of Edinboro, the founder of the so-called Brunonian system. Rush and Drake, it will be remembered, were consistent Brunonians. Smith accepts some of Brown's theories but discards others as being inconsistent with knowledge and experience. He admits that Brown was a great teacher and heartily subscribes to Brown's advice that "an old man should never marry a young woman." This particular Brunonian principle Smith characterizes as being "good and wise."

In the third chapter Smith discusses the etiology of diseases over half of which are, according to Smith, caused by obstructed perspiration. He points to the health-preserving and disease-preventing function of excretion and gives wholesome advice concerning the nature, symptomatology and treatment of many conditions which we moderns would classify under the generic head of auto-intoxication. There is much sound sense in his expressions although the discussion is fragmentary, unsystematic and, in its language, crude and unscientific. An interesting feature is Smith's firm belief in the virtue of vaccination with which he had experimented liberally since 1777, according to his own statement.

#### Early Use of Drugs.

The remainder of Smith's book is devoted to materia medica or the physiological action and therapeutic uses of drugs. It is to be regretted that but few of his drugs are referred to by their botanical names. Smith prefers the popular names of the drugs, e. g., Indian physic for ipecac. This latter agent he esteems very highly as an emetic, expectorant, cathartic and carminative. With much circumstance he discusses the uses of scurvy grass root, Miami or columbo root, butternut, rhubarb, nine-bark root, square stalk, black snake

root, agrimony, corn snake, mountain mint, squaw root and many others, some of which have long held important places in the regular materia medica. Like most empiricists, Smith is a staunch believer in the specific action of many drugs. Alum is the specific for tape-worm, pepper is the prophylactic for ague, indigo and vinegar locally applied, are a "sure cure" for venomous bites, etc., etc.

Smith's book contains many prescriptions and very accurate directions as to the manner of preparing and mixing the different portions. Urine of man and beast is used in a variety of ways; dead toads and snails are adapted to definite therapeutic purposes. As a tooth-wash Smith recommends human urine. He admits that the remedy is not appetizing but praises its efficiency.

Probably the most attractive feature of the book is the author's quaint and naive style and the air of seriousness with which he concerns himself about the pathologic questions and therapeutic indications of clinical problems. The book is well worth perusal, especially if one takes the trouble to read contemporary books on similar topics. Barring the non-academic style of discussion Smith can well serve as a good type of the therapist of his time. He is always practical and will have nothing of the learned style of the professional medical teacher. He is nothing, if not original. This is probably the most fitting criticism that can be offered.

Let me state, by way of a suggestive conclusion, that the burial place of Peter Smith is in a pitiful state of neglect. People in this country, including the men in our own profession, have but little sentiment, and seemingly care nothing for the achievements of the past. Three years ago I appeared before the McDowell Medical Society of Cincinnati and told the members what I was able to ascertain concerning the first Caesarean section performed in this country. It was done in Newton, Ohio, only a few miles from Cincinnati, by John L. Richmond, who was a doctor and a Baptist preacher. The McDowell Society became interested and perpetuated the historical event by erecting a monument to the memory of Dr. Richmond in Newton. It does not seem right that a character like Peter Smith should be forgotten by posterity. Here is a chance for the Darke County Medical Society to pay homage to the past and thus honor itself. How this should be done, is not for me to say. It is an opportunity to show the world at large that our profession has aims and ideals to sanctify its efforts; that the almighty dollar is not our chief aim. Professions have ideals. This fact distinguishes them from the ordinary lines of trade and business.

The practice of medicine is not worth while unless it is sanctified by those aspirations which Hippocrates recognized as being essential to the dignity and exalted station of the true physician. In his day and in ours the heart-throb of the idealist has been and is the pulse-beat of nobility.

## INTERESTING INDUSTRIAL SURVEY OF TUBERCULOSIS

BY U. S. P. H. S., PROGRESSING NICELY IN CINCINNATI

The tuberculosis survey now being conducted in Cincinnati under the direction of the United States Public Health Service, is interestingly described in the report of the surgeon general, who points out that it is the first municipal tuberculosis survey ever undertaken and that the ultimate findings will be of material interest and help to those engaged in tuberculosis prevention.

The survey was undertaken at the request of the city and state health departments and is being carried on with the co-operation of the Cincinnati Anti-Tuberculosis League. By June, 1914, 6,143 factory operators had been examined in 48 manufacturing establishments. Out of these, 39 males and 13 females were found to be tuberculous. In the bread-making industry, it was found that one in every 25 examined was affected.

In describing the work conducted thus far, Surgeon General Blue says:

### Method of Examination.

"In the first place, the consent of the employer to the examination of his employes is obtained. In the majority of instances, the employers, when told of the object of the examination and benefits to be derived, have readily given their consent, but some, because of the loss of time involved, or perhaps from knowledge of bad sanitary conditions existing in the factory or shop, have refused. The next step is to secure the consent of the employes, and in order to do this the physicians usually enter the factory at the noon hour of the day agreed upon with the employer, and after lunch the employes are assembled in a convenient place and a short talk is given, describing the benefit of such an examination. The talk is usually made by the factory lecturer in the employ of the Anti-Tuberculosis League.

"After completion of the talk the physical examination is begun. This is conducted in some place in the factory as private and as far removed from the noise of the machinery as can be found. When making examination of female employes, a trained nurse in the employ of the Anti-Tuberculosis League is always in attendance. A primary examination is first made of those who will consent, and the names are taken of those in whom suspicious symptoms or physical signs of tuberculosis are found. These are called back for a more thorough examination and for the purpose of obtaining all the statistical data possible.

"In many cases this examination is not sufficient to establish a positive diagnosis, and the employe is invited to visit the office of the service on Saturday afternoons (the only time that

it is possible for him to do so) until it can be determined positively whether or not a tubercular infection is present. He is also requested to bring with him a specimen of the sputum for bacteriological examination by the board of health.

### Many Employes Object.

"While the majority of the employes consent to the examination, many refuse, and too often those refusing are the ones who are suspicious of their physical condition, and either do not want to know the truth or fear to lose their positions if it is found that they are suffering from tuberculosis. Still others refuse because they feel the examination to be an infringement on personal liberty. In case an employe is found to be tuberculous and has a family physician, he is advised to report to him for examination and treatment. If he has no family physician he is advised to call upon the Anti-Tuberculosis League, which looks after the welfare of the patient and also of his family. It happens, at times, that a person is found working in a factory who is a menace to his fellow-workers through his careless habits, especially that of promiscuous spitting; all these are reported to the board of health for such action as it sees fit.

"Many are found whose health is below the standard for the occupation. An attempt is made to keep these employes under observation until tubercular infection can be eliminated as the cause for the lowered vitality."

### THEY'RE PREPARING FOR US.

The committee of arrangements for the next state meeting in May is actively at work, under the chairmanship of Dr. E. O. Smith. It is anticipated that at least one thousand visitors will be here on that occasion. Cincinnati is noted for its hospitality, and, with the added feature of the great new hospital which will then be open, the coming meeting should be the largest attended in Ohio for years.—Bulletin of Cincinnati Academy.

During the recent conference of charities and corrections held in Columbus steps were taken to request the executive committee to provide for a permanent section on public health. It is proposed to make the section as inclusive as possible in order to attract hospital superintendents and nurses, public health nurses, anti-tuberculosis workers and all others interested in one phase or another of the public health problems of the state. Action upon the request will be taken at an early date.



## PLAN HOME FOR NEW JUVENILE RESEARCH BUREAU; BUDGET FAILS TO PROVIDE NEEDED HOSPITAL ROOM

The new bureau of juvenile research, the aims and possibilities of which were outlined in an interesting manner in our January number by Dr. Thomas H. Haines, clinical director of the bureau, will have a permanent home in Columbus if the present plan of the State Board of Administration materializes.

It is proposed to move the state school for the deaf from its present institutional home in Columbus to some rural location, where the children can be given the benefits of fresh air and plenty of playground space. The buildings thus vacated will be turned over to the research bureau. This plan accomplishes two things: It gives the research bureau the central home for laboratory, observation and diagnostic work, which is necessary to make it of practical value, and it permits the state to erect an institution for the care and training of deaf mutes which will be far more suitable than the present institution.

The present school for the deaf has little playground space and the buildings are not suited to the housing of such an institution. The Board of Administration has been offered a free farm site in Licking county upon which it proposes to erect an institution built on the cottage plan. On the other hand, the Columbus buildings would be entirely suitable for the research bureau.

### Again Dodge Problem.

There is another matter affecting our state hospitals which should interest our readers. Unless the finance committees of the House and Senate come to the rescue, the legislature will this year continue its apparently established custom of "passing the buck" in dealing with the serious state hospital situation in Ohio. The State Board of Administration, after carefully reviewing the situation and ascertaining the exact extent of overcrowding in the institutions, made detailed requests for appropriations for additional facilities amounting to about two million dollars.

The state budget commissioner, who passes upon all departmental requests, wielded the pruning knife with great vigor. After a hurried visit to the institutions involved, he eliminated \$1,042,601 that the board declared to be necessary. Most of this was intended for dormitories for patients.

If the legislature adheres to the budget commissioner's recommendations, the present disgraceful condition in our state institutions will be continued for another two years. As outlined in our January number, the situation is serious. Hundreds of defectives who should be under institutional care are denied admittance for the reason

that almost every state hospital is crowded from cellar to garret. Proper treatment of inmates is, of course, seriously handicapped.

We sincerely trust that the legislature will be not entirely blinded by the ever-recurring cry—"economy." If they wish to be economical, we hope that this year, for a change, they will exercise their economy in some other field. The state hospitals have been made the subject of the pruning knife too often in recent years.

### LEGISLATORS APPROVE WORK OF PUBLIC HEALTH FEDERATION

#### Senator Lloyd, of Columbus, Offers His Co-operation on All Measures.

The Ohio Public Health Federation, with which the State Society is actively co-operating, is meeting with a splendid response from every section of the state. A number of the members of the House and Senate have assured the Executive Council of their warm co-operation. The following letter from Senator E. G. Lloyd, of the Columbus district, indicates the spirit which has been much in evidence:

"I have your letter relative to the organization of the Ohio Public Health Federation, and want to assure you that I am very much interested in the work that this organization has set out to do. I have been reading the press accounts of its organization and purposes.

"At the last session of the General Assembly I was very much interested in matters pertaining to the public health, especially along the lines affecting the educational phase of it. That we need a wider and broader education on the subject I learned as chairman of the Committee on Public Education. I believe there is no subject in which the state ought to take deeper interest, or in which it should be more vitally concerned than in the good health of its citizenship. In fact, good morals, intelligence, and all human activity depend upon it, for it doesn't profit us much if we have all those things and our bodies are drooping.

"Dr. King, of Ashtabula, introduced a bill relative to medical inspection in which I was very much interested, but it came to the Senate late in the session and we were unable to get it beyond the Calendar Committee. If at any time I can be of service to you in the furtherance of the lofty purpose of your organization, do not hesitate to demand it."



## NEWS NOTES

Dr. J. A. Gosling has been re-elected health officer of Tiffin.

Dr. A. D. Hobart, Toledo, was operated recently for gall stones.

Dr. Withrow, of Cincinnati, has been re-elected president of the board of education.

The Wertz hospital, of Montpelier, was burned to the ground the latter part of January.

Dr. G. B. Booth, Toledo, has resigned as chief-of-staff of the District Nurses' Association dispensary.

Dr. N. S. Storer, of Republic, was operated for appendicitis, January 20. The doctor is recovering nicely.

Dr. W. E. Edminston has been re-appointed member of the Columbus Board of Health for a term of five years.

The Cleveland Academy of Medicine has discontinued its medico-legal section, owing to the apparent lack of interest.

Dr. Little, of Cuyahoga Falls, has purchased the practice of Dr. T. W. McKelvey, of Hannibal, Monroe county, and will locate there.

Dr. R. J. Judkins of Cincinnati, has formed a partnership with Dr. J. A. Judkins, of Barnesville, for practice in the latter city.

Drs. A. Ravogli and M. L. Heidingsfeld, of Cincinnati, attended the regular meeting of the Chicago Dermatological Society, January 19.

Dr. W. E. Booher, who has been practicing in Lisbon for two years, has removed to Pittsburg, for a year's service in West Penn Hospital.

Dr. Henry Graefe has been re-elected city health officer of Sandusky. He consented to serve until a successor might be appointed.

Dr. J. C. M. Floyd, of Steubenville, delivered a lecture on "Preventive Medicine" before the Presbyterian Brotherhood of East Palestine, on January 20.

Dr. L. B. Zintsmaster, of Massillon, has returned from post-graduate work in Rochester, Minnesota, and Chicago, in surgery and diseases of the ear, nose and throat.

The Muskingum County Academy of Medicine has elected the following officers for 1915: President, E. M. Brown; vice president, L. F. Long; secretary-treasurer, Edmund R. Brush.

Dr. M. J. Longworth, of St. Marys, has completed a post-graduate course at New York Lying-In Hospital, and has located in Lima, where he will limit his practice to gynecology and obstetrics.

Dr. C. O. Probst has been re-elected medical director, Dr. J. E. Brown, laryngologist, and Dr. E. A. Harper, examining physician, for the Columbus Society for the Prevention of Tuberculosis.

Dr. E. M. Craig, of Norwood, was seriously injured early in January when his automobile was struck by a C. L. & N. train and completely wrecked. One rib was fractured and a severe shock sustained.

Dr. T. H. Haines, director of the new State Bureau of Juvenile Research, addressed the American Psychological Association at their recent annual meeting in Philadelphia, on "The Point Scale Reading of Delinquents."

At the annual meeting of the "Deutsche Gesellschaft für Geschichte der Medizin und Naturwissenschaften," which was held at Leipzig in December, an associate fellowship was conferred upon Dr. Otto Juettner, of Cincinnati.

Dr. Philip Coulter was appointed assistant receiving physician of the Cincinnati General Hospital. Dr. Ellis R. Bader, who was assistant to Dr. C. J. McDevitt, resigned to enter the Public Health Service, is acting receiving physician.

Dr. G. E. Robbins, of Chillicothe, president of the Ohio Society for the Prevention of Tuberculosis, delivered a lecture on public health at the First Methodist Church, Xenia, on Sunday, January 10. He spoke under the auspices of the Associated Charities.

The Ohio Veterinary Medical Association, which held its annual meeting in Columbus in January, elected the following officers: Dr. F. F. Sheets, Van Wert, president; Dr. F. A. Lambert, Columbus, secretary; and Dr. David S. White, Columbus, treasurer.

Columbus General Practitioners Medical Society held its tenth annual banquet January 13. After-dinner addresses were made by Drs. J. S. Carleton, C. H. Wells, A. B. Davenport, C. W. McGavran, R. R. Kahle, E. G. Horton, A. S. Barnes, and Mrs. Euans, wife of Dr. E. W. Euans. Dr. C. H. Wells was elected president to succeed Dr. J. S. Carleton.

## START MOVEMENT TO URGE GOVERNOR WILLIS TO PLACE A PHYSICIAN ON INDUSTRIAL COMMISSION

Late in January a movement was started to urge upon Governor Willis the appointment of a physician as a member of the Industrial Commission of Ohio, which is in charge of the administration of the workmen's compensation act.

On February 1, the Columbus Academy of Medicine passed the following resolution:

"To His Excellency, Frank B. Willis, Governor of Ohio:

"Whereas, The administration of the Workmen's Compensation Law involves problems essentially medical in relation to the character, duration and extent of injuries of employees; and

"Whereas, The contemplated extension of the benefits of the law to occupational diseases will still further increase the complexity and variety of such problems; be it

"Resolved, That the Columbus Academy of Medicine respectfully draws your attention to the above facts and urges Your Excellency, for the better fulfillment of the purposes of the law, and in the interests alike of the injured employees and of the employers, to appoint to the first vacancy on the Commission a physician of experience and training in industrial medical service."

### Get Busy, County Societies!

The Journal believes that this is a matter of utmost importance to the medical profession of Ohio, and that a similar resolution should be adopted by every medical society in the state and forwarded immediately to the Governor.

President Upham, on January 27, sent a written request to this effect to the president of every county society, and the response to date has been very pleasing. In his letter Dr. Upham stated he believes that if complete co-operation of the medical men throughout Ohio is secured, the Governor will appoint a physician to this Commission. Within the next two or three months there will be a vacancy on the board. In his letter the President says:

"I am satisfied that the administration of the act will never be satisfactory to medical men until a surgeon is appointed to this board. I am further satisfied that such an appointment would be a splendid thing for the state. A medical man, having accurate knowledge of the injuries which come before the Commission for review, could better estimate the extent of the workman's disability. In this way the interests of the employer and employee would likewise be conserved.

"I suggest that at the next meeting of your county society you present a similar resolution for

adoption and in the event of its passage, copies of same be sent to Governor Willis. I further suggest that you and members of your society immediately write Governor Willis, endorsing such a plan. Appointment to the Commission may be made at any time within the next three months so it is essential that we act **at once**.

"All who are familiar with the needs of the situation agree that this is a most important matter and I trust that you will give it your immediate attention. If your society does not meet for some time, I would suggest that you call a meeting for this purpose."

### Plan is Approved.

Before proceeding with this matter, Dr. Upham consulted with Dr. McClellan, chairman of the Legislative Committee of the State Society, and Dr. C. F. Bowen, of Columbus, chairman of the State Society's special committee on workmen's compensation, which during the past year has made a thorough review of the Ohio problem. Both were heartily in favor of the State Society making a united effort to bring about the appointment of a physician. Dr. Upham further brought the matter to the attention of the state societies of the homeopathic and eclectic physicians, and they likewise favored the plan.

Those who have closely followed the development of the administration of the Ohio Act are satisfied that **a medical member of the Commission is absolutely necessary**. As a result of a united protest by our State Society, several administrative changes have been brought about which have made the act more acceptable to the hundreds of physicians whose practice is affected by it, but it is still admitted that the administration of the law could be materially improved.

The act chiefly affects three groups of persons—the employer of labor, the employee, and the medical men who attend the injured workmen. On the Commission at present, Mr. Yapple is recognized as the representative of the employer; Mr. T. J. Duffy as a representative of the employee. The retiring member is Prof. M. B. Hammond, of Ohio State University, a political economist. Inasmuch as the employer and employee are represented on the Commission, **why not appoint a physician as a third member and thereby give representation to the third group which is vitally affected?**

Under the present plan of the administration, the important feature of medical attention is subordinated. A medical department has been created under the direction of a chief medical examiner whose duty it is to approve or disapprove the claims submitted for medical attention and to

pass upon the disabling character of the injury. Those who are familiar with the situation are convinced that this is all right, as far as it goes, but that the services of a physician on the Commission would aid materially in solving the perplexing problems which confront this body. As Dr. Upham points out, this need will increase when the scope of the act is extended to include compensation for disability caused by occupational diseases.

If the medical men of Ohio favor this movement, they must "get busy" immediately. The appointment to membership on the Industrial Commis-

sion is being sought by a large number of politicians. They will urge their claims in every possible manner. To counteract this, the profession throughout the state should express its united desire that a physician be appointed, and should see that Governor Willis is fully informed as to the demand for this.

The Journal hopes that every county society will immediately act upon this matter. The Journal hopes further that every member of the State Society will take an interest in this question and will address a personal letter to the Governor urging the appointment of a medical man.

## ACTIVITIES OF OHIO CITIES IN PUBLIC HEALTH WORK HOW ABOUT YOUR CITY?

Dr. W. P. Kyle has been appointed health officer at London, succeeding Dr. H. J. Sharp.

Toledo Board of Health on February 1 placed in the field three public health nurses to look after baby welfare work.

A public health nurse employed by the recently organized association, took up her duties in Mansfield on January 11.

Dr. A. J. Dell, after five years service on the Middletown Board of Health, has been unanimously re-appointed by the city commission.

The advisability of installing a system of medical and dental supervision in the public schools of Sandusky is being given serious consideration.

Welfare Director Garland, of Dayton, hopes to secure a portion of the Chicago public health exhibit to include in the new municipal exhibit which his city is building.

R. G. Paterson, Ph. D., of the Division of Tuberculosis, Ohio State Board of Health, addressed a public meeting in Salem on January 19, at which time a public health league was formed.

Cleveland's death rate in 1914 was 12.71 per thousand population as against 14.14 in 1913—a record which the Cleveland Department of Health may point to with pride.

A paper by Dr. F. M. Marshall, read before the Coshocton County Medical Society in January, entitled "What Can Be Done to Better Health

Conditions," was printed in full in Coshocton newspapers.

Private dental colleges are severely arraigned in the annual report of the State Board of Dental Examiners, filed with the Governor in January. Many of them are declared to be menaces to public health in that they turn out poorly prepared practitioners.

The Industrial Commission of Ohio held its first annual industrial safety exposition at Columbus, January 13, 14, 15 and 16. Methods and devices for accident prevention, fire prevention and sanitation were featured.

Dr. Don B. Lowe, of the Cleveland Department of Health, was called to Wooster during January to take charge of the campaign to control the epidemic of smallpox and scarlet fever, which had assumed serious proportions.

Dr. Martin Friedrich, chief of the bureau of communicable diseases, Cleveland department of health, in a recent report to Commissioner Ford urged the early completion of the new water filtration plant, upon the grounds that the close of the European War will drive to this country thousands of foreigners who will bring with them the communicable diseases of Europe and Asia. Dr. Friedrich advised a renewed campaign against rats to combat possible bubonic plague invasion from this source.

### OHIOANS CONTRIBUTE TO THE BELGIAN PHYSICIANS FUND

We are glad to note that the names of several Ohio physicians appear in the list of contributors to the fund being raised to aid the Belgian physicians. Due to the war, 1,000 doctors are poverty stricken and from 2,000 to 3,500 have been seriously affected. The Cincinnati Academy of Medicine is credited with a donation of \$100 and the Marion County Medical Society with \$25. Contributions should be directed to Dr. F. F. Simpson, Jenkins Arcade Bldg., Pittsburgh.



## "BIG PROFITS! EASY TO MASTER!" IS LURE HELD OUT BY MECHANO-THERAPY CORRESPONDENCE SCHOOLS

A member of the State Society residing in northern Ohio, recently wrote the American College of Mechano-Therapy, 81 West Randolph street, Chicago, applying for information relative to their widely advertised course. As he used an assumed name, he was regarded as a prospect and received the usual form letters in which the college luridly exploits the benefits of mechano-therapy as a money-making profession.

On December 18, W. L. DeBoy, M. D., dean, sent a three-page letter acknowledging the receipt of the inquiry and telling the doctor how he could "with a small amount of effort, master this noble, dignified and immensely profitable profession of drugless healing." Throughout the three pages, the term "immensely profitable" is chiefly emphasized. Dr. LeBoy in outlining the qualifications for practicing mechano-therapy, says: "All that is necessary is that you have a common school education and ambition, and of the two, the latter is the far more important."

LeBoy cleverly makes use of the recent report by the A. M. A. showing there were fewer medical schools in the United States in 1913 than in 1912, pointing out that the "short crop of medics" makes mechano-therapy a big money-making profession.

On December 23, the college writes that it feels hurt that the previous communication failed to "land" and fears that the prospect confuses mechano-therapy with chiropractic. This letter is chiefly devoted to criticising chiropractic. Fine thing. Let them fight!

On January 7 the third letter arrived, pointing out that: "People are spending millions upon millions of dollars every year for just one thing—health." Why, just look at the drug stores and doctors in every town and village in the land," etc., etc. To meet this condition and get a share of the money, the college says: "Just a little of your spare time is all that is required in order to become a master of this science of drugless healing." It intimates that \$25.00 a day is the usual income for a beginner.

On January 18, the follow up plan was still working. Here are choice bits from this interesting epistle:

"With a knowledge of mechano-therapy, you would have at your command a healing power which should very quickly make you rich and independent . . . and it should be only a short time before people would begin flocking to your office in ever increasing numbers and keep you busy from morning until night. . . . Incomes ranging from three to six and eight thousand a

year are the most ordinary things in the world. . . . I am positive you can readily master mechano-therapy and make a grand financial success of it."

The doctor who received this interesting correspondence, who is a specialist in one of the larger cities of the state, writes: "I am impressed with the fact that I am in the wrong game." He adds an account of a recent incident which gives an interesting side light to the activities of these poorly prepared cults:

"A few days ago a physician who is doing G. U. work sent me an eye patient. A few days later in conversation with this physician regarding this patient he told me the patient had lues, the infection involving the rectum and cervix uteri, and that the patient had been treated by a drugless healer—he believed a mechano-therapist—for hemorrhoids and erosion of the cervix. The patient did not know that she was infected with lues, and that the rectal and other trouble was due to this. The doctor believes the drugless healer knew nothing about the cause of the trouble he was dealing with. He also states that when he first saw the case he was suspicious, and made some microscopical slides, and found spirochaete in them, which to him was proof positive of the condition. I believe this again emphasizes the importance of requiring in those who seek to practice the healing art the ability to make a diagnosis."

So does The Journal.

### NORTHERN TRI-STATE SOCIETY HOLDS INTERESTING MEETING

The forty-first semi-annual meeting of the Northern Tri-State Medical Association was held in Elkhart, Indiana, on Tuesday, January 12. Dr. James A. Duncan, of Toledo, the president, presided at the sessions. Papers were presented as follows:

1. Clinic on "Skin Diseases," Frederick G. Harris, Chicago; 2. "The Premature Infant," H. J. Morgan, Toledo; 3. "Efficient Tonsil Work, and the Need of having it done by Efficient Men," K. K. Wheelock, Fort Wayne; 4. "Perpetual Irregularity of the Heart," (Auricular Fibrillation) Lantern slide demonstration, Walter J. Wilson, Jr., Detroit; 5. "Frequency, Importance and Early Diagnosis of Tuberculosis in Children," A. C. Kimberlin, Indianapolis; 6. "The Special Dangers Attending Surgical Operations upon Children, C. G. Darling, Ann Arbor; 7. "Treatment of Pneumonia, with Special Reference to the Aged," Robert B. Preble, Chicago; 8. "Some Special Features of the Health Movement," Charles A. L. Reed, Cincinnati.

# Public Policy and Legislation Committee

General Offices: 25 Ruggery Building, East Gay St., Columbus, Ohio

## Members of State Committee

Ben R. McClellan, M. D., Chairman.....Xenia  
J. A. Thompson, M. D.....Cincinnati  
R. H. Bishop, Jr., M. D.....Cleveland  
J. H. J. Upham, M. D.....Columbus  
C. D. Selby, M. D.....Toledo  
William E. Lower, M. D.....Cleveland

## Public Health Federation

This Committee co-operates with the Ohio Public Health Federation in dealing with General Legislative matters. Its delegated representative on the executive board of the Federation is Dr. Upham.

Secretary: George V. Sheridan, Columbus, Ohio

## The State Auxillary Committee on Legislation

### FIRST DISTRICT

Adams.....Samuel J. Ellison, West Union  
Brown.....Albert W. Francis, Ripley  
Butler.....W. E. Griffith, Hamilton  
Clermont.....F. A. Ireton, Newtonsville  
Clinton.....E. C. Briggs, Wilmington  
Fayette.....R. M. Hughey, Washington C. H.  
Hamilton.....J. A. Thompson, Cincinnati  
Highland.....J. C. Larkin, Hillsboro  
Warren.....Mary L. Cook, Waynesville

### SECOND DISTRICT

Champaign.....D. C. Houser, Urbana  
Clark.....J. R. McDowell, Springfield  
Darke.....J. E. Hunter, Greenville  
Greene.....D. E. Spahr, Xenia  
Logan.....A. J. McCracken, Bellefontaine  
Miami.....R. D. Spencer, Piqua  
Montgomery...Webster Smith, Dayton (2706 E. 3d St.)  
Preble.....J. W. Coombs, Camden  
Shelby.....Arthur Silver, Sidney

### THIRD DISTRICT

Allen.....Edgar J. Curtis, Lima  
Auglaize.....C. C. Berlin, Wapakoneta  
Hancock.....Nelia B. Kennedy, Findlay  
Hardin.....Frank D. Bain, Kenton  
Marion.....Carl W. Sawyer, Marion  
Mercer.....D. H. Richardson, Celina  
Seneca.....E. H. Porter, Tiffin  
Van Wert.....R. J. Morgan, Van Wert  
Wyandot.....J. Craig, Bowman, Upper Sandusky

### FOURTH DISTRICT

Defiance.....J. B. Ury, Defiance  
Fulton.....William H. Maddox, Wauseon  
Henry.....Charles Mowery, Napoleon  
Lucas.....James A. Duncan  
Ottawa.....S. T. Dromgold, Elmore  
Paulding.....L. R. Fast, Paulding  
Putnam.....Frank Light, Ottawa  
Sandusky.....E. N. Ickes, Fremont  
Williams.....J. A. Weitz, Montpelier  
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### FIFTH DISTRICT

Ashtabula.....W. S. King, Ashtabula  
Cuyahoga.....J. E. Tuckerman, Cleveland  
Erie.....H. D. Peterson, Sandusky  
Geauga.....Isa Teed-Cramton, Burton  
Huron.....Sherman E. Simmons, Norwalk  
Lake.....C. F. House, Painesville  
Lorain.....E. V. Hug, Lorain  
Medina.....R. G. Strong, Medina  
Trumbull.....Charles Thomas, Warren

### SIXTH DISTRICT

Ashland.....W. M. McClellan, Ashland  
Holmes.....Lister Pomerene, Millersburg  
Mahoning.....Sidney M. McCurdy, Youngstown  
Portage.....G. J. Waggoner, Ravenna  
Richland.....Charles G. Brown  
Stark.....C. A. LaMont, Canton  
Summit.....R. H. McKay, Akron  
Wayne.....George W. Ryall, Wooster

### SEVENTH DISTRICT

Belmont.....J. S. McClellan, Bellaire  
Carroll.....James Hathaway, Carrollton  
Columbiana.....W. E. Morris, Lisbon  
Coshocton.....J. D. Lower, Coshocton  
Harrison.....S. P. McGavran, Cadiz  
Jefferson.....J. C. M. Floyd, Steubenville  
Monroe.....J. R. Parry, Woodsfield  
Tuscarawas...J. A. McCollam, Uhrichsville

### EIGHTH DISTRICT

Athens.....Charles McDougal, Athens  
Fairfield.....H. M. Hazelton, Lancaster  
Guernsey.....A. B. Headley, Cambridge  
Licking.....Harry Hunt, Newark  
Morgan.....C. E. Northrup, McConnelsville  
Muskingum....H. T. Sutton, Zanesville  
Noble.....F. R. Dew, Belle Valley  
Perry.....Neil McTeague, New Lexington  
Washington....

### NINTH DISTRICT

Gallia.....Charles E. Holzer, Gallipolis  
Jackson.....J. E. Sylvester, Wellston  
Lawrence.....W. F. Marting, Ironton  
Meigs.....Byron Bing, Pomeroy  
Hocking.....J. S. Cherington, Logan  
Pike.....John L. Caldwell, Waverly  
Scioto.....George W. Mytinger, Portsmouth  
Vinton.....W. T. Cherry, McArthur

### TENTH DISTRICT

Crawford.....Charles S. Ulmer, Bucyrus  
Delaware.....George W. Morehouse, Delaware  
Franklin.....F. F. Lawrence, Columbus  
Madison.....W. H. Christopher, London  
Morrow.....J. H. Jackson, Edison  
Ross.....G. E. Robbins, Chillicothe  
Union.....C. D. Mills, Marysville  
Pickaway.....D. V. Courtright, Circleville

## NOTES ON LEGISLATION AFFECTING MEDICAL PRACTICE AND PUBLIC HEALTH, NOW PENDING AT COLUMBUS

The General Assembly is under way in earnest, with numerous bills already in the Senate and House affecting public health and medical practice. More are to be introduced.

In the following pages The Journal has endeavored to give its readers a fair idea of the pending legislation, so that they may intelligently cooperate in a program.

Attention is called especially to the two Christian Science bills and to the Chiropractors' long-heralded measure—which are being urged by a strong lobby.

On the other hand, bills which should be passed are Dr. Hoy's measure (H. B. 142) regulating quacks, Dr. Deaton's measure to transfer the bureau of vital statistics to the state board of health, Mr. Morris' tuberculosis hospital bill, and Mr. Oberlin's measure extending state hospital care to alcoholics and drug habitues.

When these pages were closed (February 9) the bill creating registration for nurses had not been entered, although drafted. The optometrists had not presented their annual measure, but will at an early date.

Look over the bills listed this month. Some demand careful scrutiny.

Herewith we print the names of the members of the committees in the House and Senate, which pass upon legislation affecting public health, medical education, and medical practice. It is very important that the members of these various committees be thoroughly informed as to the need of proper educational requirements for practice and of the importance of supporting public measures.

If you are personally acquainted with any of these members, make it your business to present to him the propositions in which the profession is interested. It is important that every representative and every senator be made familiar with these subjects. It is doubly important that the members of these committees be thoroughly informed.

### HOUSE OF REPRESENTATIVES.

**Committee on Public Health:**—C. F. Harding, Chairman, Hamilton county; Dr. Wm. P. Ellis, Geauga, O. N. Palmer, Henry, A. L. Stevens, Guernsey, Dr. Van S. Deaton, Miami, Adam Oberlin, Stark, E. N. Whitacre, Columbiana, W. E. Danford, Noble, John P. Baker, Muskingum, Dr. R. B.

Cameron, Defiance, G. J. C. Wintermute, Mercer, Dr. D. M. Criswell, Coshocton, Wm. H. Hasselman, Cuyahoga.

**Committee on Universities, Colleges and Normal Schools:**—Dr. W. S. Hoy, Chairman, Jackson county; Chas. A. White, Columbiana, A. O. Fleming, Mahoning, O. J. Thatcher, Clinton, I. Frank Williams, Lawrence, Milton Clark, Warren, Albert M. Kraft, Hardin, David Liggitt, Logan, Geo. M. Morris, Fairfield, John H. Brown, Cuyahoga, Herbert B. Briggs, Cuyahoga, John E. Bragg, Erie, Frank A. Hunter, Franklin.

### OHIO SENATE.

**Medical Colleges and Societies.**—Dr. J. V. Winans, of Madison, Chairman, 24-26 District; Dr. E. E. Vorheis, of Cambridge, 18-19; Dr. Chas. F. Bauer, Cincinnati, 1; D. L. Sutter, Cleveland, 25; Otto E. Vollenweider, McArthur, 8; Edwin J. Lynch, Toledo, 34; and John E. Holden, Morrow, 2-4.

**Committee on Public Health:**—Dr. Chas. T. Gallagher, of Mt. Sterling, Chairman, 11 District; Jesse B. Mallow, Frankfort, 5-6; Dr. W. D. Tremper, Portsmouth, 7; Dr. J. V. Winans, Madison, 24-26; William Behne, Bryan, 32, and Erastus G. Lloyd, Columbus, 10.

## HOUSE BILLS

**Editorial Note.**—So that our readers may be informed as to proposed laws pending in the present General Assembly at Columbus we will endeavor in this column to print the title of the bill, a brief resume of its provisions, and the name of the special committee considering it. This list will be constantly revised to show the progress of each measure through the House and Senate, together with committee action and votes.

If you want a copy of any particular bill write your representative or senator.

We will endeavor to note all bills affecting medical practice and public health, favorably or otherwise.

**Bills marked with one star (\*) have been approved by the Ohio Public Health Federation; those indicated by two stars (\*\*) have been disapproved.**

\* **House Bill No. 64**, by Dr. Deaton, of Alcony, Provides for the transfer of the bureau of vital statistics from the supervision of the Secretary of State to the State Board of Health. Ref. Com. on Pub. Health.

This bill is in line with the recommendations of the American Public Health Association, the American Medical Association, and the United States Census Bureau. The transfer of this department was recently recommended by Dr.



Chapin, representing the A. M. A. See statement under "State Board of Health Notes."

**House Bill No. 132**, by Mr. Platt, of Ashtabula. Transfers to the state board of pharmacy the enforcement of the state laws governing sale of narcotics, and all other pharmacy laws which have been lodged in the past with the Agricultural Commission. Also places with board of pharmacy the enforcement of the laws governing the sale of poisons. Referred to Committee of Agriculture.

The administration of the narcotic laws under the Agricultural Commission has never been satisfactory to physicians. It is believed that these laws can better be administered by the Board of Pharmacy.

**\* House Bill No. 142**, by Dr. Hoy, of Wellston. Amends and supplements 1275 General Code (Medical practice Act) by defining "grossly unprofessional or dishonest conduct" as grounds for the revocation of the certificate of a licensed practitioner of medicine; prohibits the employment of solicitors to secure patients, the collection of fees on the assurance that an incurable disease can be cured, extravagant advertising by licensed physicians, connection with illegal practitioners, or with any "company" which treats the sick ("United Doctors," etc.); or the making of any agreement unknown to the patient to divide fees. It provides that certificates may be suspended as well as revoked and gives state medical board power to compel the attendance of witnesses. Ref. Pub. Health.

This bill was introduced at the last General Assembly and its probable passage was then held up by the flood which disrupted the session. At that time it was approved by the three state medical societies, inasmuch as it materially strengthens the medical practice act and improves the machinery whereby the state medical board may, through revocation or suspension, relieve the profession of legal practitioners who are a disgrace to it.

The passage of this bill should be strongly urged upon each legislator. The point should be made that it affects only licensed practitioners and is not designed to affect illegal quacks. Persons desiring copies of this bill should write Dr. Hoy, care General Assembly, or Dr. Matson, care of the State Medical Board.

Further statement on this bill under "State Medical Board News," this issue.

**\* House Bill No. 154**, by Mr. Morris, of Lancaster. Permits the state board of health, with approval of the board of administration, to regulate admission and discharge of patients in Mt. Vernon Tuberculosis Sanitarium; abolishes the arbitrary fee of \$5.00 per week and gives the state board of charities authority to fix the compensation by patients, and to admit without compensation in certain instances; eliminates the official county medical examiners and permits admittance of patients after examination by any licensed practitioner. Referred to Public Health Committee.

The following argument in favor of this proposed law was prepared by R. G. Paterson, direc-

tor of the division of tuberculosis, State Board of Health. Copies of the proposed bill may be secured from Dr. Paterson.

"The reasons these changes are sought are: (1) That under the present law a patient may be in the institution improving steadily when his funds become exhausted. The superintendent has no recourse other than to discharge the patient; (2) that under the present law no provision is made to follow up discharged patients, after they have been treated at the institution, to find out the results of the treatment—in other words, a patient may be discharged as arrested, return to the same environment from which he came, and relapse within a short time; (3) that under present conditions, no attempt is being made to standardize the hospital work for tuberculous patients, and it is planned to organize a bureau of admissions and discharges in the State Department of Health to unify this work in state, county and district hospitals for tuberculosis; (4) that the superintendent should not be placed in the position of collecting money of patients—his interest is in the physical condition of the patient; (5) that any physician licensed by the State of Ohio should be considered competent to make application for admission of patients. The check upon admitting unsuitable cases will be operative at the institution in the superintendent's decision and in the month's probation that all patients now undergo.

"This bill has received close attention from the Ohio Board of Administration, Ohio State Board of Health, Ohio Board of State Charities, Ohio Society for the Prevention of Tuberculosis, and the Ohio Public Health Federation, and is endorsed and heartily supported by these bodies."

**\* \* House Bill No. 177**, by Mr. Terrell of Cuyahoga county. Amends Section 1288 (Medical Practice Act) to exempt the practice of Christian Science for the cure or prevention of diseases "by those duly authorized by the church to engage in such practice," from the operation of the medical practice act. Referred to Committee on "Codes and Court Procedure."

This bill is a cleverly drawn amendment to the osteopathic amendment under the medical practice act, which would entirely "let down the bars" and would permit practically unlimited practice by any Christian Scientist. A similar amendment (Senate Bill No. 58) was introduced in the Senate on the same day. An active lobby at Columbus is urging the passage of these bills.

**\* \* House Bill No. 220**, by Mr. Platt, of Ashtabula, authorizing the practice of chiropractic, defining same and creating a state board of examination and licensure; provides for the examination and licensing of chiropractors and offers to them practically unlimited opportunity to practice their calling in Ohio.

**Every physician should work to defeat this bill.** The chiropractic organization has been working on it several months and it is being urged by a well organized lobby.

Section 1 defines chiropractic as "that mode or method or system of detecting and the art of adjusting solely with the hands subluxed vertebrae and vertebral tissues so as to relieve pressure upon the spinal nerves."

Section 2 exempts chiropractors from the operation of the medical practice act. Sections 3, 4 and 5, establish a board of licensure of three chiropractors, who have "practiced" two years, to serve one, two and three years—to be appointed by the governor—to meet in January and June for examination of applicants, etc.

Section 6 sets preliminary requirements at High School education, or its equivalent. Section 7 and 8 are devoted to high-sounding "bunk" about revoking certificates.

Section 9 contains a pretty "sleeper." It admits to practice, without examination, all who have "practiced" in Ohio six months preceding the passage. Under this clause every person who applies will be a self-confessed law-breaker.

Section 11 requires applicants to be 21 years of age and graduates of a legally chartered institution maintaining faculty of not less than five, and providing a course of study of three years.

Section 12 provides board shall grant applicant an examination "as a test of competency to practice Chiropractic," in the following subjects: anatomy, physiology, pathology, symptomatology, histology, hygiene, physical diagnosis, nerve tracing, principles of chiropractic and arts of adjusting," in addition to such examination said applicant shall give satisfactory evidence of his good moral character and reputation; proof of his educational requirements as provided in section 6 of this Act; experience in matters pertaining to a knowledge of, and care for, the sick, and such other requirements deemed by said board to be necessary for such applicant's qualification to practice chiropractic as defined in this Act. Reciprocity is also provided.

Section 13 grants them use of the title "Doctor of Chiropractic," and to resort to minor surgery.

Section 14, 15 and 16 relate to unimportant details.

Section 17 permits chiropractics to sign death certificates, and make all reports required of physicians.

Section 18 provides fines of \$50.00 for violations, with jail for second violation.

The remaining sections are not regarded as important.

**House Bill No. 231**, by Mr. Powell, requiring approval by State Board of Health of plans for treatment of disposal of manufacturing wastes which might contaminate streams.

**\* \* House Bill No. 244**, by Nieding, of Lorain, to "create a department of health and medical registration," displacing present separate boards.

This is a "spite bill" aimed at the board of

health for its activity in attempting to secure control of the bureau of vital statistics. It does not need serious consideration, unless it should unexpectedly find support outside of ranks of the more ardent partisans.

**House Bill No. 249**, by Mr. Cowan, of Putnam, requiring the filing of additional information regarding persons committed to state institutions.

**\* House Bill No. 250**, by Mr. Oberlin, of Stark, supplements Section 1983 by the enactment of additional sections providing for the commitment of inebriates, dipsomaniacs, or persons addicted to the habitual use of drugs to state institutions.

This bill was drafted by Dr. H. C. Eyman, superintendent of the Massillon State Hospital, and permits a judge of the Probate Court to commit to a hospital for the insane (located in the district in which the person resides) any person who is addicted, or subject to dipsomania or inebriety, or the habitual use of cocaine, morphine, or allied drugs. A person so committed shall be retained at the hospital three months for the first commitment and on second commitment, for a period of six months; subsequent commitments may be made for periods not exceeding twelve months.

The bill provides that the usual conditions surrounding the commitment of the insane shall be extended to this class of patients. The term "dipsomania" or "inebriate" is defined to include "all persons who through the repeated and continued indulgence of alcoholic beverages have so lost all power of self-control that they are unable to resist the cravings for such alcoholic beverages; all persons who use alcoholic liquors to such an extent and in such quantities as to habitually and frequently be brought into a state of intoxication."

An additional section provides for voluntary commitment by this class of patients. The need of a bill of this sort has been felt for many years. The managing officers of state institutions have been admitting these without warrant of law.

## SENATE BILLS

**Senate Bill No. 9**, by Mr. Carson, of Zanesville. Amends and seriously cripples Section 1254 of the General Code, known as the Bense Act, which gives the state board of health power to force municipalities to install water purification machinery, by providing that in cities and villages where electors by initiative or referendum determine upon means of improving water supplies, the orders of the board shall be inoperative. Referred to Public Health Committee. Opposed by state board of health.

This measure was drafted as a result of a local disagreement over the water supply for Zanesville. In order to circumvent the ruling of the state board in a local case, Mr. Carson seeks to



destroy an act which is admittedly beneficial. The measure should be defeated.

**Senate Bill No. 39**, by Mr. Holden, of Morrow. Provides examination and registration for barbers; provides revocation for barbers having or imparting any contagious or infectious disease; provides registration board which prescribes for all barber shops sanitary regulations, to be approved by the state board of health, and that such regulations shall be printed and conspicuously displayed in all barber shops; provides that no barber "shall serve a person afflicted with erysipelas, eczema, impetigo, sycosis, tuberculosis, or any other contagious or infectious disease."

\* **Senate Bill No. 54**, by Mr. Mooney, of Cleveland, raises preliminary educational requirements in registration of pharmacists, requiring attendance at an approved school. Referred to Committee on Medical Colleges.

A splendid measure designed to raise pharmaceutical standards.

\* \* **Senate Bill No. 58**, by Mr. Mooney, of Cleveland, permits practice of Christian Science—similar to bill introduced into the House by Mr. Terrell (H. B. No. 177). Referred to Committee on Public Health.

#### **PUBLIC HEALTH WORKERS DEAL WITH TOLEDO'S NEEDS**

##### **National, State and Local Officials Consider City's Problems.**

Federal, state and local authorities addressed a health conference in Toledo, February 1. Surgeon Carroll Fox, of the U. S. Public Health Service, pointed out the need, generally speaking, of a full-time health officer. Economy as usually evidenced in the administration of health affairs is the grossest kind of extravagance. Dr. E. F. McCampbell, secretary and executive officer of the state board of health, said Toledo's death rate of 15.45 was too high. The board of health has sufficient power. It needs more administration and financial support. The per capita expenditure is too small. Dr. P. E. Bethards, acting health officer, felt that the health authorities had been misjudged and wronged, and have not been given the opportunity to do effective work. Miss Grace Frost and Mrs. J. R. Cowell, of the District Nursing Association, spoke of the relation of their work to the public health movement. Miss Cron, superintendent of the Thelians, plead for health department supervision of the work of preventing tuberculosis. This conference was called by the committee on public health and sanitation of the Toledo Commerce Club. Dr. C. D. Selby acted as chairman.

#### **N. C. R. PICTURES AT CHILlicothe.**

Through the efforts of the Ross County Academy of Medicine the N. C. R. Co., of Dayton, presented an illustrated lecture on venereal diseases to a

large Chillicothe audience Friday evening, January 29. Mr. F. O. Clements delivered the explanation of the pictures in a most pleasing and instructive manner, and the young men of the city received their first and most impressive lesson of the dangers of these diseases. The moving pictures showing the spirochete in all its activity were wonderful, and such a lecture cannot fail of doing good.

#### **SPLENDID NEW HOSPITAL AT LIMA IS ABOUT COMPLETE**

##### **Institution, Said to be One of the Finest in the World, Will Shelter 1200 Insane Patients.**

Lima State Hospital, which was authorized by an act of the General Assembly in 1906 and which is now about ready to receive patients, is declared to be one of the most elaborate and complete benevolent-penal institutions in the world.

The hospital is located on a tract of 616 acres, three miles north of Lima. It is built on the pavilion plan, with a main corridor connecting the ten separate pavilions. This plan was decided upon by the hospital commission after visiting the larger hospitals for the criminal insane.

Dr. Charles H. Clark, the superintendent of the institution, has arranged its administration that that it may be divided into twenty-two separate departments. This will enable the staff to carefully classify the patients admitted so that the vicious may be separated from those of good behavior, the noisy from the quiet, the infected from the healthy. Two or three of the departments will be devoted to providing light employment for certain classes of the patients. Each department is an independent unit with individual exercise courts. The infirmary is likewise an independent department.

Every facility is offered for the treatment of the insane along the most modern lines. Unusual arrangements are offered for exercise and outdoor sport. To give the patients the largest measure of outdoor space, a tract of ten acres surrounded by a deep mote, has been laid out adjacent to the institution.

Hydrotherapeutic apparatus of modern character has been installed.

The law provides that the Lima hospital shall care for the criminal insane, but it is believed that this will be amended to permit the transfer of other insane patients from the various institutions which are now so greatly over-crowded. The eventual capacity at Lima will be about 1200.

Credit for the successful completion of the great institution, which has cost the state about two million dollars, is given to the special hospital commission which was originally appointed by Governor Pattison. Dr. Wm. Neville, of Lima, and Dr. Joseph A. Hall, of Cincinnati, are members of this commission. Dr. John E. Russell, of Mt. Vernon, was a member prior to his death.



## ROLL OF HONOR OF THE ONE HUNDRED PER CENT CLUB

of the Ohio State Medical Association.

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The following county societies have qualified for membership in the One Hundred Per Cent Club by placing in good standing for 1915 as many members as the society had in good standing at the close of 1914.

Membership in the One Hundred Per Cent Club will close March 5, 1915, when the records of the Secretary-Treasurer will be consulted. The president, secretary and treasurer of every society which has qualified by exceeding its 1914 record by that date, automatically becomes a member. Recognizing that others outside the officers are very active in membership boosting, the membership will be extended, in addition, to any member of the society who has been officially designated as an active hustler.

All One Hundred Per Cent men (and women) will be invited to the complimentary luncheon which will be given in their honor in Cincinnati during the State Meeting in May.

These County Societies have qualified:

1. PAULDING
2. GALLIA
3. HARDIN
4. PIKE
5. MORGAN
6. MUSKINGUM
7. VINTON

## BUREAU OF PROMOTION INAUGURATES NEW PLAN

### Will Inform County Secretaries of New Men Moving Into Their County.

The Bureau of Promotion of the State Society this month inaugurated a new service by which it hopes to keep secretaries of county societies in touch with new men moving into their respective counties. Printed blanks have been prepared for this purpose. When a physician moves from one county to another and the information is received either at the office of The Journal, of the Secretary-Treasurer, or of the State Medical Board, a notice of the change will be furnished by the Bureau to the secretary of the county society in which the physician intends to locate.

This is done to give the local secretary an opportunity to look up the new comer and ascertain if he is a desirable candidate for membership in the county society. To assist this service, we request that secretaries of societies notify The Journal promptly when members leave their counties for practice in another section of the state.

## OHIO STATE CLINICAL SOCIETY IN CINCINNATI MAY 3 AND 4

The Ohio State Clinical Society will meet in Cincinnati, May 3 and 4 of this year. Clinics will be held at the new City Hospital, and at several private hospitals. This is a very opportune time as the Ohio State Society is to meet in Cincinnati on May 4, 5, and 6.

The headquarters for the Clinical Society will be at the Gibson House, where all members are requested to register as soon as possible, and obtain program. The new City Hospital will be officially opened on February 20, so the members will have an opportunity to inspect one of the finest up-to-date hospitals in the world.

## HEMPSTEAD ACADEMY, PORTSMOUTH, IS INVADED BY D. CUPID

On the evening of January 2, 1915, Dr. George M. Marshall, of Portsmouth, was quietly married to Dr. Margaret Fulton, also of Portsmouth. Both are members of Hempstead Academy of Medicine. The profession of Portsmouth is very proud of our newly-weds and wishes them all joy and happiness. On Thursday evening, January 28, Hempstead Academy members paid their respects to Dr. Marshall and his bride. A delightful evening was enjoyed by all present and before leaving, Dr. P. J. Kline, on behalf of the Academy, presented the happy pair with a little token of the esteem in which they are held by their fellow members. \* \* \*

## DARKE COUNTY SOCIETY HAS SPLENDID PROGRAM FOR 1915

### How About Having Your Society Plan Its Years' Work in this Manner?

The Darke County Medical Society, in an attractive little pamphlet which has just been issued, announces its completed program for 1915.

This is a plan which every county society in the state could adopt to splendid advantage. It not only gives members an advance idea of the year's work, but it insures attendance and gives those on the program plenty of time to prepare something well worth while.

Meetings of this society are held on the second Thursday of each month in Henry St. Clair Memorial Hall, Greenville, at 1 o'clock, unless otherwise noted.

Glance over this program and see how it compares with that of your society:

Thursday, February 11.—(1) A Brief Discussion of Goiter, C. S. Hamilton, M. D., Columbus, Ohio. (2) Prostate, John F. Beachler, M. D., Mt. Carmel Hospital, Columbus, Ohio. (3) Management of Normal Labor, J. O. Starr, M. D., Pittsburg, Ohio.

Thursday, March 11.—(1) The Purpuras, Cases and Treatment, J. H. J. Upham, M. D., Columbus, Ohio. (2) The Public Hospital, A. F. Sarver, M. D., Greenville, Ohio.

Thursday, April 8.—At Union City, joint meeting with Randolph County (Indiana) Society. (1) Diseases of the Pleura: Observations and Pathology: Diagnosis and Treatment, A. C. Croftman, M. D., Chicago, Ill. (2) Safety in the Management of Thyroid Diseases, Goethe Link, M. D., Indianapolis, Indiana. (3) Specific Urethritis, C. A. Coleman, M. D., Dayton, Ohio.

Thursday, May 13.—"Twilight Sleep," H. H. Hatcher, M. D., Dayton, Ohio. (2) X-Ray Treatment of Epithelioma, O. P. Wolverton, M. D., Greenville, Ohio.

Thursday, June 10.—(1) The Indications for Operation, J. C. Oliver, M. D., Cincinnati, Ohio. (2) Practice in the Mining Districts, William H. Matchett, M. D., Greenville, Ohio.

Thursday, July 8.—(1) Correction of Errors of Refraction as the Physician Should View It, Horace Bonner, M. D., Dayton, Ohio. (2) Public Health Reports, C. G. Swan, M. D., Greenville, Ohio.

Thursday, August 12.—The annual picnic.

Thursday, September 9.—(1) Obstructions to the Urinary Outflow, Matthew Porter, M. D., Dayton, Ohio. (2) Intestinal Diseases in Children, C. F. Puterbaugh, M. D., Painter Creek, Ohio.

Thursday, October 14.—(1) Fractures of the Distal and Proximal Ends of the Humerus, W. J. Means, M. D., Columbus, Ohio. (2) Arterio-Sclerosis: Its Genesis and Terminations, W. C. Guteruth, M. D., and J. B. Ballinger, M. D., Versailles, Ohio.

Thursday, November 11.—(1) Prostatic Hypertrophy, Gordon F. McKim, M. D., Cincinnati, Ohio. (2) Syphilis in the Philippines, S. A. Hawes, M. D., Greenville, Ohio.

Thursday, December 9.—President's Annual Report on Work of The Darke County Medical Society; Secretary-Treasurer's Report; Report of Cases by Members; and Election of Officers.

# STATE BOARD OF HEALTH NEWS

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The forty-first conference of the members of the board and executive staff with representatives of local boards of health, held in Columbus January 28 and 29, was undoubtedly one of the most interesting ever held.

The subjects presented were of such general interest that a representative of The Journal made an effort to briefly, and in a somewhat sketchy manner, summarize the chief points of the papers and the discussion. The papers will be printed in full in forthcoming issues of the Ohio Public Health Journal (formerly The Bulletin), and many of them are worthy of careful reading.

In his opening address as chairman, Dr. H. T. Sutton, of Zanesville, president of the board, emphasized the necessity of health officers having the complete co-operation of the physicians of the community. Physicians, he said, are the out-

posts in the battle against disease—the skirmishers who warn the people of its approach. The physician who neglects to report cases of communicable disease is true neither to the patient nor the community; is a criminal in the eyes of the law, and is untrue to his code of ethics.

Dr. Sutton strongly urged support for the bill presented at this session of the legislature providing for the division of the state into health districts, under full-time health officers. He advanced several valid reasons why the bureau of vital statistics should be transferred from the office of the secretary of state to the board of health. He favored the changes in the administration of Mt. Vernon Tuberculosis sanatorium, contemplated in the bill now before the legislature, and advised that the capacity of the institution be increased through the erection of additional shacks to accommodate at least 500 patients.

Proposed manufacture of diphtheria antitoxin by the board was indorsed as an humane measure of economy. He also presented several reasons why the board should do the analytical work for the dairy and food department, pointing out that the cost per analysis could be reduced thereby from \$5.00 to \$1.50.

"It is the duty of every health officer to wage a persistent campaign in his community to bring about medical and dental inspection of school children, Dr. Sutton said, in closing, "If the state has the right to force school attendance, it has the right to enforce health protection in the schools."

## (2) Address by Gov. F. B. Willis.

The governor gained the sympathy of his audience on the start by declaring that, while he is deeply interested in governmental economy, he does not believe in its exercise to the detriment of the public health or at the expense of the state's unfortunate dependents. He referred to his first message, in which he recommended that the legislature give liberal support to the health department, and added: "I meant exactly what I said."

The governor indicated a deep interest in the advances of sanitary engineering, and advanced a rather unusual reason for the development of a pure water supply. "It has been my theory that if you furnish a city plenty of pure water you decrease the temptation of its citizens to drink something else. It's a matter of morals as well as of health."

He paid a splendid tribute to Dr. Gorgas, whose work in the Canal Zone he had an opportunity to inspect, and declared that while we do not have



so acute conditions in American cities there are still grave problems for our medical men and sanitarians. He cited the recent statement that nearly 50 per cent of the deaths in this country are from preventable disease.

"Here is the great field for preventive medicine today, and I am mighty glad to see the doctors tackle it," the governor declared. "My hat is off to the doctor who so unselfishly devotes himself to the conservation of public health. I do not know of any other trade or profession which devotes its best efforts to bring about its own destruction—as do the members of the medical profession. They hold meetings and devote much time—not to boosting their own business but to so improve living conditions that their services as healers of the sick will not be needed! That takes, in my opinion, a pretty broad devotion to public duty. And, I am glad to say, their work is showing results."

(3.)—**The Problem of Infant Mortality in Cities**, by Frank G. Boudreau, M. D., C. M., director of the Division of Communicable Diseases. Discussion opened by C. E. Ford, M. D., Health Commissioner of Cleveland.

Using a set of ten interesting tables setting forth the Ohio statistics on infant mortality during 1909-1913, Dr. Boudreau presented one of the most interesting papers of the conference. It dealt with the problem that faces Ohio, as indicated by the fact that one sixth of all deaths occur in infants under one year of age. This paper will shortly be published by the board, and should be read by every physician. It deals with the causes, the prevalence, and relative importance of the various infantile diseases, and the methods whereby localities may remove causative factors and lower the mortality rate.

In discussion Dr. Ford dealt with conditions in Cleveland. He stated that pasteurization of all milk sold and general instruction in prenatal care greatly reduce mortality. Dr. Landis, of Cincinnati, assigned the remarkable decrease in Cincinnati's infant mortality rate to the increased efficiency of the department of dairy inspection, which was reorganized in 1911—a reduction of from 103 to 53 per 100,000. Dr. G. D. Lummis, of Middletown, told how he has successfully collected birth reports from physicians, since 1900, by having his sanitary officer make monthly calls on all physicians. The incompleteness of birth statistics had been commented upon as one of the serious drawbacks in reducing infant mortality.

(4) **Health Department Under Commission Plan of Municipal Government**, by J. R. McDowell, M. D., Director of Health, Springfield. Discussion opened by A. L. Light, M. D., of Dayton.

Springfield's new plan of government, and its effect upon health administration, was interestingly explained by Dr. McDowell, who cited the following points in its favor: (1) Does away with board of health, which is composed too frequently

of politicians; (2) removes the necessity of securing departmental funds from a city council, and places the entire matter up to one man—the city manager—who is more likely to understand the needs of health prevention; (3) makes possible a full-time health officer, who is not dependent upon the citizens for patients, who can devote his entire study to preventive medicine, and who is on an equal footing with all physicians; (4) brings the health department in closer cooperation with other departments, as instanced in Springfield by the successful use of city patrolmen as sanitary officers. Dr. Light, who operates under a somewhat similar plan in Dayton, declared this general cooperation to be one of the plan's most valuable features.

(5) **Danger of Polluting a Public Water Supply by Industrial Connections**, by L. H. Van Buskirk, B. S., assistant engineer of the board. Discussion opened by W. H. Dittoe, chief engineer.

Mr. Van Buskirk called attention to a situation which may be a serious menace to any city, and which he said is given too little attention. It arises where manufacturing plants have two sources of water supply—one from the regular city supply mains and an auxiliary supply, for fires and other emergencies, which is frequently drawn from polluted sources. The danger comes through leaking valves which permits polluted water to flow in the city mains. He cited Van Wert's experience in 1913, when a serious typhoid epidemic was traced to the C. & N. railroad shops, due to this form of pollution; and to a somewhat similar instance in Circleville. He reviewed more important cases in Philadelphia and Lowell, Mass., and urged health officers to be on the look out for similar conditions in their home communities.

## SECOND SESSION

1. **The Tuberculosis Problem**, by J. H. Landis, M. D., Health Officer, Cincinnati. Dis. opened by R. G. Paterson, Ph. D., Director, Division of Public Health Education and Tuberculosis.

Dr. Landis declared tuberculosis to be the giant problem of preventive medicine. Factors which make it difficult to control are (1) its duration of three years, which robs it of dramatic phases; (2) the large number of predisposing causes; (3) failure to quarantine, which he regards as more important in tuberculosis than in diphtheria and similar infectious diseases. To correct the industrial predisposing causes he recommended the employment of medical inspectors for all factories, similar to school medical inspection. Other suggestions included general improvement of industrial conditions; decrease of alcoholism; more careful attention to the increasing importance of the problem presented by the colored race. For its control by a city, he recommended (1) segregation and maintenance of the tuberculous; (2) segregation, maintenance, and treatment of

those in the first and second stages, and (3) maintenance of dependents.

Mr. Patterson, in discussion, dealt with the problem which faces the smaller cities and expressed the belief that the state will, within a short time, compensate victims of industrial tuberculosis.

2. **"The Economic Loss to the Community from Preventable Diseases,"** by A. L. Light, M. D., Health Officer, Dayton. Dis. opened by T. Clarke Miller, M. D., Health Officer, Massillon.

Dr. Light presented in a startling manner, the actual financial loss to the city of Dayton by preventable diseases during 1914. The loss by death, figured on a basis of the value of lives at the various ages, was \$951,185. The cost of treating preventable diseases during the same period was \$717,310. This loss was estimated on the basis of the length of the term of treatment for various diseases. For instance, he estimated the cost of a case of whooping cough at \$10; typhoid, at \$200; of tuberculosis, at \$3,000—the element of time being the first factor considered.

The speaker made his points wonderfully effective by comparing this tremendous annual loss to Dayton's loss during the same year by fire and murders. Dayton spent \$166,171 for fire protection, which caused a loss of \$330,684, and two deaths. Dayton spent \$151,103 for police protection against crimes which cost the city \$34,663 for theft and seven lives through murder. In startling contrast, Dayton spent only \$34,443 for the protection of its health—the lack of protection of which caused a financial loss of over a million dollars.

Dr. Miller, in discussion, recommended that more attention be paid to the preventable causes and death.

3. **"Constructive Public Health Legislation,"** by E. F. McCampbell, Ph. D., M. D., Secretary and Executive Officer. Dis. opened by H. C. Brown, D. D. S., of Columbus, member State Board of Health.

Dr. McCampbell explained in detail the public health legislation now pending before the General Assembly, much of which is outlined in The Journal's legislative department this month. He urged the essential necessity of public health education and stated that in the past few years advancement along these lines has been indicated by the increased cooperation of the press; by the increase in the correspondence relative to health matters received by the board; by the growth of local public health leagues; and by the organization of the new Ohio Public Health Federation. Dr. Brown outlined in detail the plans of the latter organization.

4. **"The Result of the Ohio Survey of Industrial Hygiene and Occupational Diseases,"** E. R. Hayhurst, M. D., Director, Division of Occupational Diseases. Discussion opened by H. E. Welch, M. D., Health Officer, Youngstown.

Dr. Hayhurst's paper dealt with the survey of

causes of occupational diseases in Ohio, extending from June, 1913, to October, 1914, and including investigation of 1040 industrial establishments located in 81 cities, and employing 235,000 (or more than one-half) of the wage earners of Ohio. This complete report is now in print and may be secured by any physician. He made the point that deaths from occupational diseases are very rare—only about 30 being reported annually in Ohio; that specific occupational diseases are fairly common, and that non-specific occupational diseases are exceedingly common in Ohio. As preventive measures, he recommended: (1) Education of employer by bulletins and lectures; (2) education of employes relative to dangerous processes; (3) interrogation of sick adults to find the causative factor of their disease; (4) amplification of institutional and hospital reports to bring out possible occupational disease in the history of the patient, and (5) better reporting of such diseases by all physicians.

Dr. Welch in discussion, stated that the operation of the workmen's compensation act has induced the large steel plants to provide for physical examination of all employes. It is forcing employers to look after the health of their employes—because a cash value has been placed thereon.

### THIRD SESSION.

1. **"Practical Food Inspection,"** by R. J. Carver, D. V. M., Chief Food Inspector, Columbus. Dis. by Louis Kahn, M. D., Health Officer, Columbus.

This paper dealt with the detailed workings and organization of the department of public health in protecting the city's food supply. The system was developed prior to 1911. Shippers of meat and milk were then using Columbus as a dumping ground for contaminated products. The city pays \$12,500 annually for milk inspection, employing six men, who visit 56 dairies within a 25-mile radius, and three dairy inspectors cover 1200 dairies in a 75-mile radius of the city. A milk inspector visits receiving stations, inspects milk wagons and milk depots, and supervises milk served the public at eating houses and the manufacture of ice cream. Market inspection division regulates the sale of food in four public markets and 650 groceries. A special division cares for commercial industries—inspecting candy plants, bakeries, public eating houses, etc. Results in Columbus have more than justified the expenditure.

2. **"Lessons from a Smallpox Epidemic,"** by Charles A. LaMont, M. D., Health Officer, Canton. Dis. opened by Henry Graefe, Jr., M. D., Health Officer, Sandusky.

Canton's epidemic of smallpox, which started September 29, 1914, and which is still in progress, furnished the subject for this paper. Smallpox had been in evidence throughout 1914. In September, eight cases developed in one week, then at intervals of two days. On November 28 there were 78 cases. Actual regulatory measures to January 1 had cost the city \$5,507.

To control the epidemic the city detention hos-



pital accommodated 25. On November 1, general vaccination of all school children was strongly advised and 38 physicians volunteered services. Manufacturers were notified that in the event cases developed in their plants, same would be closed until all employees were vaccinated. This order was extended to stores, and all public places, and had a salutary effect. Although general vaccination was never ordered, this campaign resulted in 20,000 vaccinations.

Difficulties in control of the Canton situation were listed as: (1) Lack of vaccination, (2) light nature of the cases with absence of subjective symptoms during the eruptive stage, (3) the large number of concealed cases, (4) negligence or carelessness of physicians in diagnosing disease as chickenpox, (5) internal dissension of the health department, (6) activity of anti-vaccinationists, (7) failure to order compulsory vaccination, (8) reluctance of newspapers to give the situation publicity and thus warn the citizens.

Dr. Graefe in discussion, said the Canton situation had been practically duplicated in Sandusky, where the disease has run ten months with 125 cases. The school board persistently refuses to order vaccination of all school children.

Mr. Bauman, legal advisor of the board, stated that the attorney general has ruled that school boards can enforce vaccination orders in the event of a local epidemic.

3. **"The Limitations of Prevention of Communicable Diseases,"** by Martin Friedrich, M. D., Chief, Bureau of Communicable Diseases, Cleveland. Dis. opened by W. L. Dick, Chief Medical Inspector, Columbus.

Dr. Friedrich's paper was too broad in its scope to admit of a brief summary. Dr. Dick, in discussion, said that one of the chief causes of the spread of smallpox is the apparent difficulty by physicians to differentiate diagnosis from chickenpox. Dr. T. Clark Miller urged that in the event of epidemic, newspapers be urged to inform the people as to its progress—rather than to attempt suppression. He cited an instance in Massillon to show that this was better for all concerned. There attempts were made at the requests of merchants to cover up the epidemic. This led to the spread of false and unfounded rumors. Health officials were hampered, in addition, by inability to keep citizens warned as to danger of infection.

4. **"Public Health Nursing in Ohio,"** by Helena R. Stewart, R. N., Supervising Public Health Nurse. Dis. opened by A. L. Smedley, M. D., Health Officer, Hamilton.

Miss Stewart gave a review of the development of the work which was inaugurated by the Maternity Society of Cincinnati in 1881. Christ Hospital in Cincinnati established the first visiting nurse department in 1890. Since 1900 the work has greatly developed so that one or more nurses are now employed in 42 Ohio localities. She says that physicians are coming to recognize the value of public health nurses and to co-operate with the

movement. She cited the case of an Ohio situation where the twelve physicians had opposed the coming of the nurse. For a period of ten months they referred to her but one case of tuberculosis, and for two years only advanced cases. She gradually gained their confidence until they came to refer their suspicious cases so that the patients were treated in the early stages of the disease.

Dr. Smedley said that he had come to firmly believe in the value of the public health nurse. When he became health officer of Hamilton three years ago, he thought they were unnecessary. As he became more familiar with their work and realized that they are valuable aids in the physician's practice and important factors in public health work, he became more enthusiastic. He said that all physicians in Hamilton now approved. He cited cases where lives had been saved through their work. Dr. Ford and Mr. Paterson likewise commended.

During this session, Dr. W. S. Hoy, representative of Jackson county, was invited to speak. He gave a brief review of pending public health legislation and promised his support to all measures.

#### THOSE PRESENT.

Those in attendance were: Charles Adair, Xenia; Dr. Valloyd Adair, Lorain; W. E. Biggs, Ashland; Dr. P. E. Bethards, Toledo; Addison Bain, Marion; B. T. Bulls, Sidney; Dr. W. H. Burns, Alliance; C. E. Bush, Sidney; Amos Beardsley, Findlay; John W. Byron, Washington C. H.; Dr. N. E. Brundage, Delphos; William Butler, Newark; John W. Collins, Toronto.

C. J. Chilson, Conneaut; J. R. Chisholm, Salem; Dr. E. C. Carr, Coshocton; Forbes Carroll, Coshocton; J. E. Davis, Norwalk; Dr. G. E. French, Elyria; S. F. Fink, Galion; Garrett H. Fowler, Dennison; John W. Fowler, Barnesville; Drs. C. E. Ford and Martin Friedrich, Cleveland; Dr. G. T. Goodman, Mansfield; Dr. Henry Graefe, Jr., Sandusky; Dr. F. B. Groesbeck, Steubenville; Dr. J. A. Gosling, Tiffin; George T. Geran, Marion.

Dr. George T. Glass, E. Cleveland; R. W. Hilliker, Ashtabula; Dr. Seth Hattery, Massillon; Dr. A. W. Hopkins, Ashtabula; Dr. S. A. Hawes, Greenville; A. W. Haaser, Fremont; Dr. J. E. Hunter, Greenville; Dr. J. V. Hartman, Findlay; Dr. E. D. Helfrich, Galion; Chas. W. Hoffman, Akron.

Dr. J. M. Hanley, Chillicothe; Dr. J. T. Hanson, Gallipolis; Dr. J. M. Hyde, Nelsonville; W. S. Hight, Bucyrus; Dr. D. W. Iford, Toledo; F. F. Jewett, Oberlin; Dr. A. L. Jones, Lima; Dr. F. G. King, Canton; G. A. Kienle, Mansfield; Dr. Simon T. Kelly, Zanesville; L. A. Koons, Athens; Dr. W. P. Kyle, London; Dr. W. H. Knauss, Newark; Dr. Chas. A. LaMont, Canton; Dr. M. T. Love, Shelby; Dr. G. D. Lummis, Middletown; Dr. A. J. McCracken and Max Leonard, Bellefontaine; Dr. J. H. Lowe, Piqua; Dr. A. L. Light, Dayton; Dr. J. H. Landis, Cincinnati; Chas. Matz, Bellevue; Peter Mueller, Tiffin; Dr. W. A. Mansfield, Barberton; Dr. T. Clarke Miller, Massillon; Dr. C. L. Mueller, Wapakonetta; Isaac McKensie, Delphos; Dr. J. R. McDowell, Springfield.



Dr. A. H. McCrory, Bucyrus; Dr. A. C. Messenger, Xenia; Dr. E. W. Mosier, Lima; Dr. C. B. Ogden, East Liverpool; Dr. David O'Brine, Urbana; Dr. A. O. Peters, Dayton; C. C. Pearl, Norwalk; Dr. W. H. Roasberry, Ashland; Nicholas I. Revermann, Reading; Dr. G. W. Rader, Wellston; R. R. Stetson, Elyria; Dr. W. W. Smith, Portsmouth; Dr. A. L. Smedley, Hamilton; H. J. Shreader, Ravenna; George C. Steventon, Youngstown; Dr. C. R. Sloan, Marietta; Theodore William Smith, Steubenville; Dr. W. W. Searl, Cuyahoga Falls; Dr. E. J. Schwartz, Salem; W. W. Scheidegger, Upper Sandusky; Dr. J. M. Van Fossen, East Palestine; A. C. Vandyke, Wellsville; Dr. E. L. Vermilya, Fremont; Dr. W. Burnett Weaver, Miamisburg; Thomas G. Webb, Warren; Dr. H. E. Welch, Youngstown; Dr. W. A. Werner, Niles; Dr. H. L. Wells, Cambridge.

Dr. L. A. Woolf, Ravenna; C. R. Young, Barberton; W. C. Luster, Crooksville; Drs. L. Kahn, W. L. Dick, R. J. Carver, and Mr. John Keegan, Columbus; and Drs. Hasencamp, Grube, Brown, and Sutton, of the board.

#### TRANSFER OF THE VITAL STATISTICS BUREAU A NEEDED REFORM

##### Politicians, However, Oppose the Change Proposed in Dr. Deaton's Bill.

Through the Ohio Public Health Federation, Dr. McCampbell sent out a statement urging the passage of the bill now pending in the General Assembly to transfer the Bureau of Vital Statistics from the office of the secretary of state to the State Board of Health, where every disinterested agency admits that it belongs. The transfer was authorized in a bill introduced by Dr. Van S. Deaton, representative from Miami county, known as House Bill No. 64. After pointing out that the bill would be opposed by professional politicians interested in retaining "patronage" for the secretary of state's office, Dr. McCampbell said:

"The bill transfers the Bureau of Vital Statistics from the department of the secretary of state to the State Health Department and will remove an anomalous situation in Ohio. The bureau was established in 1908. It collects statistics of all births and deaths in Ohio. The State Department of Health collects statistics showing the prevalence of certain communicable diseases in the state. At the present time there is no possibility of connecting the facts collected by the two departments. That they may be correlated and made the basis for constructive measures to remove the causes of preventable diseases and to lengthen human life is shown by the fact that forty-five states have established such bureaus as a part of their health departments.

"It is essential to the State Department of Health that complete and accurate information of births and deaths may be available, so the depart-

ment may operate intelligently; that it may determine what part of our mortality is preventable; that it may detect epidemic diseases promptly; that it may apply the scientific knowledge of disease prevention at the time and in the place where it is most needed. It is estimated that in the United States 1,500,000 persons die each year and that 630,000 of these are due to preventable diseases. In Ohio there are 65,000 deaths a year and 28,000 are due to preventable causes. It is estimated that the bureau can be operated in the State Department of Health for \$15,000, as against a yearly budget of \$30,000 now necessary for its maintenance.

"The bill has the support of the American Public Health Association, the United States Census Bureau, the Ohio Public Health Federation and the State Board of Health."

#### EXHIBIT CONTINUES TO DRAW CROWDS TO HEALTH LECTURES

##### Delaware, Galion, Bucyrus, Fostoria and Findlay Visited—Health Officers' Conferences.

After showing in Delaware during the middle of December, the traveling exhibit maintained by the board was brought to Columbus for the holidays. In Galion, January 19 to 22, it was shown to good crowds under the auspices of the Federation of Women's Clubs. In Bucyrus, January 26 to 29, it was shown under the local auspices of the Inasmuch Circle of the King's Daughters. In Fostoria, February 2 to 5, it was shown under the auspices of the recently organized Public Health League. In Findlay, February 9 to 12, the exhibit was shown under the auspices of the Business Men's Association,

The varied nature of the organizations standing sponsor for the exhibit indicates the widespread interest which is being taken in its progress over the state. It is bringing organizations of every sort into direct contact with public health problems. Attendance reports show that the lectures draw good crowds in almost every city.

The conferences of city, village and township health officers, which are being held in connection with each exhibit, are fairly well attended. To date, village and township officers have been more interested seemingly than the city health officers. This is a valuable feature of the state's campaign on public health education and it is hoped that in the cities to be visited during the next two months, all interested in public health work will participate in these conferences and lend their aid to the development of the exhibit.

#### REPORT IS NOW READY.

The voluminous report of the division of occupational diseases prepared by Dr. E. R. Hayhurst, under the direction of Dr. E. F. McCampbell, is now available in book form. It comprises the re-

sults of the survey into the underlying causes of these diseases in Ohio, covering a period of nearly two years. It is regarded as an important addition to the literature on this subject. It takes up the various trade processes that produce occupational diseases in complete detail. The volume consists of 407 pages and may be secured by any physician upon application to Dr. McCampbell.

#### DR. McSHERRY IS NEW CHIEF OF LABORATORIES

Dr. E. F. McSherry (Med. Dept., University of Pennsylvania, 1910), on February 1 assumed his duties as chief bacteriologist in the division of hygienic laboratories, State Board of Health.

Dr. McSherry was one of the two candidates certified by the State Civil Service Commission for the position. He succeeds T. R. Brown, Ph. D., who resigned some time ago and who is now located at Wyoming, Delaware. During the interim the position has been filled by Dr. F. G. Boudreau, epidemiologist of the board.

Since the graduation, Dr. McSherry has been located at Brookville, Ohio. He will receive his degree of Doctor of Public Health from the University of Pennsylvania this year.

Mr. W. E. Spencer, director of the traveling public health exhibit, resigned late in January. His position, which pays \$1,500 per year, will be filled by civil service.

The name of the monthly bulletin issued by the board was changed in the January issue to "The Ohio Public Health Journal." The change was prompted by the character of the matter which is being carried in the journal—articles dealing with popular as well as technical phases of the public health question.

### NEWS NOTES FROM THE INDUSTRIAL COMMISSION

We notice through the bulletin published by the Industrial Commission of Ohio that its medical department pays little attention to the so-called healers who apply for compensation for "medical services."

In claim No. 35008, one Steve Horvat was injured at the plant of the Youngstown Iron and Steel Company. His thumb and index finger were dislocated and his wrist sprained. As the injury disabled him for less than a week, he only filed claim for medical services, which he says were rendered by one Joseph Istochin. The latter filed an "attending physician's" report on one of the commission's regular forms, in which he had the "nerve" to designate himself as a "bonesetter." In the space where the attending physician is required to name the college from which

he graduated Mr. Istochin inserted the word "gifted." He applied for \$2.00 for alleged medical services.

The following formal opinion was handed down by the commission: "The law requires persons attempting to practice medicine and surgery to have proper qualifications therefor, and in order that the public may not be imposed upon, certain requirements are prescribed which it does not appear that Mr. Istochin has complied with. Without discussing at length the provisions of the law, we think it sufficient to say that we do not feel warranted in paying money out of the state insurance fund on account of medical or surgical services rendered by persons who have not been regularly admitted to practice medicine.

It follows that Mr. Horvat, the claimant, having preferred to patronize a "bonesetter," who claims to be qualified by reason of his being "gifted," must settle the bill himself."

This sets a precedent which will undoubtedly guide the commission in all future cases. Under it, chiropractors, natural healers, and similar practitioners will be given little consideration by the commission.

The Cincinnati Court of Appeals on January 23 approved the recent decision handed down by Common Pleas Judge Cosgrave, who in effect ruled that occupational diseases come within the scope of the Ohio workmen's compensation act. The case in question was that of a Cincinnati lead worker who contracted lead poisoning. He was denied compensation by the Industrial Commission. He took his case to the court. Those who have been following this case believe that it means that Ohio will, within a short time, extend its present plan of industrial compensation to include disability from diseases contracted as a result of the occupation of the workers. Following the decision the members of the Commission announced that the case would be carried to the Supreme Court. They added that if the decision stands the present act will have to be amended to make the occupational disease feature more definite.

#### BUREAU FAILS TO FIND CIGARETS ARE "DOPED"

The State Bureau of Drug Inspection in January issued a report covering recent chemical examination of cigarettes sold in Ohio, made by Azor Thurston, of Grand Rapids, Wood county, chemist for the bureau. The findings show that in the dozen or more brands on the Ohio market, no opium or other added narcotic was found. "The well known effect of habitual cigarette smoking must be attributed to the inhalation of the smoke and the products of combustion rather than to the added narcotic, either to the tobacco or the papers," the report says. Copies may be secured free by application to S. E. Strode, State House, Columbus.



## COMMISSION FOR BLIND CAUSES ARREST OF PHYSICIANS; CITES NEED OF DRASTIC ACTION TO ENFORCE LAW

**Editorial Statement.**—We are calling attention to this case because it is significant, in that it indicates that the Commission for the Blind intends to take drastic steps to secure the proper reports from physicians, of ophthalmia neonatorum. We believe that the less lay publicity given such an incident the better; but that the matter should be called to the attention of our members who may face a like situation. In fairness to the Commission, we have endeavored to secure a complete statement of the causes prompting such drastic action.

At Youngstown, on January 21, the Ohio Commission for the Blind caused the arrest of two licensed physicians on a charge of violating the statute requiring physicians to report cases of ophthalmia neonatorum. During the past year the Commission has frequently caused the arrest of midwives on this charge, and has successfully prosecuted the cases. This is the first instance in which a physician has been arrested.

The trial in police court lasted three days and attracted much attention. Several physicians testified for the defense.

The burden of their testimony was intended to prove two points:

1. That ophthalmia neonatorum is not an infectious or contagious disease, and that it is not dangerous to the public health.

2. That physicians can not be held responsible for reporting a disease unless they have had due personal notification by some health authority.

The two on trial were found guilty and fined one dollar and costs each.

A licensed midwife, found guilty of negligence in the same case, was fined five dollars and costs and sentenced to 60 days in the workhouse—the latter suspended.

In commenting on this case Miss Marion A. Campbell, field secretary of the Commission, made the following statement:

"This is a case in which a baby is fighting for its sight against a most virulent form of ophthalmia neonatorum—commonly known as babies' sore eyes—which began when the infant was three days old. Now, in the sixth week of its life, it is still a question of whether sight will be saved or whether—blind—it will be doomed to grope its way through life an innocent victim of the neglect of three people who knew this condition and its dire consequences, and who should have protected their patient from this infection, which neglected usually results disastrously.

"A licensed midwife and a registered physician were called to this case before the baby was two weeks old, but neither gave the professional care which such a case justifies. When the baby was three weeks old the mother sought still another registered physician and although this man admits that he recognized the seriousness of the situation,

he also admits that he saw the child but once and treated it, but did not return.

"Inquiry at the local health office fails to disclose a report from either the midwife or a physician of the condition of the eyes. Such a report—had it been made immediately upon its discovery, as is required by law—would have brought a nurse who gives especial attention to eye conditions and who works with any and all physicians in the home care of such cases, to this case; but no report was made. The disease developed until its serious character became a matter of neighborhood concern, and so it came to the attention of the special eye nurse.

"The serious nature of this case for the baby, for the midwife, and for the two physicians, is easily seen from the following facts: 1. This disease has been known to result in total blindness within a period of twenty-four hours after its beginning; a third of the children to whom the state is giving at great expense, a blind education, are the victims of this disease.

"2. The state has recognized the possibility for, and the importance of its prevention, by the following measures: (1) The free distribution to all registered physicians and licensed midwives, of a prophylactic which is recognized as a preventive of the infection. (2) The inclusion of this disease with other diseases dangerous to the public health required to be reported promptly to the local health office, in order that steps may be taken to safeguard the victim and the family members. (3) A law requiring midwives, nurses, or relatives in attendance upon such a case to report within six hours, in writing, to the local health officer the fact that such a condition exists.

### Promises Stern Measures.

"The State Commission for the Blind is conducting throughout the state a campaign of education for midwives and for the public concerning this condition and its prevention or treatment, in the interest of preventing unnecessary blindness. The Commission has found that warnings, instruction and other mild forms of campaign are without effect in reducing the number of such cases. Its duty is therefore plain, to use the laws of the state in bringing a guilty offender to justice and



to a realization of his responsibility as a public servant.

"Warrants were therefore sworn out for the arrest of the midwife, for failing to report the condition of the eyes; for the physicians for failing to report a disease dangerous to the public health. The value of such measures must eventually rest with the public. The public must decide whether its protection shall be given to the innocent victim or to the professional offender under the law."

#### Letter to the President

On January 28, in a letter to Dr. Henry C. Evans, president of the Mahoning County Medical Society, Miss Campbell explained the reasons prompting these prosecutions, in an effort to counteract the apparent hostility of the members of the medical profession in Youngstown. She said:

"There is at this time wide-spread interest in the city, and especially I am told among members of the medical profession, in action which has been begun against two physicians of Youngstown for failure to comply with the statute which requires physicians to report to the local health office any case of contagious or infectious disease which they are called to attend, if such disease has been so designated by the State Board of Health and so required by it to be reported.

"Much confusion seems to exist, particularly—I am told—in the minds of some members of the medical profession, relative to certain facts connected with this action. I am taking this opportunity to correct erroneous impressions which might easily work injustice to parties wholly disassociated with this action.

"During the last fifteen months the Commission for the Blind has received through blind individuals, neighbors or family members of the patients (not through physicians or nurses), reports of cases of ophthalmia neonatorum in Youngstown. Upon investigation it has been found usually that a physician was in attendance upon the case. When seen, the physician has usually admitted that he had taken no precautions at birth to prevent the infection, and that when it developed he had neither reported it to the local health office nor taken a smear to determine the nature of the infection.

"Several of these physicians were visited in their offices by a representative of the Commission, and were told courteously that the disease (ophthalmia neonatorum) has been since January, 1913, included among reportable diseases.

"In June of 1914 the Commission established, in Youngstown, special nursing service for eye conditions, on a basis corresponding in every detail with such service as established by the Commission in Cleveland, Toledo, Akron and Columbus. Notices in the newspapers called attention to this service and explained its purpose and policy. The health officer and several other physicians were visited in their offices and were told that the nursing service is available to the patient of any physician, and that a report to the local health officer or to the office of the visiting nurses will secure such service.

"It is obvious that the single purpose of a social organization such as this Commission in thus assuming the support of a work which might easily be considered a local obligation, must be the prevention of unnecessary blindness, which so easily results from the neglect of or delay in instituting treatment for serious eye conditions.

"It is perhaps unnecessary to state at this time,

but a logical inclusion among the considerate efforts of the Commission to work with physicians in recognized methods for the prevention of blindness, that the Commission for the Blind is jointly responsible with the State Board of Health for instituting in Ohio the free distribution of a prophylactic against ophthalmia neonatorum.

#### No Reports Received

"At least with regard to Youngstown, the Commission feels that it has taken all reasonable steps to secure the co-operation of the physicians in a matter which concerns society equally with the medical profession—the prevention of unnecessary blindness.

"And with what result?

"With few exceptions, reports of ophthalmia neonatorum are still received through neighbors or family members rather than through the physician in attendance.

"Official reports of the same to the local health office are so few as to justify the inference that the statute is not being observed, rather than that Youngstown has no cases to report.

"A single instance may serve to emphasize the necessity which the Commission felt for some further measure in Youngstown, to the end that unnecessary blindness may be prevented here. During the last year the Commission has twice within three months received reports of a case of ophthalmia neonatorum in the practice of the same physician, and one assumed to be in good standing with the profession. In neither case did this man make a report to the health office, or institute or secure the recognized treatment for purulent inflammation of the eyes of the new-born. Not until a period of ten days had elapsed after the first symptoms of the disease, and during which time he had relied upon the unskilled treatment of the family, did he call a specialist.

"In the first case the infant lost entire sight in both eyes. It has since been necessary to remove one eye, and the same operation seems necessary for the other. An otherwise normal infant was deprived of a very necessary factor to its future health and happiness. The state was burdened with the excessive expense of the support of a blind child and citizen.

"Although a representative of the Commission visited this man in his office when it was known that blindness had ensued, and acquainted him with the state law and with the special eye nursing service for the home care of such cases, within three months a second case in his practice was reported to the Commission and he was found not to have reported the case or to have instituted or secured the recognized treatment for the condition. In this case the family became alarmed at the condition and took the child, without consulting the physician, to the office of a specialist. Sight in this case was not lost.

#### An Appeal to the Profession.

"The Commission does not claim that the use of a prophylactic against ophthalmia neonatorum will always prevent the disease; it does claim that in this instance the physician in question wilfully disregarded his professional and his moral obligation to safeguard sight in his patient.

"Surely it will be admitted by the members of a profession seeking to reasonably protect its members, that only lenient consideration for the physician would prevent the Commission from employing due process of law to emphasize with him his obligation in such an instance. Such a course was contemplated and was only abandoned at the urgent request of a local member of the Commission's advisory board of physicians. It would hardly be expected that prosecution under the law

would be delayed until a second offense had been reported in the practice of every physician in the city.

"The case which has resulted in the present prosecution has many features which might be assumed to impose a moral obligation upon a physician called to attend it, and which bring it quite within the provisions of the statute which requires ophthalmia neonatorum to be reported, whether it is claimed that but one or one of many infections may be considered as included under this term.

"I wish to emphasize that the present prosecution is the first action against a physician instituted by the Commission, and that it is also the first instance of an action or policy contrary to the advice of its local medical representative. It must be remembered that a Commission for the blind has a definite duty toward the public. It will, I think, be conceded that like circumstances with these cases cited, can neither be ignored by a physician nor condoned by the public, if the ideals of the medical profession in preventive medicine are to obtain."

"It is, and must continue to be, the hope of the Commission to work with the physicians in Youngstown. The Commission and physicians have, I believe, the same purpose with respect to preventing blindness. Any plan for securing a better cooperation in accomplishing this purpose will be welcomed by the Commission."

## NEWS NOTES

Dr. C. H. Hamilton has been re-elected health officer of Lancaster.

Married, January 27, in Columbus: Miss Harriet Sharp Page and Dr. John A. Burgoyne.

Dr. F. A. Leslie, Toledo, became chief of staff of the District Nurses' Association January 25th.

Drs. A. F. Sippy and R. H. McKay of Akron have left the city for a three-months' post-graduate course.

Dr. S. S. Halderman of Portsmouth spent a few days with his brother at Lynchburg, Va., during January.

Dr. Myron S. Clark of Mentor, Lake county, was operated for appendicitis at Johns Hopkins Hospital late in January.

Dr. John M. Withrow of Cincinnati has been appointed trustee of Miami University for a term ending February 28, 1923.

Dr. M. H. Carmedy of Painesville has been appointed pension examining surgeon on recommendation of Congressman Gordon.

Dr. Harry B. Blyston, formerly of Columbus, now of Chicago, was operated for appendicitis at Washington, Iowa, early in January.

Dr. S. St. J. Wright of Akron has donated to the Children's Hospital of that city an X-ray equipment—a most useful and valuable gift.

H. M. Seamans, D. D. S., dean of dental school, O. S. U., was elected president of the American Institute of Dental Teachers at Ann Arbor, Mich., Jan. 29.

The Washington County Medical Society contributed \$25.00 to the fund being raised for the relief of the members of the medical profession in Belgium.

Congressman Allen of Cincinnati has recommended for pension examining surgeons, Drs. Louis A. Nicholas, Arthur Vos and John M. Adams of Cincinnati.

Dr. E. J. Wilson, Columbus, has been re-elected vice president and medical director of the Midland Mutual Life Insurance Company, which has home offices in Columbus. He was also elected director for a term of three years.

Memorial services were held January 24 at the Second Presbyterian Church, Cleveland, for the late Dr. Dudley P. Allen. Addresses were made by Rev. Mr. Sutphen, President H. C. King of Oberlin College, Dr. John B. Sawyer and Attorney H. K. Kelley.

Dr. Van S. Deaton, Miami county, is chairman of the important committee in the house of representatives that deals with the liquor question. He is also author of a drastic measure which provides that saloonkeepers shall compensate the victims for injuries received while under the influence of liquor.

Northwestern Ohio Eclectic Medical Association, in session at Lima January 22, indorsed Dr. W. N. Mundy of Forest for membership on the State Board of Medical Registration. The term of Dr. S. M. Sherman of Columbus as eclectic member of the board expired some time ago. Appointment will be made by Governor Willis.

Dr. George W. Crile, of Cleveland, who sailed for Paris on December 30 with a party of physicians and nurses who established a division in the American Hospital, will leave France on February 15 and expects to reach Cleveland by February 21. Dr. William E. Lower, associate of Dr. Crile, sailed for Paris on January 30 to assume charge of the division.

Three lobbyists were registered on January 18 for the Ohio Chiropractor's Association. They are John H. Oswalt, of Fremont, president of their state organization; and John B. Ward and Hugo Schlesinger, Columbus attorneys.



## NEWS OF INTEREST FROM OHIO HOSPITALS

Superintendent Howell Wright, Cleveland City Hospital, has announced several changes in the visiting staff. Drs. J. H. Lowman (head) and R. H. Bishop, Jr., retire from the tuberculosis department, at their own request, and are succeeded by Drs. J. A. Placak (head of department), A. N. Dawson and E. R. Brooks visiting physician. Dr. H. L. Sanford is appointed visiting surgeon and head of the new department of genito-urinary. Dr. Howard T. Karsner was named head of the department of pathology, succeeding Dr. W. L. Howard, now in Europe. Dr. E. P. Monaghan was added to the visiting surgical staff and Dr. Carlyle Pope to the medical staff. Dr. S. S. Quittner was appointed visiting ophthalmologist, and Dr. C. L. Cummer was added to the laboratory staff. The majority of the visiting staff was re-named. Dr. C. A. Hamann continues as head of the department of surgery and Dr. E. W. Carter as head of the department of medicine. The appointments were made from recommendations by the trustees of Western Reserve University, in accordance with an arrangement made a year ago, and placed in effect February 1, 1914.

People's Hospital Company, which will open an institution of 125 beds in Akron about March 1, elected the following officers: Dr. W. S. Chase, president and chief of staff; Dr. A. F. Sippy, vice-president; Dr. G. M. Logan, secretary; and Dr. C. T. Hill, treasurer. These officers with F. E. Holcomb, Dr. H. H. Jacobs and Dr. H. S. Davidson compose the executive board. The following physicians were included in the board of directors: Drs. H. H. Jacobs, W. S. Chase, G. M. Logan, A. F. Sippy, D. H. Morgan, H. S. Davidson, C. T. Hill, C. E. Held, M. D. Stevenson, R. C. Kendig, C. E. Norris, Wm. Wilson, E. W. Barton, W. A. Searl, and R. H. McKay.

The board of control of the Deaconess Hospital, Ironton, has adopted a resolution throwing open the hospital to charity patients of all physicians in the county.

Dr. Martin H. Fischer made the principal address at the commencement exercises for nurses held January 28 in School of Nursing of Cincinnati General Hospital. Diplomas were presented to eleven graduate nurses, three of them sisters.

Plans for the erection of a \$20,000 detention hospital for the care of patients with contagious diseases are being prepared for the Youngstown board of health.

Dr. E. R. Crew, superintendent of Miami Valley Hospital, Dayton, in his annual report recommends the erection of a separate building for maternity wards. During the past six months there has been nearly an average of one birth per day in the institution. Dr. H. E. Palmer was re-elected trustee.

Report of the Children's Hospital, Akron, shows that during 1914 523 cases were admitted, 336 operations were performed—an increase over the previous year of 118 and 114 respectively.

Marietta city hospital has appointed a hospital committee to investigate the desirability of erecting an institution. It will cooperate with the board of county commissioners, and the board of trade. The city has available a \$30,000 bequest under the will of the late Sarah E. Warren for maintenance of the institution. Councilmen and citizens at large express themselves as heartily favoring the proposition.

The hospital at Montpelier, Sandusky county, owned by Dr. H. W. Wertz, was destroyed by fire on January 21.

Dr. C. R. Holmes, of Cincinnati, has been re-appointed a member of the hospital commission by Mayor Spiegel, who took occasion to highly commend him for his services during the building of the new institution:

Good Samaritan Hospital, Zanesville, cared for 1174 patients during 1914. Of these, 680 were surgical; 423 medical; and 71 accidents. There were 46 births and 90 deaths in the hospital, annual report shows.

Miss Emma Rosenfel, graduate of Lawrence Hospital, Columbus, has succeeded Miss Bunford as head nurse at Marion City Hospital.

Administrators of the estate of a workman who was killed while moving a building owned by Grace Hospital, Conneaut, sued the hospital for \$10,000 damages.

Dr. Fletcher Langdon, formerly of Cincinnati, son of Dr. F. W. Langdon, medical director of Cincinnati Sanitarium, has opened Winchester Hospital at Winchester, Indiana. Patients will be received only through their attending physicians.

Cincinnati General Hospital will be formally opened by appropriate ceremonies about the middle of February. The nurses are now occupying the new Nurses' Home on the grounds, and all equipment is now being installed. The patients

will be moved up during the first weeks in February.—The Lancet-Clinic.

The annual report of Mercy Hospital at Hamilton, shows that 1046 patients were admitted during 1914, with 153 births in the maternity ward.

Union Hospital, Canal Dover, graduated three nurses on January 15. Dr. P. H. Sigrist, of New Philadelphia, made the commencement address.

Dr. A. L. Guthrie, of Lancaster, has been appointed to the municipal hospital commission, which will have charge of the erection of the new city hospital.

The proceeds of a charity ball given in Galion February 12 went to the Good Samaritan Hospital.

Dr. Mark Millikin has been elected director of Mercy Hospital, Hamilton. Dr. C. N. Huston, was re-elected.

Dr. Harry B. Harris has been chosen chief of the staff of Miami Valley Hospital, Dayton, and Dr. George P. Dale, Secretary.

To simplify the application of the state civil service law to state hospitals and other state institutions, the state commission has appointed deputy examiners for each. In the large state hospitals, assistant physicians were chosen for this work.

Springfield Lake Tuberculosis hospital, which has been completed at a cost of \$260,000 and will accommodate about 100 patients, will first receive the tuberculous patients now housed in the infirmary hospitals of the cooperating counties—about 47 persons in all. The remainder of the quota will be admitted from applications filed with the township trustees in the different counties.

#### COUNCIL MEETING POSTPONED.

The meeting of Council of the State Society, scheduled for February 5, has been postponed. The preparation of the program for the next state meeting had not advanced sufficiently to present to Council for approval. The meeting will probably be held in March.

On February 11 Dr. R. H. Grube, of Xenia, trustee of the district tuberculosis hospital and member of the State Board of Health, addressed a public meeting in Chillicothe, at which a campaign was started to provide a district tuberculosis hospital for south-central Ohio.

Dr. W. D. Inglis, Columbus, fractured the small bones in his foot while descending the steps at Protestant Hospital, late in January.

## DEATHS

**Dudley Peter Allen, A. M., M. D., LL. D.**, Harvard University Medical School, Boston, 1880; emeritus professor of surgery, Western Reserve University, died January 6 at the Ritz Carlton Hotel, New York, following a brief illness. Dr. and Mrs. Allen arrived in New York a few days before preparatory to starting for California, where he was stricken with pneumonia. The funeral service was held at the Allen residence, "Glen Allen" in Cleveland. Since his resignation in 1911 from the faculty of the medical department of Western Reserve University, as professor of surgery, Dr. Allen maintained a winter home in New York and had traveled extensively. During his long residence in Cleveland, he was active in the Second Presbyterian Church and in philanthropic work, trustee of Cleveland Museum of Art and the Western Reserve Historical Society. He was a member of Union, Euclid, University, Mayfield, and Rowfart clubs, of Cleveland, and New York University Club.

Dr. Allen served as president of the Ohio State Medical Association in 1892-3. He had been a member of the State Society since 1885. In 1906-7 he was president of the American Surgical Association and at the second convocation of the American College of Surgeons, was made an honorary member.

Dr. Allen was born in Kinsman, March 25, 1852, was graduated from Oberlin in 1875, received his master's degree in 1883, was graduated in Medicine by Harvard in 1879. In 1908, Oberlin conferred the degree of LL. D. He was professor of principles and practice of surgery, at Western Reserve University Medical College from 1893 to 1911. During his career, he made frequent trips abroad and spent long periods in the chief clinics of Europe. In 1892 Dr. Allen married Elizabeth S. Severance, who survives him.

**Hunter Holmes Powell, A. M., M. D.**, Medical College of Virginia, Richmond, 1867; senior professor of obstetrics and pediatrics Western Reserve University School of Medicine, died January 9, at his home in Cleveland after a very brief illness. Dr. Powell moved to Cleveland from Virginia soon after the Civil War. He was connected with the staff of the college for 40 years and was visiting physician to Lakeside Hospital almost from the institution's foundation. He was director of the medical staff of St. Ann's Maternity Hospital; consulting physician at Charity Hospital and a member of the medical staff of the Babies' Dispensary and Hospital. Dr. Powell was president of the milk commission of the Cleveland Academy of Medicine at the time of his death and was very active in promoting



the work of this body. Dr. Powell was a member of the Ohio State Medical Association for nearly 40 years. His body was removed to the family home in Winchester, Virginia, for burial. His friends believe that the death of his life-long friend, Dr. Allen, brought about his sudden death.

**Lorenzo E. Brayman, M. D.**, Western Reserve University School of Medicine, 1869, died Sunday, January 3, at his home in Pierpont, Ashtabula county, where he had practiced for over 25 years. Death came after failing health, covering a period of some months. He was 71 years of age. His wife and one son survive him. Members of the Masonic order, in which he had gained high rank, conducted funeral services.

**Joseph Piersol, M. D.**, University of Pittsburg, Medical Department, 1890, died January 1 at his home in Bellaire. Dr. Piersol was born in Beaver, Pennsylvania, in 1851. Following his graduation he located in Bellaire, where he had practiced 24 years. For several years he conducted a drug store in connection. He was a member of the Ohio State Medical Association and other medical organizations. A wife and four children survive him.

**William Marcellus Eddy, M. D.**, Cleveland University of Medicine and Surgery, 1865; later instructor in anatomy in his Alma Mater; a pioneer practitioner of Marengo, Ia.; died at his home in that place, December 27, aged 76.

**Scott Fulton, M. D.**, Columbus Medical College, 1892; died January 15 at his home in Columbus, after an illness of three days. He was fifty years of age and leaves a wife and one daughter. The body was taken to Waterloo, near Mt. Sterling, for burial.

**Henry W. McLaughlin, M. D.**, College of Physicians and Surgeons, Baltimore, 1885; died January 13 at his home in Marietta. He had been afflicted with locomotor ataxia for twenty years. Dr. McLaughlin was the son of Prof. H. M. McLaughlin, formerly of McConnellsville. He located in Marietta after his graduation.

**George G. Rutledge, M. D.**, Starling Medical College, Columbus, 1886; died January 22 at his home in Owensville, Clermont county. Dr. Rutledge formerly practiced in Athens county, at Albany. He was a member of the Athens County Knights Templar.

**J. G. Lapp, M. D.**, of Woodsfield, died January 23 of heart disease. Dr. Lapp was an active practitioner of medicine in Monroe county for thirty years. He practiced in Green township, where he also farmed. At the time of his death he was

serving as county auditor, having been re-elected. He leaves a wife and five children. The body was removed to Newcastle for burial, county officials acting as pallbearers.

**George S. Courtright, M. D.**, Medical College of Ohio, Cincinnati, 1862, of Lithopolis, Fairfield county, died January 19, aged 74. He located in Lithopolis shortly after the Civil War, having served as army surgeon. Dr. Courtright was a member of the Fairfield County Medical Society and a life member of the Ohio State Medical Association. He was prominent in the Lancaster Commandery, Knights Templar, which order had charge of his funeral. He is survived by a widow and son. Dr. D. V. Courtright of Circleville is a nephew.

**Albert W. Squires, M. D.**, Columbus Medical College, 1883; died January 15 at his home in White Cottage, Muskingum county, aged 61. Dr. Squires was a member of the Muskingum County Medical Society and of the O. S. M. A. He is survived by a widow, two sons and two daughters.

**James W. Starr, M. D.**, Cincinnati College of Medicine and Surgery, 1881; died at his home in Montpelier, Sandusky county, January 14, 1915, aged 63. Following his graduation he practiced but a short time. The greater part of his life was spent as a druggist.

**J. C. Pendergrass, M. D.**, aged 73, retired physician of Guysville, Athens county, died January 22, following a brief illness. He was a veteran of the Civil War.

**Charles B. Scott, M. D.**, University of Buffalo, Medical Department, 1881, who practiced for many years in Loudonville, Ashland county, died January 27 at Knoxville, Tennessee, where he had resided for some time. Dr. Scott was born in Loudonville in 1856 and had a large number of friends in that section.

**Henry F. Weis, M. D.**, Grossherzogliche Ruprecht-Karls Universität, Heidelberg, Germany, 1854; proprietor of a concern which manufactured patent medicine, died suddenly January 26 at his home in Dayton, where he had practiced for fifty years. He was 84 years old and served in the Civil War.

**William H. Sherwood, M. D.**, aged 64; Western University, School of Medicine, Cleveland, 1873; died January 26, at his home in Unionville, Lake county. Death came very suddenly. The doctor had been in his usual health. He was born in Unionville and lived there throughout his life. Dr. Z. O. Sherwood, of Geneva, a nephew, together with a widow, survive.

# NEWS OF STATE MEDICAL BOARD

## OFFICIAL BOARD

SILAS. SCHILLER, M. D., President, Youngstown, March 17, 1919

LEE HUMPHREY, M. D., Vice President, Malta, March 17, 1917

S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1914

A. RAVOGLI, M. D., Cincinnati, March 17, 1915

LESTER E. SIEMON, M. D., Cleveland, March 17, 1918

J. H. J. UPHAM, M. D., Columbus, March 17, 1920

T. A. McCANN, Dayton, March 17, 1916

GEO. H. MATSON, M. D., Secretary,  
Office, State House, Columbus.

Examiner in Preliminary Education,  
K. D. SWARTZEL, M. Sc., Columbus.

On January 20 Dr. Matson brought to successful termination the prosecution of one J. H. Trams, of Cincinnati, who had built up quite a profitable business trafficking in an alleged tuberculosis "cure." Trams did not claim to be a physician. He claimed to have cured himself of tuberculosis and offered to cure others for \$50. His "remedy" was merely the usual stimulant adopted by all tuberculosis fakirs.

It is charged that two licensed physicians in Cincinnati had working agreement with Trams. The latter would locate the patient and assure him that he was tuberculous, and would advise him to call on one of these doctors for diagnosis. The physician, after making the diagnosis, would frighten the patient so that Trams might easily extract the fee. It is charged that Trams divided this with the doctors.

The entire case was more reprehensible because, in several instances, Trams secured patients who were under treatment at the dispensary at the Anti-Tuberculosis League. In police court it developed that one of the men Trams claimed to have cured had died. The judge, after securing a promise that Trams would quit business fined him \$25.00 and costs.

## TWO DRUGLESS HEALERS ARE CONVICTED IN HARRISON COUNTY

Chiropractor and "Drugless Therapist" Fail—Indicted and Found Guilty.

Dr. Matson, at the request of the Harrison County Medical Society, co-operated with the prosecuting attorney of that county in securing conviction in Common Pleas Court on January 27 and January 30, respectively, of Harrison H. Lynn and William Stires, who had previously been indicted for practicing medicine without a license. Lynn, a chiropractor, attempted to prove in court that the fees which he had received from his patients in the case cited, were tendered him as a

Christmas present. Stires, who had once studied medicine but never succeeded in securing a license, is a drugless therapist. Both had been very active.

One of the regretable features of the trial was the appearance as a witness for Lynn, of J. C. McClester, of Harrisville, who attempted to testify that chiropractic is not practicing medicine. Records show that McClester was graduated from Ohio Medical College in 1894. It is understood that he has abandoned the practice of medicine and is engaged in other forms of healing.

## TRY TUBERCULOSIS "CURE" PROMOTOR AT CINCINNATI

Other Cases Where Certificates Were Threatened Brought Up At Special Meeting.

The board held a special session at Hotel Sinton, Cincinnati, on Tuesday, February 9. The meeting was called chiefly to hear the case of Dr. Louis F. Preston, formerly of Ripley, who has been exploiting an alleged tuberculosis cure through the Cincinnati newspapers. (January Journal, p. 71.)

The fact that many of the witnesses were tuberculous, and unable to travel to Columbus for the hearing, caused the board to try the case in Cincinnati. Report of this hearing will appear in next month's Journal. Preston was cited to show cause why his license should not be revoked. Others cited to show cause why their licenses should not be revoked were: Drs. H. E. Twitchell, of Hamilton, charged with the illegal sale of narcotics; D. M. Ulrey, J. F. Knox and Maurice E. Welke, all of Cincinnati, charged with illegal sale of morphine and cocaine.

## URGE YOUR REPRESENTATIVE TO SUPPORT HOUSE BILL No. 142

Will Aid Materially in Ridding Ohio Profession of Licensed Quacks.

The value and force of the Ohio Medical Practice Act in dealing with the licensed quack will be materially strengthened by the enactment of the bill introduced into the House of Representatives on January 26 by Dr. W. S. Hoy, representative from Jackson county—known as House Bill No. 142.

This bill has been indorsed by the legislative committee of the State Society and by the Ohio Public Health Federation.

Dr. Matson has prepared the following brief



statement explaining it. He will forward copies of the bill on request:

"House Bill No. 142, by Dr. Hoy, of Jackson, to amend the Medical Practice Act. This provides:

"First—That the medical board may **suspend** as well as **revoke** a certificate.

"Second—Provision is made for suspension or revocation of a certificate of one who is guilty of 'unprofessional or dishonest conduct' and this conduct is defined. The term 'gross immorality' is left in the law because we already have a Supreme Court interpretation of this term as it applies to medical practice. It will be noted that some of the offenses mentioned in the definition for 'unprofessional and dishonest conduct' might well be regarded as 'gross immorality,' but if these offenses are read into the law many who are committing them can more readily be influenced to cease such practices.

"If this act becomes a law, a person who hires solicitors or hotel keepers to drum up business for him will be subject to having his license suspended or revoked; if he promises to cure a disease that is recognized as incurable, his certificate may be suspended or revoked; if he betrays a professional secret or if he advertises his practices, using extravagantly worded statements intending to deceive or defraud, or if he mentions any of the diseases specified in the third division of the definition of 'grossly unprofessional or dishonest conduct'; or if he practices under a company name like the 'United Doctors,' or 'Interstate Doctors,' and not under his own name, his certificate may be suspended or revoked; or if without the knowledge of the patient he splits the fees with another physician or another person, his certificate may be suspended or revoked.

"Third—Under the present law the board cannot compel the attendance of witnesses when applications for revocations are heard. Under the proposed law witnesses will be compelled to appear before the board when subpoenaed, and to produce books and records when such are demanded.

"If enacted, this law will not in any way affect any person who does not hold a certificate issued to them by the State Medical Board. It has nothing whatever to do with the sale, advertising, or exploitation of so-called proprietary or patent medicines. It may only be applied to those who are licensed by the State Medical Board.

"In brief, this law is to prevent quackery on the part of registered physicians."

#### NEW OFFICERS.

At the last regular meeting, Dr. Silas Schiller of Youngstown, Eclectic member of the board, was elected president to succeed Dr. T. A. McCann, of Dayton. Dr. L. E. Humphrey, of Malta, was re-elected vice president, Dr. George H.

Matson, re-elected secretary, and Dr. S. M. Sherman, of Columbus, was re-elected treasurer.

Cleveland newspapers state that Dr. E. C. Skinner, whose license to practice was recently revoked by the board, because of his alleged connection with the East End Maternity Hospital, will conduct a legal fight to force the board to reinstate him.

## CASE REPORTS

### A MIGRATING CATHETER.

Miss E. K., aged twenty-five, thought she was pregnant. A woman, whom she consulted, introduced a catheter. Seeking to remove the catheter three days later, Miss E. K. failed to find it. She had no disagreeable symptoms and, easy of mind, the incident was forgotten. Sudden pain in the right side of the abdomen, sharp and colicky, caused her to seek medical aid eight days later. Tender in the right iliac region, with pain referred to the epigastrium, a history of repeated attacks of indigestion, rise of temperature and high white count (15,000), she entered the hospital under the diagnosis of appendicitis. This she had—and more. Appendix, tubes, ovaries and uterus were welded in one firm mass. Separation of the dense adhesions freed the appendix and it was removed. A rapid convalescence followed, and she left the hospital thirteen days after the operation seemingly in good health—cured. Twelve days elapsed. A fluctuating mass had appeared in the left groin, also a discharge from the vagina. Her temperature was up and white count high. Inguinal adenitis was the diagnosis when she went to the hospital this time. The abscess was drained, and in the cavity was found a catheter—thirty-one days after its confessed introduction into the uterus. In due time Miss E. K. left the hospital cured.

Homer H. Heath, Toledo.

Montgomery County Anti-Tuberculosis Society has organized a staff of twenty local physicians, who during the next few months will present brief lectures on tuberculosis before organizations of every description—lodges, labor unions, literary clubs, business men, Sunday schools, mothers' clubs, etc. It is hoped in this manner to reach thousands with the message of tuberculosis prevention. The lecturing physicians will organize in classes to better develop lectures that will be brief and effective.

Cleveland department of health had an interesting pure food exhibit in the recent municipal pure food show.

## NEWS NOTES

Dr. A. S. McCormick, of Akron, is at present doing post-graduate work in New York.

For Sale—New nose and throat instruments at a bargain. Address Dr. J. G. Grant, Akron, Ohio.

Mrs. S. St. J. Wright, of Akron, wife of Dr. S. St. J. Wright, of Akron, died January 21, of erysipelas.

Dr. W. G. McDade, East Liverpool, was painfully burned January 23, while repairing his automobile.

Dr. G. E. Robbins, of Chillicothe, addressed the farmers' institute at Williamsport, January 28, on "The Conservation of Health."

Dr. A. J. Crawford, of Glouster, early in February made an appeal to Governor Willis to support the movement to aid the miners in the Hocking Valley district.

Dr. James L. Watson was re-elected medical director of the Toledo Traveling Men's Life Insurance Company, at the annual meeting of the company in January.

Dr. R. C. Longfellow, of Toledo, who was the Exalted Ruler last year of Toledo Lodge of Elks, has been appointed District Deputy, Grand Exalted Ruler, for Ohio Northwest.

R. G. Paterson, director of the division of public health education of the State Board of Health, assisted in the organization of a Public Welfare League at Bucyrus on January 27.

At the suggestion of the committee on public health and sanitation of the Toledo Commerce Club, Safety Director Grovenwold has ordered the enforcement of Toledo's anti-spitting ordinance.

Dr. J. Lilliam McBride, of Mansfield, is in Philadelphia visiting her son, who will be graduated shortly as a civil engineer by Drexel Institute. During her visit she attended a course of lectures and clinics at her alma mater, Women's Medical College of Pennsylvania.

The medical staff of the Hamilton Anti-tuberculosis League at a meeting on January 21 elected Dr. Louis H. Frechtling medical director; Drs. Hugh Schell, M. F. Vereker and W. E. Griffith, medical examiners; and Dr. A. C. Corney, laryngologist.

## CORRESPONDENCE

Dear Doctor Upham.—Your Association is to be congratulated most heartily upon the high character of its Journal. It is a credit to any state. May it always be maintained upon as high a plane of excellence.

I trust that ere this you are in receipt of Bulletin No. 1, July 1, '14, of our state society containing on page 27 a report upon our medical defense law. It gives a fair statement of the present conditions with us. On page 12 you will notice the results of five years' experience here. The average expense per capita for this period has been between eleven and twelve cents, annually! I think the act will remain upon our books a little longer!

The proposed act, as laid out in the November Journal of your State Association is an admirable one and once adopted, it will give great satisfaction. Unless I am much mistaken, the best physicians in Ohio will heartily agree with Dr. Townsend in their estimate of the value of the measure. I have had considerable correspondence and several conferences with the doctor in relation to this subject and have the utmost confidence in his opinions on the matter. You are on the right track, doctor, and I hope at the December meeting the law was endorsed and that it may become operative at the beginning of the new year.

It goes without saying that no law is worth much unless it be properly carried out. Tact, discretion and again tact will be essential to the success of your law, as it has been in all the other states. No state has yet repealed a medical defense law. It will be many a day, in my opinion, before such a step is taken.

If I can be of any service to you along these lines, please command me at any and all times.

Cordially yours,

(Signed) George W. Gay, M. D.

Ex-Pres. Mass. Medical Society, etc.

665 Boylston St., Boston, Mass.

### THEY LIKE OUR JOURNAL.

Editor, The Journal.—You know that our house has never been what I should style an advertising concern; we have always held to the belief that our products should "speak for themselves," but realizing the position of your Journal, we should very much like to give you a contract for one quarter page for a year.

We hand you enclosed herewith the advertisement which we should like to have appear in your esteemed journal, etc.

E. R. Squibb & Sons.

Per Mr. Weickers, Vice-Pres.

New York, N. Y.



## ARE THE CHIROPRACTORS BUSY? LOOK AT THIS?

This reproduces a two-column display advertisement which appeared in the Cadiz (Harrison county) newspapers late in January, and is a good example of the activity of the chiropractors in "boosting" their practice bill now pending before the General Assembly.

Harrison H. Lynn, the Chiropractor who inserted this advertisement, was tried in common pleas court at Cadiz and convicted January 27, 1915, of practicing medicine without a license.

Throughout the state chiropractors are resorting to this and similar methods to create sentiment for their measure—House Bill No. 220, by Rep. Platt, of Ashtabula county.

They are bringing every possible pressure to bear upon legislators to cause them to vote for the chiropractic bill—the iniquities and dangers of which are explained on another page this month.

What are you doing to place YOUR representative in possession of the real facts?

Request him to work and vote against House Bill No. 220!

## PUBLIC HEALTH ACTIVITIES IN VARIOUS OHIO CITIES

The Pennsylvania Railway Company has issued a bulletin describing the measures it has taken to safeguard, through cleanliness, the health of its passengers.

Myron J. Jones, of Washington, D. C., executive secretary of the National Mouth Hygiene Association, on January 21 addressed a meeting of public health workers in Canton. The meeting was the first step in a campaign to institute free dental clinics in the Canton public schools.

In his annual report as health officer of Hamilton, Dr. A. L. Smedley recommends the addition of a plumbing inspector, the enactment of an ade-

# CHIROPRACTIC



There are larger insane asylums and more insane, larger blind institutions and more blind to fill them, larger deaf and dumb asylums, and more deaf and dumb to use up your taxes than there ever was, and the M. D.'s still holler for more power.

Five thousand years of FAILURE should be enough Write your Representative Beetham at Columbus to vote favorably on the Chiropractic bill to be presented at this session. Do it to-day!!

## HARRISON H. LYNN,

SUMMIT BUILDING

10-12 A. M. 2-5 P. M.

CADIZ, OHIO

quate housing code, extension of meat and milk inspection, and the establishment of an annual "clean up" day.

City Chemist A. E. Hardgrove, of Akron, made 743 bacteriological and chemical examinations during 1914. Examinations included everything from the examination of the stomach of a hog for poison to testing of lima beans.

Mayor F. W. Rockwell, of Akron, has urged when a vacancy occurred upon the Board of Health to appoint Dr. Isabel Bradley, who is well qualified for the position and a leader of the "cleaner Akron" campaign. Mr. Rockwell appointed G. H. Kuhlke—a baker.

Surgeon Carroll Fox, U. S. P. H. Service, who is conducting a Federal health survey in Toledo in connection with local agencies, has already made several tentative suggestions regarding control of tuberculosis, food and milk supplies, cooperation in municipal departments, etc. The newspapers of Toledo are adding greatly to the value of his work by giving the matters under consideration wide publicity.

## SECRETEARS

Late returns, coming after the January issue of The Journal went to press, brought the total membership for 1914 up to 3903, which was nine under the record of 1908.

Summit will be a 100 per cent county. Dr. McCormick assures us that they will beat their 1914 record for prompt payment of dues by just one month. The Summit Society, the doctor says, will be on the 100 per cent list by March 1—and he knows.

Dr. Dixon, secretary-treasurer of Pike county, modestly sends a check for thirteen members. Yours is a 100 per cent county, Doctor. Congratulations. With a 100 per cent. start, we predict that Pike will smash records.

Gallia county is certainly starting the year right. Dr. Charles Holzer informs us that the society has eight new members, which is some beginning. But that is not all! Gallia is a 100 per cent county. Gallia has five more members than last year. Get ready for the 100 per cent. dinner, Dr. Holzer.

The big counties are slow in qualifying. There was nothing from Cleveland up to February 1, nothing from Toledo, Dayton and Canton. Cincinnati put up 51 members, Akron 62, and Columbus 162. (Good work, Bigelow.)

We are worried about Preble county. At one time this society had a membership of 27. This was in 1904. From then until 1912 it fluctuated between 17 and five. In 1913 it dropped to three; last year it was five. Are you dead, Preble? We understand you have had no meeting for two years, that the officers you elected then still hold their honorary offices. Do you realize, Preble county, that the State Society is on the boom, is doing big things? Do you realize that every county around you and, with the exception of Henry, Wood and Carroll, every county in the state is doing active, effective work. Morgan county, for instance, has qualified 100 per cent. Dr. Northrup, the secretary, says: "I think we will be able to add a few more to the list later. We are having a 'live' society." Every mail brings us reports of increased activity. And, Preble, you have to get busy or get left behind.

We congratulate Vinton county on becoming a 100 per cent society. Vinton is number seven on the list.

We are certainly setting a pace this year. Never in the history of the Association have the January

returns in membership been so high. In 1913, 124 members qualified in January; in 1914, 174 members; this year, 586.

### CINCINNATI ACADEMY PLANS FOR GREAT STATE MEETING

Dr. Smith, Chairman of Committee, Writes of Advance Entertainment Details.

A note to The Journal from Dr. E. O. Smith, of Cincinnati, who is chairman of the local committee on arrangements for the next annual meeting, which will be held in Cincinnati during the first week in May, states that arrangements are well under way.

The new Hotel Gibson, which is one of the largest and finest in the country, has been selected as headquarters. The scientific and commercial exhibits will be located on the mezzanine floor. Uniform booths similar to those used at the Columbus state meeting will give the exhibit an artistic and attractive effect. All scientific sessions, including the meetings of the seven sections, will be held on the floor above the mezzanine. This floor of the hotel has been so arranged that it may be divided into any number of meeting halls, each splendidly equipped.

The social functions on Tuesday and Wednesday evenings will be at the Hotel Gibson. Dr. Smith writes: "If our plans materialize, as I feel sure they will, our social functions will give a surprise or two, but will be high-class and clean."

Plans are being made to care for between 1000 and 1200 visitors. The association of Medical Inspectors of Schools and the Ohio Clinical Society will meet in Cincinnati during the same week.

Dr. Smith adds: "Our new Cincinnati Hospital will be occupied and in full operation at the time of the meeting, a visit to which I am sure will be of interest to all members of the profession, as this is probably the last word in hospital construction in the world. Our local profession is very enthusiastic about the coming meeting and are united in their efforts to make this the best meeting the Ohio State Association has ever had."

### OSTEOPATHS ADMITTED.

The Ohio Osteopathic Society was not included in the original formation of the Ohio Public Health Federation. At the meeting of the Executive Council of the Federation on January 22, a communication was received from the society requesting that their 300 members be admitted to membership. By vote of the Council, the request was granted.

### ONE ON THE DOCTOR.

The Columbus Citizen headline "And It Shall Follow as the Night Follows the Day," the following item from the McArthur (O.) Gazette: "Dr. M——— was called Sunday night to see Adam Bratton, who is very sick now."



## PRESIDENTS OF LARGER COUNTY UNITS

NUMBER 1



Paul G. Hohly, new president of the Academy of Medicine of Toledo and Lucas County. He succeeded James L. Watson.

## MARRIAGES

### MARRIAGES.

Married, January 25, 1915: Dr. Robert Holbrook Smith, of Akron, to Anne Robinson Ripley, of Oak Park, Ill.

John Attig Burgoyne, M. D., and Miss Harriet Sharp Page, both of Columbus, were married January 27.

Mark D. Stevenson, M. D., F. A. C. S., of Akron, and Miss Martha von Novelly, of Vienna, Austria; married January 28, 1915.

Under our new system you may be certain that if it is advertised in The Journal it is "on the square."

## BUTLER COUNTY BULLETIN URGES MEDICAL DEFENSE

Cites Indication of Its Successful Operation in Pennsylvania Society.

The editor of the Bulletin of the Butler County Medical Society prints the following letter, with the comment: "Why not urge medical defense in Ohio? Some hungry, lank, and lean 'shark' may trim his or her sails for us at any time":

"Northeast, Pa., Oct. 10, '14.

D. H. Strickland, M. D., Erie, Pa.

Dear Doctor: I am pleased to inform you that the plaintiff in the Putnam malpractice suit withdrew the case in the Supreme Court at Mayville. It was called for Monday, and he called it off today. Attorney ——— I think can give you particulars. Thanking the Board of Censors for their great assistance, I remain,

Faternally yours,

B. H. Putnam, M. D."

"It is a rather pleasant pastime for an evil disposed plaintiff and a mercenary lawyer to bring suit against a lone physician, but to go up against the Medical Society of the State of Pennsylvania is an entirely different recreation. The physicians of Bucks who are not under the protecting wing of this powerful, for right medical organization of the State of Pennsylvania had better get there as soon as they can. All that is required to become a member of the Bucks County Medical Society is for you to be a moral man, to be a regularly licensed physician, to practice no exclusive dogma and to treat your neighboring physicians in a decent manner. It will cost you five dollars a year, and it may save you that many thousands.—Editor Bucks County (Pa.) Medical Monthly.

## ARE YOU IN CLOSE TOUCH WITH YOUR REPRESENTATIVE?

At the present time the legislative bulletins issued by the Ohio Public Health Federation are being sent to nearly 700 Ohioans—county committeemen of the affiliated organizations. They give brief digests of the bills affecting medical practice and public health, which are introduced into the House and Senate. The county legislative committeemen of the State Society are among those receiving these bulletins. The others are distributed among doctors, dentists, pharmacists, social workers, etc.

if any member of the State Society is in close touch with the representative or senator from his district, and desires to be kept closely informed as to pending legislation in order that he may exert his influence in favor of proposed measures, the Federation will be glad to place his name upon this bulletin mailing list. Send a request to that effect to Mr. Sheridan, 25 Ruggery Building, Columbus.

## REGISTER BY MARCH 1, UNDER NEW NARCOTIC LAW

Physicians should bear in mind that the Harrison (federal) narcotic law takes effect March 1, and that thereafter it will be unlawful for any person to distribute or have in one's possession any drug embraced in the act, unless such person has registered his name and place of business with the Collector of Internal Revenue of his district and paid a special tax of \$1.00, which must be paid annually thereafter.

The operation of the act will prove a source of irritation and annoyance to physicians, dentists, and others until it becomes more smoothly adjusted. We strongly urge that you take immediate steps toward complying with its provisions by writing the internal revenue collector for your district. The Ohio district officers are as follows: Cincinnati, A. C. Gilligan; Toledo, Frank B. Miles; Cleveland, Harry H. Weiss; Columbus, Beriah E. Williamson. Each has jurisdiction over the counties in his section of the state.

### Drugs Included

The drugs embraced by the act are: Opium and coca leaves, their compounds, derivatives, salts and preparations, excepting "preparations and remedies which do not contain more than two grains of opium, or more than one-fourth of a grain of morphine, or more than one-eighth of a grain of heroin, or more than one grain of codeine, or any salt or derivative of any of them in one fluid ounce, or, if a solid or semisolid preparation, in one avoirdupois ounce; or to liniments, ointments, or other preparations which are prepared for external use only, except liniments, ointments, and other preparations which contain cocaine or any of its salts or alpha or beta eucaine or any of their salts or any synthetic substitute for them; Provided, That such remedies and preparations are sold, distributed, given away, dispensed, or possessed as medicines and not for the purpose of evading the intention and provisions of this act. The provisions of this act do not apply to decocainized cocoa leaves or preparations made therefrom, or to other preparations of coca leaves which do not contain cocaine.

The act makes it unlawful for any person (even one who has registered and paid the special tax) to sell, barter, exchange or give away any of the mentioned drugs except in pursuance of a written order on a form to be supplied the registrant by the collector. This form will be in duplicate. The purveyor must keep the orders he has filled for two years subject to official inspection; and the purchaser must do likewise with the duplicate which he retains. These order forms will be sold to registrants at the rate of one dollar per hundred, and will bear the name, address and special tax number of the person to whom they are

issued. Then can not be used by any other person under penalty.

### To Qualify Physicians Must:

1. Make application to the collector of internal revenue of his district for registration upon blank to be obtained from such collector; and pay the required tax. Do this as soon as possible. Don't wait until the last moment.

2. Make application to the same official for the number of order forms wanted and tender payment for the same at the rate of \$1.00 per hundred. Application should be made on blank to be obtained from the collector of internal revenue.

3. March 1, 1915, take an accurate inventory of every item in stock coming under the operation of the law.

4. Make all orders for drugs coming under the operation of the law in duplicate upon order forms secured according to paragraph 2 above, and keep copy on file for two years.

5. Keep a record of the drugs coming under the operation of the law dispensed or distributed (except when dispensed or distributed directly to patient) showing: 1, date when such drug is dispensed or distributed; 2, kind and quantity dispensed or distributed in each case; 3, name and residence of the person to whom such drug was dispensed or distributed. This record must be kept for two years subject to inspection.

6. Druggists can not fill prescriptions unless: 1, the prescriber has registered under the act; 2, the prescription is dated as of the day issued and signed by the prescriber; 3, the prescription gives the office address and registry number of the prescriber.

It must be remembered that this is a revenue law and does not in any particular make it unnecessary to observe state and municipal anti-narcotic laws.

### CASES LIKE THESE REFLECT ON THE ENTIRE PROFESSION

#### State Board Receives Serious Complaint from Cleveland Man.

The board recently received a communication from a resident in Cleveland stating that one evening late in November he had called a physician with a request that he immediately visit his mother, who had experienced an acute attack of appendicitis at her home a short distance from the physician's office. The complainant stated that the physician first demanded a fee of \$2.00. The messenger had but \$1.50 with him, but promised to secure the remaining fifty cents immediately. The physician refused to leave the office



until the \$2.00 was tendered. As a result of the delay, the life of the complainant's mother was seriously endangered. He requested that the board take some action against the physician.

In replying to the letter, Dr. Matson stated that there is no law in this state compelling a physician to make calls or render medical service, but that if the facts as stated were correct, he believed the complainant's only recourse was to report the matter to the public press. He added:

"We have not heard the other side of this case and are taking it for granted that your statements are true. Under these circumstances we feel that the actions described are, to say the least, inhuman. Please do not charge this to the medical profession, but rather to the individual. It is a matter of common knowledge that the profession has always answered such calls with no thought of remuneration."

#### WAYNE COUNTY SOCIETY (DEROIT) HEARS THREE TOLEDOANS

January 25th was Toledo night at the Wayne County Medical Society, Detroit. Drs. Chas. W. Moots, E. I. McKesson and Williard J. Stone furnished a symposium on "Certain Factors Markedly Influencing the Morbidity and Mortality of Surgical Cases." This subject was discussed from the standpoints of (a) the surgeon, Dr. Moots; (b) the anesthetist, Dr. McKesson; and (c) the internist, Dr. Stone. A jolly dinner at the society's club house and an attentive audience of 400 in the society's splendid new auditorium gave the Toledo men a good impression of the way the Wayne County Medical Society does things.

Dr. Moots believes that worry increases the risk and retards the recovery in operative cases. He would eliminate all adverse stimuli; would entrench the conscious and subconscious minds with anoci-association, and keep all knowledge of the battle raging in the field of operation from the patient. The doctor has been very successful in applying the principles of anoci-association.

The blood pressure, according to Dr. McKesson, is the best prognostic criterion. He has found a patient with a pulse pressure of 20 or less to be invariably a poor operative risk.

In presenting the standpoint of the internist, Dr. Stone convinced his hearers of the need of a closer co-operation between surgeon and internist in the making of diagnoses and prognoses of surgical cases. Acidosis is a big factor in post-operative morbidity, and the patient should be studied to determine the presence of this condition.

Dr. W. G. Dice, Toledo, addressed an audience in the Waite High School, January 28, on the "Value of Health." The publicity given this talk by the newspapers is an indication of the virility of the health movement in Toledo.

#### DAYTON AND MARYSVILLE MEN ON STATE BOARD OF HEALTH

##### Governor Willis Makes Two Appointments to Fill Vacancies.

Governor Willis sent to the Senate on February 8 an announcement of the appointments of two members of the state board of health.

Dr. Angus McIvor, of Marysville, secretary of the Union County Medical Society, was appointed to succeed Mr. John W. Hill, of Cincinnati, who resigned.

Dr. J. Morton Howell, of Dayton, was appointed to succeed Mr. Josiah Hartzell, deceased. His appointment is for a term of six years.

The appointment of Dr. Daniel B. Conklin, of Dayton, made by Governor Cox just prior to leaving office, was held up by the new governor, along with several other appointments made by Mr. Cox.

#### MAGNIFICENT NEW HOSPITAL OPENED AT YOUNGSTOWN

##### City is Very Proud of Its New St. Elizabeth's—A Modern Institution.

The magnificent new St. Elizabeth's Hospital, Youngstown, was opened to receive patients February 1. On that evening a public banquet was served at Hotel Ohio to celebrate the completion of this magnificent monument to the growth of Youngstown. The bishop of the diocese presided and Dr. T. R. Darlington, of New York, director of the safety department of the American Iron and Steel Institute, was the chief speaker.

The new building, erected at a cost of nearly \$300,000, is the nucleus of a group which will be erected as the needs of the city demand. The building is of Italian Renaissance design with gray brick exterior, 47 x 150 feet, six stories high, and erected in conformity with the best tenets in modern hospital construction.

A commodious chapel, administration rooms, reception corridor and suites of private rooms occupy the first floor. The second is devoted to wards, nurses' rooms, etc. The third floor is reserved for women, with modern obstetrical equipment; the fourth floor is similarly equipped for men, with provision for isolation of contagious cases. A magnificent operating pavilion occupies the fifth floor, with smaller special operating and equipment rooms, and a pathological laboratory. The southern section of this floor is divided into wards for children. The well-lighted sixth floor is reserved for female charity patients, with a special obstetrical room.

In the basement, an ambulance drive leads to an emergency operating room for first-aid treatment. In the basement also are housed the X-ray department; kitchen, store rooms, service

rooms, nurses' dining rooms, etc. Complete electric signal service and almost every modern hospital convenience has been installed.

The present home of the hospital has been converted into a nurses' dormitory. The campaign for the present magnificent building was started in 1909 and was immediately endorsed by the Mahoning County Medical Society.

#### FIRST INDUSTRIAL SAFETY EXPOSITION IS SUCCESSFUL

Dr. Sidney McCurdy addressed the first annual Industrial Safety Exposition of Ohio, held at Columbus January 13 to 16, under the direction of the Industrial Commission. "The Relation of the Physician to Industry" was the doctor's subject.

The opinions expressed in this paper and in the ensuing discussion indicate that physical examination of employes will soon be generally adopted. It seems to be expedient under the compensation act, and is generally recognized as a great economic advancement.

The speakers iterated the benefits to be derived from dispensaries located in industrial plants, where numbers of men are subject to injury. The treatment is more prompt and the menace of infection less.

The modern medical school was criticised because of insufficient training for the students on the treatment of minor injuries. They are well trained in the technic of major operations; are graduated finished surgeons. This leaves the general practitioner who has but an occasional accident case with little experience in casualty surgery, and no opportunity to perfect himself.

According to Mr. Croxton, of the Industrial Commission, infections occurred in one out of every ten lacerations which came under the compensation act in Ohio. The Youngstown Sheet and Tube Co., which employs a physician and gives him ample facilities, has cut this rate to one in 960 cases.

The exhibition of safety appliances was very complete. The Industrial Commission has shown its progressiveness in being sponsor for the "safety first" movement in connection with the Ohio industries.

#### YOUR SOCIETY MIGHT TRY THE PLAN USED IN TOLEDO

##### Arranges Five-Minute Talks by Members for Lay Organizations.

Late in January the following letter was sent to every member of the Toledo Academy of Medicine:

Dear Fellow Member—Many society and business organizations desire five minute talks by physicians, on fundamental medical facts, at their regular meetings. These talks will be inter-

spersed in the regular programmes of their evening and will take very little of your time but will do much for humanity and for the medical profession.

Those who are willing to help in this work, please write Dr. H. J. Mogan, our secretary, giving their topic, and he will make all further arrangements. Will some member volunteer to speak on some one of the following subjects?

First Aid, Cancer, Typhoid, Scarlet Fever, Dust, Light, Personal Hygiene, Sore Throat, Eating, Sleeping, Tuberculosis, Children, Quacks and Quackery, Medical Cults.

Furthermore, the Academy wishes to call your attention to the annual roster of the Academy which will be published early in March. To have your name appear under the heading "Active Members, 1915, Paid in Full," it will be necessary to have your dues paid before March. By getting your dues paid early the officers are enabled to plan the work for the year to much better advantage and thereby give you all the more for your money.

Another aim we have is to enroll our Academy in the "100% Club," which means that all dues must be paid before March. It is just as easy to pay your dues now as later, so help us to help you and pay your dues now. Very truly yours,

H. J. Morgan, Secretary.

Paul Hohly, President.

#### LOW TYPHOID RATE.

Chief Medical Inspector Peters of the Cincinnati Health Department, in a report submitted to Health Officer Landis, states that Cincinnati ranks first among the twenty largest cities of the country in its immunity from typhoid fever. During the year, in 178 cases, only twenty-three deaths have occurred from the disease, making the percentage 5.71 per 100,000 of the population. The results of investigations of all cases reported are summarized in the following: Imported, 28; away from city within 30 days prior to illness, 36; drank well and cistern water, 8; drank water directly from the river, springs, etc., 16; drank turbid water following break in city main, 4; diagnosis doubtful, 4; source of infection unknown, 45.

Local newspapers report sixty cases of typhoid fever in Zanesville early in February.

FOR SALE—In Columbus, house of nine rooms, with three connecting office rooms; pressed brick, hardwood floor and finish; hot water heat, electricity, gas; on 54 foot lot. This house was built by a doctor for a doctor's use. A splendid location, near car line and high and graded schools. Will be sold for less than tax value. Easy terms if desired. D. C. Doney, Shepard, Ohio. Citz. 99142-1 ring.



## NEWS OF THE COLUMBUS ACADEMY OF MEDICINE

Four interesting and well-attended meetings of the Academy were held during January.

The session on January 4, following usual custom, was devoted to the report of the Committee on Medical Progress, of which L. L. Bigelow is chairman. Progress in surgery was reported by Dr. Bigelow; in medicine by J. M. Rector, in obstetrics by C. W. Hadley, and in therapeutics by J. A. Van Fossen. The reports made up a very interesting evening.

On January 11 Bishop Theodore Irving Reese, of the Episcopal Church, who has taken an active interest in social service, discussed "The Relation of Social Service and the Healing Art." He discussed at length the book on this subject written by his friend, Dr. Richard Cabot, of Massachusetts General Hospital. Bishop Reese advised Ohio cities to carry out the plan of complete co-operation between the social agencies and the hospitals, believing that both would be greatly bettered thereby.

C. A. Howell presented a paper dealing with the principles and practice of anoci-association at the meeting of January 18. The discussion was opened by J. F. Baldwin and V. A. Dodd. Andre Crotti, on the same evening, presented a paper dealing with pyloric stenosis in infancy, which will be published in an early number of the Journal.

John E. Greiwe, professor of medicine, Medical Department of the University of Cincinnati, presented a splendid paper on January 25, dealing with pulse irregularities. It was accompanied by an interesting lantern slide demonstration.

On the evening of February 1st the Academy tendered its members a complimentary banquet, served at the Lazarus restaurant. More than 200 attended. The medical members of the House of Representatives and Senate were special guests of the Academy.

At a preliminary business meeting the Academy unanimously indorsed the resolution requesting Governor Willis to appoint a medical man on the State Industrial Commission (see page 103, this issue).

John Dudley Dunham, president of the Academy, who acted as toastmaster, first introduced J. H. J. Upham, president of the State Society, who responded to the subject, "The State Association—Its Purposes." Dr. Upham emphasized the point that the profession must look beyond the business of making a livelihood through the practice of medicine to the high ideals upon which the profession is based if it is to meet the cross-fire of modern criticism. Medical men are today at the bar of

public opinion, not as individuals, but collectively, and will be judged by their activities in the great work of preventing disease and alleviating human suffering.

As a striking example of the advantages of organizing in professional fields along modern efficiency lines Dr. Upham cited the reorganization of the American Medical Association. It has accomplished wonders since it has been placed on a sound financial basis. Its work for higher standards in medical education, its propaganda against quacks, its activity in the evolution of drugs, its splendid journal and other publications, its bureau of public education and legislative assistance, demonstrates the value of effective organization work.

That the Ohio State Medical Association is carrying out its organization along these progressive lines is indicated, he said, by our improved journal our increased activity in legislative fields and in protecting the professions from serious abuses by various state departments, and in various other lines.

Judge R. M. Wannamaker, of the Supreme Court of Ohio, in a short talk on the relation of law to medicine, told the members of the Academy that there is practically no limit to the influence of medical men in public affairs if their organization is properly developed. He said that doctors are too modest in making their wants and needs known. He was warmly applauded when he declared that in his opinion the time has come for the state to demand of every person who seeks the right to heal the sick proof that he is qualified in the basic subjects which are necessary to a complete knowledge of the human body. "Let them qualify in the essential things—then let them practice what they please," was Judge Wannamaker's idea.

Dr. William Oxley Thompson, president of Ohio State University, made an inspiring address on the modern problems of medical education. He complimented the A. M. A. on the work it has accomplished in this field, but expressed the opinion that the increasing importance of the grading of medical schools would make it necessary to transfer this work to some public agency. He commented upon the rapid tendency to place medical education under the public schools and universities, and declared that the medical schools would profit by contact with the high university standards. He made a plea for the best men to take up medical teaching, declaring that it is of highest importance to man our medical colleges with men who are inspired with the love of applied science, and willing to devote their lives to the cause of humanity.

Dr. W. S. Hoy, representative from Jackson county, who has introduced a bill strengthening the power of the State Medical Board, was called on and gave a brief review of the measure.

## NEWS OF CINCINNATI ACADEMY OF MEDICINE

(Report by G. Strohbach, M. D., Correspondent)

**Meeting of January 4.**—Dr. W. D. Haines reported the following case: Acute obstruction of the bowels due to a hernia through a small split in the mesentery. Gangrene and peritonitis was present; patient died in thirty-six hours.

Dr. Moses Scholtz presented a patient, child, ten years old, and suffering from lupus vulgaris of eight years' duration. The diagnosis was between lupus and syphilis. All the clinical evidence points to lupus.

The first paper was by Dr. John W. Murphy on "Brain Infection from Chronic Middle Ear Involvement." Dr. Murphy reported six cases that he had operated on, and five of the cases recovered. Four patients were presented, illustrative of the work, and reported in detail as to onset and course of the disease, with time and indications for operation. All of the cases were of the serious type and presented surgical indications of a formidable character. All four of the cases presented were restored to good health, and represent a variation in age from six years to middle age. Character of operation and details of technique were given. Drainage of brain abscess was advised to be through a small incision.

Dr. Robt. Ingram, discussing, complimented Dr. Murphy on a very excellent, practical paper, and said it had been his pleasure to see three of these cases and study the case histories, and he felt sure the results obtained were above the average for cases with brain abscess. Dr. Bledsoe had charge of one of the cases and asked Dr. Murphy to see it with him. The case had had a mastoid operation and a brain abscess followed. Dr. Rankin, of Covington, read a pre-operative history of one of the cases, and brought out several important points. Dr. Wm. Mithoefer said he had seen ten cases of brain abscess in seven or eight years, and that only three cases recovered. He reported them in some detail and said that the after-treatment was very important. Dr. D. T. Vail said that most cases die. Dr. Murphy was to be complimented on the results in his cases. These operations should not be too extensive, and in the acute suppurative states the operator should not always do the radical operation. He had not had meningitis occur in his cases, and he thought that its occurrence was at times due to too extensive an operation. Dr. Sam Iglauer reported briefly some cases he had seen and operated. He complimented Dr. Murphy on the results in his series, and said it showed a great deal of skill as well as luck in the type of cases seen. Dr. Fred Lamb called attention to a differential point between meningitis and brain

abscess, saying the onset of meningitis was usually manifest by a change in disposition and marked restlessness, and brain abscess by some degree of coma. Dr. A. B. Thrasher called attention to the necessity of prophylactic treatment in these cases, saying that many could have been prevented. He went over the symptoms of brain abscess, and congratulated Dr. Murphy on the excellent results in his series of cases.

In the second paper by Dr. R. W. Staley on "Genital Tuberculosis," the essayist covered the ground of genital tuberculosis as separate from urinary tuberculosis, omitting any reference to bladder or kidney. Emphasis was placed on the differentiation between gonorrheal and tubercular vesiculitis and the dangers of heavy massage in the tubercular type, as it caused rapid dissemination. Treatment was divided into medical and surgical. In medical treatment all is done that is done for pulmonary tuberculosis in all its stages. Surgery is rather of the conservative type, removing the pathology and preserving the anatomy as far as possible. Symptoms were covered in a very careful way, as well as the differential diagnosis.

Dr. E. O. Smith, in discussing, said that he was thoroughly in accord with the principles of treatment advised by Dr. Staley. He advised conservatism in the treatment of tuberculosis of the testicle. He believed he was justified in saving a part of the testicle when not diseased.

**Annual Banquet on January 11.**—The banquet of the Academy of Medicine, which was held on January 11, was a splendid success. The committee on arrangements, consisting of Dr. E. Gustav Zinke, Dr. Magnus A. Tate and Dr. Chas. T. Souther, is to be complimented upon the thoroughness with which every detail was worked out. Two hundred and twenty-five members and guests were about the festive board and left the hall more than pleased, and have been discussing the many pleasant features of the occasion during the entire week past. It certainly augurs well for the coming year in the activities of the Academy.

The decorations were tasty. The arrangement of the hall in that groups were gathered around small tables, which favored a closer sociability than is possible in the more formal arrangements of long tables, added much to the charm. The music by the Goldenberg orchestra was pleasant in character and of a high grade, while the Macon entertainers added much to the enjoyment of the evening.

The Ramble in Rhyme, by Mr. H. G. Williamson, was the treat of the evening, and Mr. Geo. Mann, in his well-known skit in black face, entitled "Dr. I. B. Black," was greeted with uproarious laughter.

The toastmaster, Dr. J. H. Landis, was in his happiest vein, and added much to pass the fleet-



ing moments. His introductions of the retiring president, Dr. A. B. Thrasher, and incoming president, Dr. J. W. Murphy, were witty in the extreme.

The absence of long formal speeches was a delightful innovation, and we hope has set the fashion here.

The event closed with a new arrangement of Auld Lang Syne by Dr. Otto Juettner, with Dr. Juettner at the piano.

The only regretted feature of the evening was the absence of the ladies, who would have done so much to beautify and grace the occasion. The wives of the physicians have justly complained of the infrequency with which they can enjoy social occasions with their husbands. This would have been a particularly auspicious time to have begun with the custom of having the wives, mothers, sisters or sweethearts present.

There is a universal demand to make the occasion of the installation of new officers an annual banquet to allow greater opportunity for the membership to get acquainted.

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**Meeting of January 18.**—Dr. John E. Greiwe presented a case of complete heart block, with polygraphic tracings. The patient was a woman, seventeen years of age, with tubercular family history, and a personal history of practically all the diseases of childhood, attacks of rheumatism between the ages of seven and ten, and tonsillitis at twelve. Came under observation recently when the interesting cardiac condition was discovered.

Dr. W. E. Savage read a case report of general tubercular peritonitis, which cleared up remarkably after a laparotomy for suspected appendicitis. Finding the appendix normal, nothing was done but close the abdominal incision. The operation was done under ether anesthesia. Dr. Savage, after reviewing the various theories regarding improvement under the above conditions—such as admitting atmospheric air, regressive changes due to shock sustained by the viscera, acceleration of lymph and blood current—advanced the theory that as the bacillus of Koch is aerobic, the ether anesthesia produced a more or less prolonged anerobic condition, which favored destruction of the bacilli and inaugurated an era of recovery.

Professor Ernest Zueblin, professor of medicine at the Medical Department, University of Maryland, Baltimore, Md., addressed the Academy on "Personal Results in New Methods of Medical Diagnosis and Treatment." After a brief historical review, he discussed clinical diagnosis, laboratory diagnosis and treatment. He touched upon the work of Rosenow, Bass, Mackenzie, and other advanced workers in diagnosis, and stated his views and results of observations in cases which he had treated at the University of Maryland Hospital. He dwelt particularly on threshold auscultation of the various viscera, particularly the stomach and large intestine in Glenard's disease, when fluoro-

scopic and X-ray examinations are not available. He spoke of the various laboratory tests and difficulty in obtaining satisfactory findings in conjunction with clinical observation. His work with the Abderhalden reaction has not been very satisfactory because of the many difficulties presented, but he believed this test to be of value and that it would ultimately be simplified and made more available. He cited his experience with the use of pituitrin in acute cardiac dilatation, and the use of magnesium salts in various conditions. Professor Zueblin impressed his hearers, who listened to his address of one hour's length with rapt attention.

Dr. Wm. Ravine then read a splendid paper on "The Dangers and Fallacies of Intraspinal Injection of Salvarsan." Dr. Ravine fears that the profession in its zeal to combat syphilis is prompted rather by enthusiasm and theory than by reason and judgment. He plead for the use of time-honored remedies. He recited the history of disastrous results following intradural injections related by Gordon and Meyerson, and referred to the unfortunate occurrences at Los Angeles. He claims to have brought about the same cytological and chemical changes that can be credited to the method of Swift-Ellis with mercury and iodids alone, and in some cases combined with salvarsan intravenously administered.

Dr. David I. Wolfstein, in discussing, urged the use of the older methods and the discontinuance of such terms as "parasymphilis" and "metasyphilis." Syphilis is syphilis, and obscure manifestations should not be made more obscure by confusing nomenclature. He plead for the early and thorough treatment of syphilis; the treatment of paresis should begin in the late primary or early secondary stages before permanent damage has been done.

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**Meeting of January 25.**—No report of this meeting has been received. According to the program these papers were presented: "Syphilis of the Joints," Dr. Robert B. Cofield; "Intermittent Swelling of Salivary Glands," Dr. Goodrich B. Rhodes.

At this meeting the annual reports of the officers were received. Dr. A. B. Thrasher, the retiring president, reviewed the highly satisfactory work of the year, and requested that the younger members of the profession take a more active part in the work. He reviewed the work of the Academy in settling the difficulty that developed between the city board of health and the administration. He made several recommendations. The program committees of the various sections reported on their work, and the committee on medical charities commented on the results of the social service program—when an evening was set aside for joint discussion of social problems with social service workers of the city. In every department of activity the Academy had a most prosperous year.

## NEWS OF THE TOLEDO ACADEMY OF MEDICINE

(Report by B. J. Hein, M. D., Correspondent)

At the first regular meeting of the Academy of Medicine of Toledo and Lucas County, held Friday, January 1, at the Toledo Commerce Club rooms, the following officers were elected: Dr. Paul G. Hohly, president; Dr. Willard Stone, vice-president; Dr. H. J. Morgan, secretary. The sectional officers have not been appointed as yet.

**Meeting of January 15.**—"There were twice as many cases of rabies last year in Ohio as there were the year before," according to Dr. James McI. Phillips, of Columbus, who spoke before the Toledo Academy of Medicine, January 15, 1915. The doctor gave a very complete talk on rabies and the methods used in making the anti-rabidic virus. "Fifteen per cent. of all the dog bites," according to the doctor, "are rabid." "When the virus is used in the treatment of rabies, the mortality is less than one per cent." In the treatment, Dr. Phillips brought out the fact that carbolic acid should not be used because it is one of the best preservatives for the virus. Instead, as a local treatment, nitric acid, formalin or bichloride, 1-1000 should be used. The doctor demonstrated the method of taking out the spinal cord of a rabbit, the process employed in the preparation of anti-rabid virus, and the methods of administering it.

The paper was discussed by Drs. Morgan, Selby, Reinhart and Wright.

**Meeting of January 22.**—Harry Dachtler read an illustrated monograph on "Some Causes of Functional Disability Following Fracture," at the meeting of January 22 of the surgical section of the Academy. Mr. Dachtler's long experience in X-Ray work gives him the ability and privilege to criticize some of the methods used in treating fractures. He did it with facts and pictures—lots of them—forty-five minutes of them; and the men asked for more. Mr. Dachtler's monograph was by all odds the best presentation of the results in fractures as determined by late X-Ray pictures ever given in Toledo. He showed, for instance, that automobile fractures—in fact any fractures near the wrist—need little fixation when properly reduced. Too firm fixation of any joint leads to stiffness. Good functional results may be obtained in the face of bad anatomical results of the lines of pressure, leverage, and weight bearing are not interfered with. The X-Ray shows up the surgeon in a poor light as a mechanic. When he operates a fracture, he uses plates too short, screws too long, and screws too short. Every man who treats fractures should see Mr. Dachtler's pictures.

## NEWS OF CLEVELAND ACADEMY OF MEDICINE

(Report by J. E. Tuckerman, M. D., Correspondent)

The seventy-eighth regular meeting of the section on experimental medicine was held Friday, January 8, 1915, at 8 p. m., at the Cleveland Medical Library. Program: 1. On the Presence of an Anti-Sheep Hemolysin in the Blood of Guinea Pigs, Harold N. Cole, M. D.; 2. Further Studies on Nitrogen Retention, Howard T. Karsner, M. D.; 3. Further Observation on Etiology of Goitre in Fish, David Marine, M. D. T. Wingate Todd, F. R. C. S., Chairman. P. J. Hanzlik, M. D., Secretary.

### Medico-Pharmaceutical.

The tenth regular meeting of the Medico-Pharmaceutical Section was held Friday, January 29, 1915, at 8 p. m., at the Cleveland Medical Library. Program: Some Remarks on Digitalis, Wm. C. Alpers; The Ohio Public Health Federation, W. M. Bowman, of Toledo, president of the Ohio State Pharmaceutical Association.

### Meeting of the Council.

At a meeting of the council of the Academy of Medicine held Wednesday, January 13, the resignations of Dr. H. J. Lee and Dr. Hunter Robb, who have permanently removed from the city, were accepted. On motion, the resignation of Dr. M. T. Runyon, of Oberlin, who is retiring from practice, was accepted.

Dr. C. E. Ford asked to appoint as members of the legislative committee, the following, leaving one appointment open for special work: F. C. Waite, Ph. D., R. E. Skeel, M. D., C. W. Eddy, V. S. Approved.

Dr. R. G. Perkins asked to appoint the following as members of the committee on public health: J. J. R. MacLeod, M. D., W. H. Merriam, M. D., E. F. Romig, M. D., J. C. Placak, M. D. Approved.

Dr. Alvin S. Storey asked to appoint as member of the clinic committee Dr. W. J. Benner, leaving one appointment open for special work. Approved.

Dr. Moorehouse asked to appoint the following as members of the membership committee: W. J. Abbott, M. D., W. A. Medlin, M. D., W. A. Schlesinger, M. D., M. M. Moore, M. D., W. J. Manning, M. D., F. W. Hitchings, M. D.

Dr. Storey gave a partial report on the suggested plan for group insurance and indemnity against mal-practice for society members. Both Dr. Sawyer and Dr. Humiston discussed the question. On request of Dr. Storey, Dr. Humiston was made a special member of the civic committee to consider this subject.

### Special Council Meeting.

A special meeting of the council of the Academy of Medicine held Wednesday, December 30, 1914, at the Bismarck, the following were appointed chairmen of the standing committees: Legislative



committee, Dr. C. E. Ford; committee on public health, Dr. R. G. Perkins; civic committee, Dr. A. S. Storey; membership committee, Dr. G. W. Moorehouse; program committee, Dr. H. L. Taylor.

On motion the following were reappointed to the milk commission for the coming year: Drs. H. H. Powell, J. J. Thomas, H. G. Gerstenberger and S. K. Kelley. The secretary was directed to communicate this action to the Chamber of Commerce and the Homeopathic Medical Society.

The secretary presented the credentials of Dr. Howard T. Karsner for transfer from the Massachusetts Medical Society to membership in the Academy.

## COUNTY SOCIETIES

### FIRST DISTRICT.

**Clinton County.**—Clinton County Medical Society met at the Commercial Club rooms in Wilmington, December 31, 1914. Ten members were present. The officers for 1914 were re-elected.

Dr. F. A. Peelle read reports of three cases presenting unusual reactions to morphine and strychnine. The usual results of the drugs were apparently reversed, morphine acting as a convulsant and strychnine as a sedative. A detailed report of three cases showing this idiosyncrasy was made: (1) A case of malignant growth on tibia, in which pain was controlled by one-sixtieth grain doses of strychnine every four hours, after morphine had failed to relieve pain and had caused excitement. (2) A case of tuberculosis of hip in a young boy, where similar action was observed. (3) A case of cancer of stomach, where morphine acted as a convulsant and the convulsions were controlled by the administration of strychnine in large doses. Dr. Peelle's paper was discussed at length by the members present and interesting comments were made on the subject of drug idiosyncrasies and their probable causes.

Dr. R. Conard presented the subject of blood pressure measurements as a clinical aid in diagnosis and treatment, and demonstrated the method of taking the diastolic and systolic pressure, discussing the interpretations of readings. Adjourned to meet the last Thursday in January.

Robert Conard, Correspondent.

### SECOND DISTRICT.

**Shelby County.**—The Shelby County Medical Society met in regular session December 3, with the president, Dr. Pepper, in the chair. The president read a paper in which a recapitulation of the work for the past year was presented. There were no other papers and no cases reported. The following officers were elected:

President, M. F. Hussey; vice president, A. B. Gudenkauf; secretary, O. O. LeMaster; treasurer, B. M. Sharp; censors, L. M. Pepper and C. E. Johnson; delegate to State Association meeting, J. W. Costolo.

J. W. Costolo, Correspondent.

**Champaign County.**—The January meeting of Champaign County Medical Society was held on the night of January 14 at the home of Dr. Nelson M. Rhodes. The speaker of the evening was Dr. Rice the anesthetist of Grant Hospital, Columbus, who read a most interesting paper on "Some Practical Points in Anesthetics." Dr. Rice's paper was discussed by a number of those present after which Dr. and Mrs. Rhodes added materially to the evening's enjoyment by serving a lunch. There were 26 members and visitors in attendance, including a number from out of the city. The February meeting, it is hoped, will be held at the new County Hospital south of the city where it is thought a clinic will be held. This is a new feature of the meetings and it is thought that this will give added interest to the society meetings. The Champaign County Society is fast becoming one of the widest awake societies of the state and the meetings this winter have all been unusually well attended.

A number of the physicians of Urbana are contemplating the organization of a "Case Study Class." It is the intention of those who have the project in charge to meet two or more times a month at the office of one of the members and have the members present such interesting cases as have come under their observation for discussion and diagnosis.

David Moore, Correspondent.

**Greene County.**—The Greene County Medical Society met on Thursday, January 7, with sixteen members present. Dr. Lawrence Shields, of Mexico City, was an honored guest of the society.

Dr. F. W. Ogan, of Jamestown, elected president of the society at the December meeting, having declined to serve, his resignation was accepted, and Dr. J. O. Stewart, of Cedarville, was elected president in his place and Dr. W. S. Ridenhour, of Bellbrook, was elected vice president.

Resolutions on the death of Dr. C. M. Galloway, one of the oldest and most prominent members of our society, was introduced by the committee, Drs. Messenger and Spahr, and were unanimously adopted.

Dr. C. G. McPherson, the retiring president, delivered an address upon "Puerperal Eclampsia," which was so replete with practical suggestions that it elicited an animated and profound discussion.

D. E. Spahr, Correspondent.

**Clark County.**—At the meeting of the Clark County Medical Society, held on Dec. 15, 1914, the following officers were elected for the ensuing year: President, Dr. J. J. Moore, South Charleston, O.; first vice president, Dr. F. A. Hartley, Springfield, O.; second vice president, Dr. E. R. Bruhaker, Springfield, O.; secretary, Dr. J. R. McDowell, Springfield, O.; treasurer, Dr. W. C. Taylor, Springfield, O.; councilor, Dr. E. F. Davis, Springfield, O.

J. R. McDowell, Secretary.

**Meeting Honoring Dr. Kay.**—(Report from Springfield Sun)—More than fifty members of the Clark County Medical society and invited guests from other cities met at the Arcade Hotel Jan. 11 to do honor to the dean of the medical profession of Springfield and vicinity, Dr. Isaac Kay, now in his eighty-sixth year, who has practiced medicine for 67 years.

The occasion was arranged by the officers and members of the Clark County Medical Society as a tribute of respect to Dr. Kay, who has been a member of the society since 1853.

In the main dining room of the hotel dinner was served with one of the most elaborate menus in the history of the hotel. The tables were beautifully decorated with roses and carnations. The menu contained a portrait of Dr. Kay.

At the conclusion of the banquet the gathering was called to order by Dr. J. J. Moore of South Charleston, president of the Clark County Medical Society, who made an excellent address covering the progress of the science of medicine during the period of the activity of Dr. Kay. Dr. Moore also made an urgent appeal to the members of the society to uphold its interests and activities during the coming year, promising his best services to that end.

Numerous letters of regret, containing tributes to the honored guest of the evening, were read by Dr. C. L. Minor from Drs. J. C. Reede, Dayton; W. J. Conklin, Dayton; W. E. Lower, Cleveland, and the Drs. Hamilton, Columbus.

President J. H. J. Upham of the state association then offered the following toast:

"Here's to Dr. Isaac Kay,  
The man we gladly honor today;  
His eye is bright, his step is light,  
He still works hard from morn till night.  
May he live a hundred years,  
May he ne'er have cause for tears;  
And, when at last his course is run,  
We know the Lord will say, 'Well done.'"

President Moore presented Dr. Kay with a beautiful loving cup on an ebony pedestal, for which the venerable recipient made appropriate acknowledgment.

In a somewhat extended address Dr. Isaac Kay then gave interesting reminiscences of early medical history in Springfield, paying special tribute to

Drs. Robert Rodgers, Berkely Gillet, George P. Hackenberg and Dr. Alexander Dunlap.

In a splendid address Dr. Upham referred to the supreme obligations and splendid opportunities of the medical profession in this age of the world, recounting some of the more significant advances in medicine and surgery during the last half century.

He was followed by a few excellent remarks by Drs. H. R. McClellan of Xenia; Thomas G. Farr of South Charleston, and Dr. Clarence C. Gray of Dayton. The tribute of Dr. Gray was particularly significant, as he is a cousin of Dr. Kay, and made a reputation for eloquence by his address last evening.

Dr. W. B. Patton presented Dr. Kay with a beautifully inscribed resolution of regard on parchment suitable for framing, and Dr. C. L. Minor made a presentation of an autograph list of those attending the banquet, bound in embossed leather.

The occasion was pronounced by all to be one of the most attractive and well arranged affairs of the kind ever given by the medical profession of Clark county.

The out of town guests were: Drs. J. H. J. Upham, Columbus; Robert H. Gruhe and A. C. Messenger, Xenia; Thomas G. Farr and John J. Moore, South Charleston; Horace Barnes, Dayton; A. W. Detrick, New Carlisle; F. C. Gray, Dayton; H. R. McClellan, Xenia; A. F. Sarver, Greenville; W. H. Graham, South Charleston; J. E. Hunter, Greenville and Ben R. McClellan, Xenia.

**Montgomery County.**—At the meeting on December 4, Dr. C. W. King was named as delegate to the meeting of the state medical society, to be held in Cincinnati in May; Dr. J. A. Davidson member of the board of censors, Dr. B. W. Beatty, program committee, and Dr. Wehster S. Smith of the judiciary committee for another term. Dr. L. C. Patterson and Dr. George D. Gohn members of the mills commission; Dr. C. H. Breidenbach, member of the joint committee on contract practice.

At the meeting on January 15, a motion was introduced requesting that the department of health give complete publicity to the tests made of the milk produced by the various city dairies. The motion elicited wide discussion. Dr. A. L. Light, health commissioner, explained that funds for such publication were not available and that without explanation the reports might be unfair at times to the milk producers. The matter was referred to the milk committee.

Applications for admission to membership were received from Drs. F. L. Shively, Robert W. Firth and William I. Shafer of Dayton and Dr. H. H. Carter of Hamilton.

The following committees were named for the year by the president, Dr. C. C. McLean: Tuberculosis, Drs. Horace Bonner, E. E. Bohlender and C. N. Chrisman; public health education, Drs. Ger-



trude Felker, F. D. Crowl and C. W. Osburn; building reform, Drs. Webster S. Smith, Gertrude Felker and George Goodhue; library, Drs. George B. Evans, Gertrude Felker and H. H. Hatcher; judiciary, Drs. Webster S. Smith, C. H. Tate and T. K. Kislig; Red Cross (to co-operate with that organization in cases of emergency or disaster), Drs. C. C. McLean, R. E. Arn (the president and secretary being ex-officio members), W. A. T. Ryan, J. W. McKemy and A. J. Moorman; correspondent to State Journal, members of the program committee.

Dr. Ben R. McClellan, of Xenia, chairman of the legislative committee of the State Society was the speaker on Friday, February 5. He dealt with legislation pending before the present General Assembly, affecting public health and medical practice. City Attorney W. C. McConnaughey offered suggestions regarding the commitment of the insane to state institutions. County Prosecutor R. C. Patterson also addressed the society.

**Academy of Medicine, Dayton.**—Dr. Paul W. Tappan was elected president of the Academy of Medicine of Dayton, January 7; Dr. H. B. Harris, vice-president; Dr. J. G. Marthens, secretary; Dr. B. C. West, treasurer, and Drs. H. F. Patten, C. H. Tate and W. C. Marshall, board of censors. A banquet was served the forty physicians in attendance. Annual reports showed the Academy to have a membership of seventy-five, with a stronger esprit de corps than ever. Dr. W. H. Delscamp, retiring president, in his address urged the promotion of a larger measure of fellowship and co-operation among the physicians of Dayton.

At the meeting of the Academy on January 22, Drs. C. D. Smith, P. W. Tappan and M. Porter, presented a series of lantern slides dealing with the pathology of the kidney. Dr. Smith spoke on the "Psychosis of Pregnancy," Dr. Tappan, on "The Psychosis of Exhaustion," and Dr. Porter on "The Psychosis of Genito-Urinary Diseases."

On Friday, February 8, the Academy heard Dr. J. H. Landis, health officer of Cincinnati, read a paper on "The Relation of Vivisection to Medicine."

On Friday, February 26, the Academy will hear Dr. Otto Juetner, of Cincinnati present a paper on "Some Points in Electro Therapy."

**Darke County.**—The Darke County Medical Society held its regular monthly meeting at the Henry St. Clair Memorial Hall on January 14, with twenty-eight members present. After the reading of the minutes and disposing of several communications, Dr. C. A. Langdale, of Cincinnati, read a practical and scholarly paper on the treatment of trachectomies, which was followed by a spirited discussion. Dr. J. C. Poling, of Ansonia, followed with a paper on obstetrics, which was very interesting from a statistical point. Dr. J. O. Starr, of Pittsburg, reported a singular case of hemorrhage of the bladder in an old man ninety years of age.

The applications for membership of Drs. L. S. Hennen, F. M. Replogle, E. E. Lowery, J. F. Beachler and Chas. Wittenmeyer were read and referred to the board of censors to report at February meeting.

J. E. Hunter, Secretary.

### THIRD DISTRICT.

**Mercer County.**—Dr. Dana O. Weeks, of Marion, Ohio, councilor for the Third Councilor District of Ohio, addressed the Mercer County Medical Society of Celina, at a called meeting, January 4, 1915, upon "Organization and Its Advantages," "Medical Defense," and "Workman's Compensation." The address was well received and discussed by the members present and Dr. Weeks received the thanks of the society.

D. H. Richardson, Correspondent.

**Hancock County.**—Owing to the fact that there was no quorum at the January meeting, it was postponed. The February meeting will be devoted to a joint conference including members of the local board of health, dentists, pharmacists, veterinarians, representatives of all schools of medicine, and the representative and senator from the district. Pending legislation will be discussed.

Nelia B. Kennedy, Correspondent.

**Marion County.**—Officers of Marion County Medical Society were installed at a meeting held in the public library, Tuesday, January 5. Addresses were made by Dr. A. M. Crane, the retiring president; Dr. James W. McMurray, the new president; Dr. S. W. Mattox was elected vice president; Dr. E. O. Richardson was re-elected secretary-treasurer; Dr. A. Rhu, delegate to the State Society; Dr. C. F. Wyant, censor, and Dr. C. F. Crane, member and committee on public policy.

The following paragraphs are taken from Dr. McMurray's interesting inaugural address:

"At this time two members of our fraternity have suits in pending in courts, defaming their characters, and seeking money from hard-earned hoards, because, I fear, that other members of the fraternity have sent aid to the outsider. In this connection I would advise the medical fraternity to follow the legal. I well remember a case where an attorney had failed to pay a bill and the company he owed could not get another attorney to assist in its collection. They did not collect.

"A suit in court is not sought by any one. The usual course to pursue now is to buy a policy from one of the companies which offer to protect a doctor from mal-practice suits, but I judge from the history of the Workman's Compensation Acts that insurance companies have reaped some splendid financial returns from their policies.

"Why not insist upon having the State Medical Society bring out the policy they tried to develop

two years ago—thus protecting the members of the county societies from these attacks, at a nominal cost, and with the promise of some sort of success? Let us instruct our delegate to the State Society to insist upon the protective policy—medical defense

"The Workman's Compensation Act has had its defamers among the doctors, but I feel that, with the possible exception of the two hundred dollar limit for hospital and medical service, it is the greatest boom the doctor has had in legal matters. I well remember the old blanket policy brought by firms employing men whereby the doctors were paid for only the first visit, and if the case was one requiring many visits and dressings, the doctors 'held the bag'; but they were always wanted in case the injured person felt called upon to sue for an adjustment.

"Under the old order, the family of an injured person frequently had to ask for assistance from the county in order to live through the period of illness of the wage earner. But under the new law the payment of two-thirds of his usual earnings enable him to live and keep out of debt. The amount paid by the board may not always seem to be enough, but it is so much more than we so often received under the other plan, and, being paid with reasonable promptness, it is a much more satisfactory payment. Besides, one feels that he is not taking money from one who can poorly afford to pay. Let us insist upon the continuance of the Workmen's Compensation Law.

"The question of the program for the year is of a good deal of importance. I am going to appoint a committee of three who will have charge of the program who will announce the subject of the papers or paper at the meeting previous to the one at which they are to be read. To make this matter a success, those who have the interest of the society at heart will be ever ready to prepare and read a paper at the request of the committee. Everybody should be willing to so study the subject that the discussion may be something more than to say that 'I congratulate the doctor on the excellence of his paper, but I have nothing more to say.'

"What doctor has not at some time wished for sufficient funds at his disposal to have at hand a most comprehensive library? Yet we all own many of the best books in duplicate, which we use only for reference. If we had co-operation we could have had all of the others that we wanted for the same expense. It seems to me that now is a good time to ask the directors of this Public Library for space in which to house a large medical library, most of the volumes to be furnished from the funds of the society.

**Seneca County.**—The first meeting of the Seneca County Medical Society, under the new regime for the year 1915, was held in the ordinary of the Hotel Shawhan, at Tiffin, Thursday evening, Jan-

uary 21, at 8 o'clock. Fifteen members were present.

The program consisted of papers by J. D. Howe, whose subject was "Observations on the Limit of Human Life," and by G. L. Lambright, who discussed "The Clinical Significance of Urinary Findings." The general discussion that followed the reading of the papers proved most thorough and interesting.

President Uberroth appointed B. R. Miller as correspondent to the Ohio State Medical Journal during the coming year. Secretary Williard will have charge of the correspondence to the local newspapers. The program committee, consisting of R. C. Chamberlain, J. D. Howe and H. L. Wenner, contemplates the arrangement of a most excellent program for the current year. H. B. Gibbon was elected a delegate to the State Society meeting; R. G. Steele, of Melmore, alternate.

Unanimous sentiment in favor of holding several clinics at the Mercy and Jr. O. U. A. M. hospitals during the year developed at the session, and President Uberroth appointed C. F. Daniels, V. L. Magers and G. L. Lambright a committee to make the necessary arrangements. The physicians of Seneca county deem themselves as worthy and as competent to conduct this especial line of medical and surgical endeavor as their active, interested brethren have conducted so successfully in other counties of the state.

Your correspondent most heartily coincides with the effort of the members in their very commendable purposes to develop the heretofore seemingly latent force and activity of the membership.

If there should be coupled with this local innovation in the furtherance of clinical research and in mutual service improvement, another opportune innovation of the introduction of the studies of the various diseases in their season, a medical society that would adopt such a program of real usefulness and really necessary service would surely increase both the interest in the sessions and the membership attendance. It is true that physicians, as a whole, really desire a change occasionally in program methods. The old, stereotyped program may be the very best to be prepared, but somehow, it seems to be an indisputable fact that whenever an exceptional change is made in program presentation the attendance at such a session is very noticeably increased.

One of the greatest hindrances to the continued interest and success of a medical society is the unpreparedness of the member who had been assigned a subject for careful consideration and thorough discussion. It is indeed a lamentable fact that there are members who are depended upon to prepare papers, but when the time comes for the presentation of their subjects, attempt to apologize by simply saying that they had not the necessary time at their disposal. Where is there a physician in the State of Ohio today who can honestly, truthfully and conscientiously affirm



that he could find no time to prepare a paper? They do not lack the time but both the interest and inclination necessary to perform the task. No physician should assume the responsibility of performing an assigned duty without an earnest intention of doing his bounden duty.

After the adjournment of the session, the members hugely enjoyed a delightful smoker, which was given by M. W. Uberroth in kindly appreciation of the honor of his election to the presidency of the society.

Constantly observe the work of the Seneca County Medical Society and you will notice that it is also enlisted in the grand march of continual medical progress.

B. R. Miller, Correspondent.

**Shelby and Miami Counties.**—The semi-annual joint meeting of the Shelby and Miami County Medical societies was called to order January 7 by the president of the Miami County Society in the assembly room of the court house in Sidney. There were twenty-one doctors from Miami county and fifteen from Shelby county present; several others came in later. The program was as follows: "Reports on the Friedmann Treatment of Tuberculosis," Dr. J. W. Costolo, of Sidney. There were eighteen cases in which the results were followed out and no benefit to any of them recorded; discussion, Dr. Wright, of Troy. Dr. Gainor Jennings, of West Milton, read a paper on "Methods of Treatment Other Than Drug Giving"; discussion opened by Dr. Barker, of Piqua, after which the discussion became general.

At 12:30 the society was entertained to dinner at the Church of Christ by the Shelby County Society. The dinner was provided by the ladies of the congregation and was elegantly prepared and very graciously served. After dinner Dr. R. W. Staley, of Cincinnati, read a very excellent paper on "Obstruction to Urination—Causes and Treatment"; discussion to be opened by Dr. Thompson, of Troy, who unfortunately was unable to be present. The discussion of Dr. Staley's paper then resolved itself into questions asked the doctor by a number of those present. Dr. Staley's paper was very practical and full of information that might well be used by the general practitioner. Dr. Hobby, of Sidney, presented a clinical case of neuritis, marked by very extensive hyperesthesia. The case was very interesting and created marked interest. The meeting was a very interesting and instructive one and appreciated by the members present. These meetings are held semi-annually, one meeting in Shelby and one in Miami county.

J. W. Costolo, Correspondent.

#### FOURTH DISTRICT.

**Paulding County.**—At the last meeting held at Paulding, on December 16, 1914, the following officers were elected for the year 1915: President, Dr. A. H. Mouser, Latty; vice president, Dr. T.

P. Fast, Grover Hill; secretary-treasurer, Dr. R. J. Dillery, Paulding; censor, Dr. G. M. Brattain, Antwerp; delegate, Dr. J. R. Heath, Grover Hill; alternate, Dr. F. F. DeMuth, Cecil.

R. J. Dillery, Correspondent.

**Ottawa County.**—A special meeting of the Ottawa County Medical Society was held in Oak Harbor, Thursday evening, January 14, with a good attendance. Dr. Willard J. Stone, of Toledo, gave a talk on "Blood Pressure," which was one of the most interesting and instructive talks we have heard on that subject. The doctor is certainly master of the topic. Our visitors were Dr. Trumbull, of Woodville and Dr. Booth of Lindsey.

S. T. Dromgold, Correspondent.

**Paulding County.**—The Academy of Medicine of Paulding County met in the grand jury room of the court house, January 20, at 2 p. m., with President Mouser in the chair. The meeting was well attended.

Dr. L. R. Fast, of Paulding, read a paper on "Surgery; Its Scope and Its Future," which was full of good, practical points of interest not only to the men who do surgery, but more especially to the general practitioner. The discussion of this paper was opened by Dr. Kohn, of Grover Hill, followed by a general discussion.

Dr. J. U. Fauster, of Paulding, presented a paper on "Acidosis," which was well received by those present. Owing to the lateness of the hour, discussion was postponed and the doctor was asked to read the paper at another meeting when full discussion might be had.

The physicians of Paulding county have long felt the need of a hospital and after the matter was fully discussed, the president appointed a committee consisting of Drs. J. W. Cartwright, of Payne; E. D. Murphy, of Antwerp; J. R. Heath, of Grover Hill; L. R. Fast and J. U. Fauster, of Paulding, to consider plans and means of establishing a hospital.

The next meeting will be held February 17 in the room of Capt. R. C. Leslie in the Armory. Capt. Leslie has been generous enough to offer his quarters to the Academy for a home for the coming year in recognition for services rendered his company by some of the academy members. We are sure the academy will appreciate it.

C. E. Huston, Correspondent.

#### FIFTH DISTRICT.

**Erie County.**—The Erie County Medical Society met at the Sunyendand Club, Sandusky, at 8 p. m., January 6, 1915. The old officers were re-elected (Dr. Wm. Storey, president and Dr. Henry Graefe, secretary.) Drs. C. B. Bliss and C. H. Merz read papers on the prevention and treatment of tuberculosis. Miss Hart, visiting nurse, presented a paper on the visiting nurse's duties in the care of tubercular cases. The papers were

very interesting and instructive. There was a general discussion.

H. D. Peterson, Correspondent.

**Ashtabula County.**—The Ashtabula County Medical Society held its ninety-eighth regular meeting at the Ashtabula General Hospital, Tuesday evening, January 5, 1915, with President M. M. Battels in the chair. R. B. Wynkoop of Ashtabula was elected to membership.

The election of officers resulted as follows: President, M. M. Battels; vice president, E. Crockett; Secretary, J. J. Hogan and treasurer, A. W. Hopkins.

Motion was made for chair to appoint committee to interview the Ashtabula County Fair committee for a "better baby" show. After a thorough discussion of the subject, motion was carried. Committee appointed O. A. Dickson, Harlan Dudley of Jefferson and W. S. Weiss of Rock Creek.

The chief paper of the evening was, "Inter-relations of Physician, Medical Society and Public," by Dr. J. E. Tuckerman, of Cleveland, which was highly enjoyed, and gave the society and members any valuable points. The author was extended a vote of thanks for his excellent paper.

A luncheon was served by E. J. Lauton, superintendent of the hospital. This meeting was one of the best attended meetings in several years. We sincerely hope the enthusiasm will continue. All meetings hereafter will be held at Ashtabula General Hospital.

J. J. Hogan, Correspondent.

**Lorain County.**—The regular monthly meeting of the Lorain County Medical Society was held in the Y. M. C. A. Building in Elyria at 5 p. m., January 14. A luncheon was served at 5 o'clock, followed by an address by Dr. M. J. Lichty, Cleveland, on "The Prosecution of the Stomach." Dr. Lichty cited many cases in his own practice where the patient had complained of symptoms of stomach trouble that proved on closer investigation to be caused by diseases of organs other than the stomach. One case of the kind was presented to the society for demonstration of this important fact. The address was highly instructive. The next meeting will be held in Lorain on Tuesday, February 9.

Charles R. Meek, Correspondent.

#### SIXTH DISTRICT.

**Portage County.**—The Portage County Medical Society met January 14, in the parlors of the nurses' home, White Hospital, Ravenna, Ohio. The following were present: Drs. White, Woolf, Hill, Waggoner, and Smith, of Ravenna; Dyson of Rootstown; Cummings of Atwater; Osmond of Cleveland; and Krape, Widdecombe, Evans and Andrews of Kent.

Dr. J. D. Osmond, of Cleveland, addressed the society on "The Relation Between Systemic Disease and Foci in the Upper Air Passages." The discussion was general and lengthy, and the paper was greatly enjoyed.

This being the annual meeting, the following officers were elected for the ensuing year: President, Dr. C. W. Cummings, Atwater; vice president, Dr. G. J. Waggoner, Ravenna; secretary, Dr. J. F. Hill, Ravenna; treasurer, Dr. E. J. Widdecombe, Kent. A committee was appointed to draft a suitable fee bill for the society, and present same at an early meeting.

W. B. Andrews, Correspondent.

**Summit County.**—The Summit County Medical Society on January 5 embarked upon the seventy-fifth year, with a good program and an attendance of 77 from Akron, Barberton, Cincinnati, Cuyahoga Falls, Kenmore, Peninsula, Uniontown, Toronto, Ontario. The attendance is the second largest on record. The retiring president, D. H. Morgan, opened the meeting and installed the following officers for 1915: President, T. K. Moore, M. D.; vice president, J. N. Weller, B. S., M. D.; secretary, A. S. McCormick, L. A., M. D.; treasurer, E. C. Banker, A. B., M. D. Committees: Board of Censors: J. G. Grant, M. D., chairman; G. M. Logan, B. S., M. D.; D. H. Morgan, A. M., M. D. Health and Legislation: F. C. Reed, M. D., chairman; F. C. Newcomb, B. Sc., M. D.; C. E. Held, M. D. Library: D. S. Bowman, M. D., chairman; E. W. Barton, M. D. Delegates: J. N. Weller, B. S., M. D.; H. H. Jacobs, B. S., M. D. State Legislation: M. D. Stevenson, M. D., F. A. C. S. National Legislation: W. A. Searl, M. D.

The Summit County Medical Society has fortunately possessed a long line of good presidents, and Dr. Morgan has upheld this reputation and filled the chair with ability and tact. He will now serve upon the Board of Censors for three years. He has served as secretary, vice-president and president in succession. L. B. Humphrey and C. E. Townsend presented their auditor's report. C. S. Hiddleston, W. S. Hough, H. H. Jacobs, A. S. McCormick donated 200 volumes of their own collections to the society's library. New members elected are W. Wilson, M. D., and J. G. Blower, M. D., of Akron, and E. J. de L. Pettit, M. D., Tallmadge. Two Akron physicians were proposed for membership.

The following resolution was adopted:

"Whereas, During the month just ended the Summit County Medical Society has sustained a loss by the death of its member, Edwin Brown Harper, M. D.; and

"Whereas, By his death the society has lost a member who was interested in it and his profession and the welfare of the community; therefore it is

"Resolved, That the Summit County Medical Society place on record its regret at the loss sus-



tained and extend its sincere sympathy to the bereaved family.

"This resolution to be placed on record and a copy to be sent to the family of the deceased.

"A. S. McCORMICK,

"W. V. ANDERSON,

"Committee."

The program: 1. "Treatment of Pulmonary Tuberculosis by Artificial Pneumo-Thorax" was the subject of a lecture by C. S. Rockhill, M. D., of Cincinnati. The method was originated by Fornalini, professor of medicine in the University of Pavia, Italy. For his work he was granted the Santoro prize of \$2,000 by the Academy of Sciences of Rome. Though Carson, of Liverpool, Eng., in 1821 discovered the value of placing the lung at rest, it was not put into practice until Fornalini did so in 1882. Dr. Rockhill has attained a national reputation for his work upon this subject. He gave a very enjoyable lecture which he illustrated by a series of splendid lantern slides. Both audience and lecturer were pleased, the latter expressing his admiration for the attention given him by what he considers the best of the many fine medical societies before which he has lectured. He replied to questions by C. E. Norris, J. N. Weller, L. B. Humphrey, D. S. Bowman, H. H. Jacobs, H. A. Rodenbaugh.

2. "A Little Nonsense Now and Then." This was a novelty, being a vaudeville act by D. C. Brennan and J. P. Dunlevy. Dr. Brennan proved his ability as a pianist by his accompaniment to Mr. Dunlevy. The latter was for sixteen years connected with leading theatrical companies and is well known as manager of the Bank Treater. He gave an enjoyable sketch of story, recitation and song from tragedy to comedy. The generous applause proved how enjoyable was the sketch.

A fine luncheon was served, the new officers, according to custom, furnishing the refreshments. The meeting adjourned at midnight.

The members of the society have assisted very materially in the entertainment of visiting lecturers. If the visitor has in the society any relatives, friend or classmate, the latter promptly demands the duty of caring for and entertaining the former. In this case R. H. McKay, a classmate of Dr. Rockhill in the University of Cincinnati, entertained him and a party of twenty members to dinner at the University Club at 6:30.

Program for February 3: 1. "Psycho-Physical Treatment of Chronic Cases," S. E. McAdoo; discussion by D. S. Bowman and H. I. Cozad. 2. "Laceration of Cervix and Perineum," J. H. Weber; discussion by D. H. Morgan and R. H. McKay.

A. S. McCormick, Correspondent.

held in the city hall, Canton, on January 19, 1915. About thirty members were in attendance.

In accordance with the by-laws, the program of this meeting, the annual meeting, was devoted to the members of the executive committee, which was rendered as follows:

1. Paper, The Use of Pituitary Extract in Obstetrics, Dr. L. A. Buchman, Canton. 2. Prevailing Diseases and Therapeutics, Dr. O. C. Ricksecker, Wilmot. 3. Paper, Minor Surgery, Dr. L. B. Zintsmaster, Massillon. 4. Ethics and Legislation, Dr. F. W. Gavin, Canton. 5. Diseases of Women and Children, Dr. J. P. DeWitt, Canton.

At the end of the program, President Eyman introduced to the society, Dr. Hugh Patrick, of Chicago, a guest of the meeting, who presented a very instructive discussion on the treatment of syphilis of the nervous system.

A telegram was read expressing best wishes to the society from Dr. George F. Zininger, who is convalescing from a gastro-enterostomy at the Mayo Clinic, Rochester, Minn. An immediate reply telegram was sent.

President Eyman read a proposed bill to be presented to the state legislature providing for the commitment to the state hospitals of the insane of inebriates and drug habitues. The bill was endorsed by the society and it was voted to have the bill presented by one of the Stark county legislators, if possible.

Dr. J. W. McCreery was elected to membership.

The annual report of the secretary-treasurer was read and accepted. The latter report showed a surplus of \$300.04.

The following officers were elected: President, Dr. G. L. King, Alliance; secretary-treasurer, Dr. L. A. Buchman, Canton; corresponding secretary, Dr. G. C. Goudy, Canton; members of the executive committee, Drs. H. M. Schuffell and C. A. Portz, of Canton.

After the meeting the executive board met, organized and assigned the work of the various branches of medical research as follows: Obstetrics, Dr. C. A. Portz; prevailing diseases and therapeutics, Dr. O. C. Ricksecker, of Wilmot; hygiene and sanitation, Dr. J. P. DeWitt, of Canton; surgery, Dr. H. M. Schuffell, of Canton; ethics and legislation, Dr. F. W. Gavin, Canton; diseases of women and children, Dr. L. B. Zintsmaster, of Massillon.

Before the meeting adjourned Dr. King, newly-elected president, made a short speech of acceptance in which he asked for the co-operation of the physicians of the county.

Charles A. LaMont, Correspondent.

**Stark County.**—The 147th regular and annual meeting of the Stark County Medical Society was

**Canton Medical Society.**—The annual banquet of the Canton Medical Society, celebrated at the Courtland Hotel, Tuesday evening, January 19, 1915, was one of the most pleasant and best attended of its kind in the history of the society. About eighty-five were present, including physi-

cians and their wives, the dentists and wives and guests from Akron, Massillon and New Philadelphia and surrounding towns.

Dr. J. W. Marchand, as toastmaster of the evening, presided in his usual charming style.

Dr. Hugh Patrick, of Chicago, gave a very interesting and instructive address on "Some Common Headaches." He discussed "only four of the 57 varieties"—rheumatic, sinus, psychasthenic, and migraine. He explained clearly the symptoms, diagnosis and treatment of each.

Dr. J. H. J. Upham, of Columbus, President of the Ohio State Medical Association, responded to "The State Society." He explained the work and aims of the State Society and asked for co-operation from the local societies.

Drs. Upham and Patrick were made honorary members of the society.

Dr. A. J. Hill, Canton, responded to a toast, "The Canton Society," in which he related many authentic(?) incidents in the lives of some of the founders of the society.

Charles A. LaMont, Correspondent.

**Mahoning County.**—At a meeting of the Mahoning County Medical Society, December 29, 1914, the following officers were elected for the ensuing year: President, Dr. Henry Courtney Evans; vice-president, Dr. Warren D. Coy; secretary, Dr. Harry E. Patrick; treasurer, Dr. Wm. P. Conner.

The first meeting of 1915 was Tuesday evening, January 19. The speaker of the evening was Dr. Aldred Scott Warthin, professor of pathology at the University of Michigan. His subject was "Latent Syphilis of the Heart," illustrated by lantern slides showing the pathological changes quired syphilis. Dr. Warthin regards syphilis as quired syphilis. Dr. Warthin regards syphilis as the largest single etiological factor in chronic myocardial conditions, and his data convinces one that syphilis does produce, far more than is usually supposed, chronic myocardial affections. Dr. Warthin's paper made a profound impression on his audience, and is easily adjudged to be the finest read before this society.

Mahoning county physicians and workers of the Anti-tuberculosis Society are endeavoring to continue in operation the present tuberculosis ward at the Canfield Infirmary, after the opening of the district five-county hospital at Spring Lake. It is pointed out that Mahoning's quota of beds will be utilized at the outset, leaving a number of indigent tuberculosis patients for whom there will be no provision. Resolutions were adopted at the last meeting of the society requesting the county commissioners to continue the Canfield ward.

A recent case of smallpox has demonstrated the unpreparedness of Mahoning county, and Youngstown in particular, in dealing with an epidemic of this disease, and the total lack of facilities for dealing with the acute contagious diseases generally. The society adopted resolutions to be pre-

sented to the council of the city of Youngstown stating that the city needs a contagious hospital equipped to care for acute exanthematous diseases and venereal diseases as well.

Dr. Wm. A. Metzger was elected to membership in the society. This brings our membership to 94. **Watch us pass the hundred mark early in the year.**

At a session of the grand jury just completed, two men were indicted for the illegal practice of medicine, a "Dr." Allen Welh, "Doctor of Optometry," and "Dr." Viser, Chiropractor. Mr. Matson, of the state board, will assist in the prosecution. The pages of Youngstown daily papers are free of fraudulent medical quack advertisements, due to the work of the county society and an able and fearless body of business men making up the Advertising Men's Club of Youngstown. **What other city of Ohio can say the same? Please raise your voice that we may hear you.**

H. E. Patrick, Correspondent.

**Wayne County.**—The Wayne County Medical Society held its regular quarterly meeting on January 19, at Wooster. The following officers were elected for 1915: President, Dr. J. W. Irwin, Wooster; vice president, Dr. H. M. Yoder, of Smithville; secretary, Dr. Jean S. Douglas, Wooster, and treasurer, Dr. H. Blankenhorn, Orville. Dr. Irwin was appointed delegate and Dr. Yoder alternate to the state medical meeting in Cincinnati. Dr. T. T. Graven, of Wooster, led in a discussion of medical diseases of women, in which a number of the members took part.

Jean S. Douglas, Secretary.

**Richland County.**—Richland County Medical Society held its annual banquet at the Southern Hotel, Mansfield, Wednesday evening, January 27. The good "eats" and the splendid papers following were enjoyed by thirty-two members and guests, including the Mansfield Public Health Nurse, Miss Nellie Hayden. The honor guests of the society were Drs. C. F. Hoover and A. J. Skeel, of Cleveland, the former reading a paper on "The Treatment of Diseases of the Liver," and the latter on "Progress in Obstetrics." Both papers were decidedly interesting to all in attendance.

Dr. J. M. Garber, president of the society, presided and before introducing the speakers of the evening urged, in a pleasant and earnest vein, all the Richland county physicians present to attend the meetings, to look over the year's program—copies of which had been placed at each plate—and to help make this year's work better even than that of last year.

All physicians were invited to meet Drs. Hoover and Skeel, and the remainder of the evening was given over to social discourse. The meeting was pronounced by many as being one of the best in the society's history.

J. Lillian McBride, Correspondent.



## SEVENTH DISTRICT.

**Coshocton County.**—At the regular meeting of the County Medical Society, held in Coshocton, December 31, 1914, the following officers were elected for the ensuing year: President, Dr. E. C. Carr, Coshocton; vice-president, C. M. Neldon, Coshocton; secretary, J. D. Lower, Coshocton; delegate to state convention, Lister Pomerene, Coshocton. Also the following program was presented: "Problems in Public Health," Dr. F. M. Marshall, Coshocton; "Sequela Following Operations on Adenoids," Dr. C. M. Neldon; "Syphilis of the Nervous System," Dr. J. D. Lower, Coshocton. The meeting was well attended and exceedingly interesting.

J. D. Lower, Correspondent.

**Tuscarawas County.**—The Tuscarawas County Medical Society met in the Y. M. C. A. Reading Room, Uhrichsville, January 5, 1915, at 8:15 p. m., with C. H. Siegrist, vice-president, in the chair.

After the business routine and some discussion of "Invalid's Pensions," the evening was spent in discussing the general subject of anesthetics. Dr. E. D. Moore, of New Philadelphia, reported his experience with records of cases in 1913 and 1914. The report included the character of operations for which the anesthetic was given and the time consumed; the number in which ether alone, chloroform alone, and mixed anesthetics were given. Every doctor gave his experience and made a very profitable discussion.

J. A. McCollam, Correspondent.

**Harrison County.**—The Harrison County Medical Society met at Cadiz, January 6. The following officers were elected: President, H. I. Heavlin, of Cadiz; secretary, R. P. Rusk, of Cadiz; vice-president, Dr. Curtis; board of censors, Drs. Zellars, of Freeport, J. S. Campbell and Mary Lemmon, of Cadiz; delegate and legislative committeeman, Dr. S. B. McGavran. There was a good attendance and several new members were admitted. A united effort will be made to have every physician in the county become a member of the society. To that end it was proposed to meet in the different towns in the county during the summer months. A program is also being worked out for the year.

The plans of the Ohio Public Health Federation were presented by Dr. McGavran. Every one present expressed themselves as willing to give the committee their support.

Two cases of illegal practicing in the county were reported—both chiropractic; also that the three indictments had been returned against each one and that prosecution will be assisted by the State Medical Board. Dr. Matson has been here.

The society will meet the first Wednesday in each month.

S. B. McGavran, Correspondent.

**Jefferson County.**—The Jefferson County Medical Society met in regular session on Tuesday, January 12, with a full attendance and a very interesting program. Dr. J. E. Miller read a paper on "Twilight Sleep." Dr. Samuel Paul read a paper on "The Use of Serums and Vaccines." Both papers were thoroughly discussed. A feature of the meeting outside of the excellent papers presented was the large number of interesting reports of clinical cases. Clinical cases and reports of clinical cases are always interesting and instructive and should occupy an important place in all society meetings.

J. R. Mossgrove, Correspondent.

**Belmont County.**—The Belmont County Medical Society held an interesting meeting Tuesday evening, January 12, in the parlors of the Globe Hotel at Bellaire. "New York Clinics" was the subject of an instructive address by Dr. Ring, of Shady-side. Dr. R. H. Wilson, of Martins Ferry, gave an interesting paper.

The following officers have been elected for the ensuing year: President, Dr. Park L. West, St. Clairsville; vice president, Dr. F. S. Wright, Bellaire; secretary and treasurer, Dr. J. S. McClellan, Bellaire; censors, Drs. E. V. Arbaugh, A. W. Diven and P. L. Ring; delegates to the State Association meeting, Dr. E. C. Cope, of Barton, and Dr. C. W. Kirkland, of Bellaire.

## EIGHTH DISTRICT.

**Athens County.**—The regular monthly meeting of the Athens County Medical Society was held in Athens on January 5. The officers for 1915 were formally installed, following which the president for 1915 and bard of the society, Dr. Samuel E. Butt, of Nelsonville, delivered his inaugural. It was well up to his usual mark of interest and entertainment. If the members will aid in putting into action the suggestions he offered for the good of the organization, this will be the greatest year in its history.

He said that the two most important things a member should do if he wants his society to prosper, is to attend the meetings and take part in the program. If he does not do these things he is of no value to the society nor does he receive benefit, save what he hopes to get from the presence of his name on the roll. There is, now and then, a physician so located that it is difficult for him to attend, yet we see these men at the meetings oftener than some who live in the same block of our usual meeting place.

The real essence of Dr. Butt's paper was that if you attend the meetings and take part when called upon to do so, you will be of value to the society and yourself in proportion to the earnestness and faithfulness with which you respond. Failure to do these things is reckoned in the same way.

Dr. T. A. Copeland read a paper on the treat-

ment of varicose ulcers—the treatment that had been to him the most successful and satisfactory and which he regarded as the most valuable. The treatment he used was Unna's plaster and sponge grafting.

Following the reading of these papers and the report of a Colles's fracture, a free discussion was started—which gave the meeting a spirited ending as well as a lively beginning.

C. S. McDougall, Correspondent.

**Muskingum Academy of Medicine.**—The twelfth regular meeting of the Muskingum County Academy of Medicine was held in the Chamber of Commerce rooms at Zanesville, Wednesday evening, January 13, 1915. Dr. G. Warburton read a paper on "Toxemias of Pregnancy." The paper showed careful preparation and brought forth vigorous and prolonged discussion. It was decided to have a supper in connection with the regular February meeting, at which time Dr. Charles F. Bowen, of Columbus, will address the Academy.

Edmund R. Brush, Correspondent.

**Guernsey County.**—The Guernsey County Medical Society met at the Public Library, Cambridge, December 31, 1914, and the following officers were elected: President, Dr. H. A. Green; vice-president, Dr. C. R. Johnson; secretary, Dr. A. B. Headley; treasurer, Dr. G. W. Hixson; censors, Drs. A. R. Cain, G. W. Hixson and C. A. Moore; delegate to State Association, F. M. Mitchell; alternate, H. A. Green.

The meeting was well attended and much enthusiasm was shown. Although we had not held a meeting for some time, it was decided to hold the meetings every two weeks, the first and third Thursday evenings of each month instead of Tuesday evening as heretofore.

A. B. Headley, Correspondent.

**Noble County.**—The Noble County Medical Society met Thursday, January 7, at 2 p. m., with F. D. Bird presiding. It was decided to hold a public meeting in the near future. The next meeting will be at the office of Dr. W. S. Williams, Caldwell, on February 4. Our society, though small, hopes to make this the banner year socially, if not in numbers.

F. R. Dew, Correspondent.

**Fairfield County.**—The Fairfield County Medical Society held a banquet at the Mithoff Hotel, January 12 at 8 p. m. On account of the inclemency of the weather, only twenty-two members were present. Following the "feed" an address was given by Dr. A. W. Binckley, chief medical examiner of the Industrial Commission, on the Workmen's Compensation Act. The subject was of much interest and elicited considerable discussion.

At the meeting on January 26, Dr. G. W. Beery

read a very interesting paper on "The Uses and Limitations of the X-Ray as a Means of Diagnosis." He spoke more especially on the examinations of the nasal accessory sinuses, the stomach and intestines, by the opaque meal and the detection of gall stones and renal calculi. He emphasized the importance of a thorough preparation of the patient by cathartics and injections before examinations in stomach, intestinal, gall stones, and kidney work; also the early examinations of the chest in suspected tubercular invasions. By this means, better than any other, may incipient tuberculosis be detected. The paper was one of decided interest and the manner in which the subject was discussed was very complimentary to the author.

James M. Lantz, Correspondent.

**Muskingum County.**—The Muskingum County Medical Society held its monthly meeting on January 27. The society now numbers 35 members. Dr. L. R. Culbertson read a paper on "The Blood-Clot Dressing in Mastoid Surgery." The paper reviewed the literature on the subject, gave the technique, and reported four of the writer's cases. The society endorsed the Deaton bill to place the bureau of vital statistics under control of the State Board of Health; also passed resolutions on the death of Dr. A. W. Squires, of White Cottage, a former member of the society.

L. R. Culbertson, Correspondent.

#### NINTH DISTRICT.

**Gallia County.**—The Gallia County Medical Society met in a business session on Wednesday, January 6, 1915. The following officers were elected to serve during the ensuing year: Dr. J. S. Biddle, president; Dr. E. G. Lupton, vice-president; Dr. C. E. Holzer, secretary-treasurer; Dr. W. H. Pritchard, C. G. Parker, and Milo Wilson, censors. We begin the new year with thirty members in the society, eight of whom are new. The next meeting will be held at the Ohio Hospital for Epileptics, on the afternoon of the first Wednesday in March. An unusually interesting program is promised.

Charles E. Holzer, Correspondent.

**Scioto County.**—Hemstead Academy of Medicine met in regular session in Academy Hall, January 11, with the new president, Dr. F. H. Williams, in the chair. There were twenty-two members present, and two visitors, Dr. Meadows, of Fullerton, Ky., and Dr. Hubert, of Portsmouth. The minutes of the last meeting were read and approved.

Dr. C. W. Wendelkin reported a case of fracture of the sternum between the manubrium and gladiolus; also a case of cystic tumor in the neck of a child ten months old, probably due to cystic degeneration of the sub-mental lymph glands.

Dr. S. S. Halderman read a very interesting paper on "A Plea for Early Operation in Gall Bladder Diseases," which elicited spirited discus-



sion by Drs. Rardin, Robe, Quinn, Test, Kline, McKerrihan, Ellison and Halderman.

The board of censors reported favorably on the application of Dr. J. M. Brooke and he was duly elected to membership.

After the transaction of the routine business, the Academy adjourned.

Geo. S. Mytinger, Correspondent.

**Meigs County.**—The Meigs County Medical Society met in the office of Dr. J. N. Gilliford, Pomeroy, Ohio, Wednesday, January 13, at 2:00 p. m., with a good attendance. The usual program was carried out. A very interesting feature of the meeting was the reading of a letter received by the secretary from Dr. J. W. Hoff, Ann Arbor, Mich., a long and honored member of the Meigs County Society, who states that he has just celebrated his ninety-second birthday anniversary. The doctor expressly requested that he be not allowed to get in arrears with his dues, as he wants to remain a member of this society as long as he lives, which we all hope will be many years. If all the young members of the profession would emulate the example and spirit of Dr. Hoff there would be no limit to the accomplishments of the organized medical profession. The society organized for the ensuing year by electing the undersigned president, and Dr. J. N. Gilliford, secretary and treasurer, both of Pomeroy.

Byron Bing, Correspondent.

#### TENTH DISTRICT.

**Union County.**—An address on autogenous vaccine and serum treatment was delivered Tuesday evening, January 12, by Dr. Barnes, a Columbus specialist, before the local members of the Union County Medical Society, who met in the parlors of Dr. H. G. Southard's office. This address was to have been delivered before the county society in the afternoon, but Dr. Barnes missed the afternoon train and did not get here until evening.

**Morrow County.**—Owing to an oversight in our by-laws, the election held by our county society, December 3, was not legal. At the meeting of January 6, record of the election was expunged from the minutes, and the officers will continue as before, until our annual election of April 7.

Our January meeting was enthusiastic. A paper on "Early Clinical Diagnosis of Diphtheria" was freely discussed by the members present.

Dr. W. B. Robinson will read a paper at the next meeting subject as yet unannounced.

J. H. Jackson, Correspondent.

**Pickaway County.**—The society met in regular session on January 8. Dr. P. S. Bone, formerly of Fairfield county, was elected to membership.

The following officers were re-elected: President, A. W. Holman; vice president, G. G. Leist;

treasurer, G. T. Row; secretary, D. V. Courtright; delegate to state meeting, Howard Jones; alternate, D. V. Courtright.

The president will appoint a committee of three to arrange a program for the ensuing year. After regular business President A. W. Holman read the annual address in which he discussed society matters. The following paragraphs are from this address:

"While the Pickaway County Medical Society is by no means a model society, we feel that it has a few commendable features and is doing some good.

"Our society has but one aim—the good of the society. We are united. There are no factions, no cliques, no politics. Our attendance is regular and above the average. A spirit of good fellowship prevails. We have learned that our colleague is a good fellow, with other ideas in his head than to put us out of business; we welcome consultation and have implicit confidence in his professional honor.

"The county medical society is a specific for the medical pessimist who can see no good in medical organization; who is too busy to write a paper; who can learn nothing from his colleagues and is fearful lest they learn something from him.

"The good cheer, the cordial greeting of a colleague and the stimulating influence of his sympathy in a common cause are the bright spots in our professional life:

'For it's always fair weather  
When good fellows get together.'

"The work of a county medical society is a good index of the professional attainment of its members and the character of service rendered to the public. The county medical society is not a trade union. It is an organization of men who have taken for their work an art respected above trade because of its usefulness to humanity. It makes big, broad-minded men. Its first duty is to the public; its second to the medical profession.

"No other organization of men use their best efforts to unselfishly destroy their source of income as do physicians in their work in preventive medicine.

"The public should know that the physician who leaves his office to attend medical meetings, does so in its interest; and that the doctor who stays at home for fear of losing a dollar, is putting a money value upon its welfare. When the public understands and realizes the importance of organized medical effort, no doctor can afford to remain outside his society.

"The men who simply pay their society dues, who never attend or take part in the meetings, are 'dead ones'—or soon will be. A doctor long in practice, who is never too busy to attend medical meetings, read papers and take part in discussions, never grows old—he is growing younger, professionally, all the time.

"Not enough time is given to the preparation of papers. We write our paper more to discharge a

duty—we rush it through at the last moment, not having time to read it over before the meeting. We lose sight of the fact that a studied and well prepared paper will be of as much or more real benefit to us than to our auditors.

"I believe the program for our meetings should be prepared for at least one year in advance. Thus will the essayist have ample time to study his subject and collect material for his paper. When it becomes known that the reading of a paper represents six months or a year's work, it will be an event that the members cannot afford to miss.

"As a result of our united effort, we are to have a city hospital. The success of this institution will depend largely upon the support of this society. Our field of action will be broadened if we are to share in the conquests that this opportunity presents. We must keep up-to-date, equip ourselves with a broader knowledge and skill, so that we may escape the blunders that grow out of narrowness of training or experience.

"The outlook for the Pickaway County Medical Society for 1915 is unusually bright, with much interesting work ahead to stimulate us to greater effort."

D. V. Courtright, Correspondent.

**Knox County.**—By unanimous vote, the members of the Knox County Medical Society, in regular session Wednesday afternoon, January 13, at the Mt. Vernon hospital, placed themselves against the practice of optometry and chiropractics and requested the senator and representative from this district and county, respectively, to vote against bills of this nature during the present session of the General Assembly.

The following program, interspersed with free discussion of the subjects, was carried out: "Diagnosis and Treatment of Fracture and Dislocation of the Spine," Dr. N. R. Eastman. "The Value of Tuberculin in the Treatment of Pulmonary Tuberculosis," Dr. S. A. Douglas. "Etiology and Diagnosis of Scoliosis," Dr. F. W. Blake.

There was a good representation of physicians from all parts of the county.

**Ross County.**—The Ross County Academy of Medicine held a most interesting session January 12 in the Board of Trade rooms. Drs. Hoy, Reibel and Means of Columbus entertained the members with clinical talks and demonstrated same with material they brought for the purpose. Dr. Hoy's subject was fractures, with the presentation of a case of Potts fracture. Dr. Reibel's paper was on tuberculosis of the urinary tract. He showed a very interesting case in which he demonstrated the cystoscope. Dr. Means displayed a fine lot of pictures showing different stages of tuberculosis of the kidney. A splendid attendance of local doctors added to the interest of the evening. The Academy voted thanks for the fine entertainment afforded it by the visitors.

G. E. Robbins, Correspondent.

Optometry journals are finding satisfaction in the fact that H. G. Huffman, an optometrist, has been appointed by the board of education of Rock Creek, Ashtabula county, to examine the eyes of school children. The *Optometry Review* (New York) of January 30, says: "The appointment indicates that progressive optometrists are succeeding in getting recognition in the public service, even against the opposition from medical competitors."

The editors of the *Women's Medical Journal*, published in Cincinnati, desire to call special attention to the March issue, which will be "Internal Secretion" number. Contributors are: Dr. Eugene Hertoghe, of Antwerp, Belgium; Drs. Henry R. Harrower, Mary Sutton Macy, and William Seaman Bainbridge, of New York.

A project is on foot to establish an army ambulance and medical station at Ft. Thomas, opposite Cincinnati. The project was laid before the military surgeons who recently held their convention in Cincinnati. It would mean a permanent location of 150 men and 60 ambulances.

Directors of the Columbus open air school have been invited to make an exhibit at the Panama Exposition, the directors of which have recognized that Columbus has taken an advanced position in this work.

Springfield city commission and the local anti-tuberculosis society have decided to continue the services of Mrs. Barnum as tuberculosis nurse. The city pays half the expense.

Miss Fell, public health nurse in Zanesville, has recommended the establishment of a tuberculosis clinic and is interesting local organizations in the project.

#### ADVANCED STAND TAKEN FOR PUBLIC HEALTH LEGISLATION

#### Federation of Women Clubs Indorses Several Important Movements.

The Ohio Federation of Women's Clubs at their recent annual meeting in Youngstown, included several public health recommendations in their resolutions. They advocated the enactment of a law compelling persons applying for a marriage license to present a certificate of health, signed by a physician, and the appointment of a board of physicians for this purpose. They advocated better registration of births; woman suffrage and the abolition of liquor traffic; the establishment of university extension work for the prevention of diseases and the enactment of legislation in various municipalities requiring the reporting of venereal diseases to boards of health.



## LIFE EXTENSION INSTITUTE, THE NEW PRACTICAL AND SELF-SUPPORTING PHILANTHROPY, IS DOING A GREAT WORK

For the purpose of informing our members more fully upon the aims and purposes of the Life Extension Institute, Inc., the editor of The Journal has secured from its officers a statement and considerable data showing its successful operation to date.

The institution is designed as a self-supporting philanthropy, with Hon. William H. Taft as chairman of its board of directors and Prof. Irving Fisher as chairman of its hygiene reference board. It has secured a long list of sponsors, including men of great prominence in medical and social work.

Its presence has already been felt in Ohio and those who have carefully investigated the proposition believe that it will develop into a splendid practical philanthropy, which will put into effect the principles of preventive medicine. In larger communities of the State, the Institute is appointing examining physicians. In Columbus, for instance, there are now four of these and the list will later be increased. So far as Ohio is concerned, the work is at present devoted almost exclusively to examinations for life insurance companies but it is later intended to extend this service to employers of labor and to individuals who may care to subscribe for the service for a small annual fee.

### Aims of the Institute.

The intentions of the organizers of the Life Extension Institute may be summarized as follows:

To establish and maintain a central institute of national scope devoted to the science of disease prevention, supported by a Hygiene Reference Board of recognized authorities in the various fields of health and life conservation.

To thus provide a responsible and an authoritative source from which the public and the medical profession may draw knowledge and inspiration in the great war of civilization against needless sickness and premature death.

To disseminate life-saving knowledge in practical and effective ways.

To teach our people to apply the means of prevention which science and human intelligence have given us.

To constantly urge upon our people the need for abandoning the deadly habit of waiting until it is too late to check or cure disease before calling in the doctor.

To arrange periodic health examinations for individuals who apply directly or through insurance companies or other organizations, to the end that their lives may be prolonged and that this sensible life-saving habit of having health examinations

may be encouraged and eventually become a common practice among our people.

To confine its life-saving efforts to the neglected field of prevention only, leaving treatment and cure to the family physician.

For the purpose of giving these examinations and spreading knowledge of personal hygiene and general disease prevention, physicians are being employed throughout the country and laboratories are being established in different cities where they will be available for individual preventive service as well as that of schools, industrial enterprises and insurance companies.

### Its Field of Work.

Its field will include personal, household, industrial and community hygiene.

In addition, therefore, to arranging for personal health examinations, it will be prepared to make health surveys of homes, industrial plants and communities.

Cordial support will be given all consistent movements for the improvement of the public health service, local, State and National.

Several life insurance companies have already subscribed for the service and are sending their policy holders to the examining physicians for physical examinations. It is believed that this service will be eventually extended until all the life insurance companies are included—a result which will mean that thousands of citizens throughout the State will each year receive a careful physical examination and will be referred to their family physicians for the correction of such physical disabilities as may develop.

The Institute has made it very clear that it does not care to enter the field of medical practice. Its work will be devoted entirely to the prevention of disease. The Journal has already received several copies of Monthly Health Letters, which it sends to all members, and if these are carefully attended to by the subscribers, they should accomplish great good.

This seems to be a practical philanthropy which every physician can well afford to support.

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Dr. George Walsh, of Cincinnati, has been added to the staff of the special medical examiners employed by the Industrial Commission. This increases the staff to five full-time physicians. Dr. Walsh was graduated from Starling-Ohio in 1912, served an internship in Bethesda Hospital, Cincinnati, and also at St. Francis Hospital, Columbus.

# The OHIO STATE MEDICAL JOURNAL

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She was a rounder. She acknowledged it. "It's morphine that got me," she said in a confidential whisper, "and it's the shyster doctor that did it. I know. And they're all the time waiting to give you the needle."

We will not tell the whole sordid story. We know there are shyster doctors who give narcotic drugs too freely. But do we know that one-half of the dope fiends were led into their habits by physicians' prescriptions?

That is the opinion of Dr. C. E. Terry, health officer of Jacksonville, Florida, based on data secured in his home city. He found 646 drug users among the 28,000 inhabitants of Jacksonville. Of these 416 were white people, 230 negroes; 380 of them were women, and 266 men.

Morphine was used in 31.6 per cent of all cases; cocaine, 26.7 per cent; other forms of opium, 18.8 per cent; gum opium 2.2 per cent, and both morphine and cocaine, 10.3 per cent.

According to Dr. Terry, 54.4 per cent of the addicts were introduced to the drug by physicians' prescriptions. Are we, of Ohio, to assume by comparison that our physicians are responsible for one-half of the habitues of our state? We hesitate to believe so; the indictment is too severe. It is unbelievable that a profession whose only object is to prevent and relieve suffering should cause suffering. Yet there is an element of fact in the charge. We do prescribe the narcotic drugs too freely, not with malic-

ious intent, but just too freely. Perhaps the Harrison bill, which went into effect March 1, will retard our tendency to dull pain with dope, and cause us to scrutinize our patients more carefully for evidence of such physical, mental and moral weaknesses as form the foundation of drug habits.

Certainly no true physician wilfully leads a patient into drug addiction, and no law is necessary to curb him. But the law is good, and is needed by the public. It is just a reminder to the physician that narcotics are sometimes more dangerous than pain.

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That the chiropractors are becoming more strongly organized every year was clearly demonstrated by the flood of petitions which descended upon the members of the House of Representatives late in February, asking for favorable vote on their practice bill which was introduced by Mr. Platt of Ash-tabula. Practically every representative received from ten to fifty petitions, each signed by a dozen or more citizens of his county, urging him to support the measure. For several days the House Journal was filled with paragraphs similar to these:

"Mr. Morris, of Van Wert presented the petition of W. W. Ulam and fifty-eight other citizens of Van Wert county, urging the legislature to enact an equitable bill at once, legalizing the practice of chiropractic in the state of Ohio; which was referred to the committee on Public Health.

"Mr. Bryson presented the petition of Lester J. Buell, of Xenia, Ohio, and one hundred and



forty-four other citizens of Greene county, urging the General Assembly to enact an equitable bill, legalizing the practice of chiropractic in Ohio; which was referred to the committee on Public Health."

In a statement issued February 16, John Oswalt, chief lobbyist for the chiropractors, asserted that the petitions contained 10,000 names, and that they bore the names of thirty-two physicians and twenty-four druggists, and many ministers and business men. We were unable to verify this statement in regard to physicians and hesitate to believe that there are that many renegades in the profession in Ohio.

+ + +

**A Tip for Mr. Sherwood.**—Isaac R. Sherwood, a congressman from Ohio, a citizen—a prominent citizen of Toledo, is quoted by the Congressional Record of January 27, 1915, page 2605, as having said in Congress that "The members of the health departments in the State of Ohio, both state and municipal, devote all their time to the business."

Evidently Mr. Sherwood is not familiar with the situation in his own home town. He does not seem to know that Toledo never has had a full-time health officer and never has paid a health officer more than \$1800 a year. He should know that \$1800 is not sufficient to justify a physician to devote more than a part of his time.

Mr. Sherwood was pleading against a raise of salary for the officers of the U. S. Public Health Service. His argument would indicate that he deemed the Public Health Service unnecessary.

"In the State of Ohio," he said, "we have a State Board of Health and in all the municipalities we have local boards of health. What is the necessity of duplicating this work? Is it because they have superior experience?"

We suggest that Mr. Sherwood, of Ohio, investigate the health situation in his home town. There lies the answer to the question he goes to Washington to ask. Possibly if he were better acquainted with the needs of the district he supposedly represents he would be able to give his constituents more intelligent representation in the affairs of public health.

Our State Board of Health we recognize as efficient. Local boards of health, we believe, should be, and we believe it takes money to make them so. But this is not enough. Health work is a highly specialized branch of medicine. It takes experts to use the money to the best advantage in directing the work of a board of health.

The next time Mr. Sherwood goes home

to Toledo, we suggest that he drive his splendid span of horses down to the health office to look around and ask a few questions. He will learn that a surgeon of the U. S. Public Health Service has recently been detailed there on the request of the local board of health, the Toledo Commerce Club and others, to tell the people of Toledo why the death rate is so high, why there is so much sickness in Toledo, and to offer suggestions for the amelioration of these conditions.

If it were not pathetic it would be amusing that the service he belittled was at that time rendering a service to the citizens of Toledo which the board of health could not do.

+ + +

**A Permanent Meeting Place.**—The action of the Academy of Medicine of Toledo and Lucas County in suggesting a permanent meeting place for the State Society, indicated elsewhere in this Journal, is exceedingly significant. It eliminates Toledo as a possible meeting place for 1916. It impresses us with the size of our Association, the mass of our annual meetings, and the great burden of entertaining us. There are few cities now that can accommodate us and few societies sturdy enough to bear the financial weight.

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**Why should state medical journals devote so much attention to advertisements?**

There are several reasons. First, and probably more important, advertisements make possible first-class, well-printed, attractive journals. They furnish the sinews of war. In most state medical journals the advertising furnishes fifty per cent of the necessary revenue. If there were no advertisements, your monthly journal would cost you twice as much.

And, another point, advertisements are news. If the advertising is carefully censored, as it is in all first-class, honest journals, the advertising pages contain announcements of real interest to men in every field of practice. This is particularly true of the publishers' announcements. The sanitarium and institutional advertising likewise affords handy reference pages for the busy general practitioner.

Advertisements have an important bearing upon raising what might be termed the mechanics of medical practice. A doctor, for instance, sees the announcement of a firm offering a device for the systematic care of his accounts. He buys it. He finds it a material aid. Patients are better satisfied and his collections are better. Had the matter not been brought to his attention

through the advertisement, he would probably have worried along with his former haphazard methods.

In like manner, the constant advertising of the electrical supply companies has extended the use of the X-Ray and similar equipment which is valuable. Many other instances might be cited.

Advertising, therefore, is valuable to the journal and valuable to the reader. Read the advertisements in *your* journal. And, everything else being equal, patronize the firms which patronize it. They furnish you the journal at one-half price, and if the journal is "on the square," they are; and they frequently offer suggestions which you may adopt with profit.

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**The field of the nurse is broadening rapidly.** From the angel of mercy with the soothing voice and the gentle touch she is evolving into the matter-of-fact public health educator. Both are essential in the great scheme of healing the sick and preventing others from becoming sick. She is already a powerful factor in conserving human health and life. As visiting public health nurse she enters the home, giving effective information on quarantine in, and the prevention of the communicable diseases. As school nurse she is the vital link between the school and the family, both of which have heretofore been working diversely in the interest of the growing child. As medical social service worker she is constantly readjusting the physical misfits, and placing them in their most effective relations to society. As infant welfare worker she guides the uninformed mother and, through her, conserves the lives of future citizens. As industrial nurse she is the one bond of sympathy between capital and labor, the friend of the worker and the conservator of his only asset—his health. The nurse is the forty-two centimeter gun in the great war between man and disease. Having the confidence, respect and love of all people, of all classes and all stations of life, she is the most effective instrument in this war. She receives no medals, no iron crosses, no praises, no glory; but these are dross. She receives that which in value cannot be estimated; the knowledge of having accomplished a work worth while, of having lifted humanity a bit higher. There can be no greater reward than the knowledge that the world is a little better because of one's efforts.

There is now pending in the General Assembly of Ohio a bill to license nurses, under the direction of the State Medical Board, and thus aid them in raising the standards

of their profession. We sincerely trust that it will pass. The nurses of Ohio deserve this recognition.

+ + +

**The Folly of Percentages.**—Who said: "Figures don't lie, but liars figure?"

Who said: "There are three kinds of liars; liars, d—n liars, and statistics?"

We don't know, but the gayest deceiver of them all is percentages. Everybody states his results in percentages, whether he reports one, fifty, or a thousand cases.

We hope it is merely a habit, a worthless pernicious habit. Surely no one would wilfully deceive.

Think of the weary hours, the waste of printer's ink and good paper collectively spent in stating percentages that are absolutely worthless.

Next time you write have a critical sense. Report those few interesting cases, but spare us the percentages.—(J. E. T.)

+ + +

**Dues.**—There is a psychology in the payment of dues.

Why is it that the physician too often pays his dues begrudgingly, while the trades-worker pays his willingly? Why this difference in mental attitude? Take, for instance, this announcement by a Cleveland trade union:

"The most progressive local in the city. Dues \$1.00 a month. Benefits, \$7.00 per week for beneficial and semi-beneficial, for thirteen consecutive weeks. This local is in good financial condition and besides has a relief fund. This local extends a hearty invitation to all men working at the craft who are eligible to membership in this order. This local has 430 members."

Not a large membership—not nearly as large as the Ohio State Medical Society—but not afraid to pay adequate dues! The statement continues:

"And yet in addition to the trade benefits, we receive sick, death and disability benefits as well as financial aid when in distress, and the whole cost of a year's dues is less than three days' pay."

Perhaps the benefits might not measure up to the expectations of the professional man, but these skilled artisans receive \$4.40 a day and are satisfied to pay accordingly.

That's a healthy attitude of mind—not "how much it costs," but how little, "less than three days' pay."

How many medical societies, local and state, have adequate dues? There is California with \$6.00, and Los Angeles with



\$15.00. There may be others but we don't recall them.

The trade-worker does not expect something for nothing from his societies. The professional man knows better than to expect it. If it is worth having, it is worth paying for.

Think it over.—(J. E. T.)

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**The medical profession of Cincinnati** is to be congratulated upon the completion of its magnificent new municipal hospital. The State of Ohio is proud that the finest institution of its kind in the world is located within its borders. The men of Cincinnati who have labored unceasingly for fifteen years to make real this splendid dream deserve the thanks of the profession throughout the Ohio valley.

If for no other reason it will be well worth your while to attend the annual meeting in May in order to inspect this truly wonderful institution.

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**With the approach of Spring**, the larger cities of the state are turning their attention to protecting the milk supply. In Cleveland there is pending an ordinance which requires the pasteurization of all milk sold in the city—a measure which has the endorsement of the Academy of Medicine and several local organizations interested in public health.

In Toledo, the newspapers are campaigning for a measure which will authorize the city board of health to supply pure milk to babies of the poor. The Toledo News-Bee, in a recent editorial, brings out the arguments for this in a striking manner:

"There will be born in Toledo this year about 4,500 babies. Of these about 1,800 will be nursed by their mothers as nature appears to have intended.

"The other 2,700 will depend upon purchased milk. Some reason why we should have a pure milk supply.

"It is in the homes of the poor that the most babies are to be found. In many of those homes the milk for baby comes as a matter of charity.

"It would be good business, as well as common humanity, for the city to supply this milk and to see that it is absolutely pure and tempered for baby's use.

"It is good business for the community to see that every child gets the best possible opportunity to grow into a strong, healthy, useful citizen.

"But, although the city may buy milk and all kinds of food for a family quarantined because of disease, it cannot legally buy one

pint of milk to insure that a baby escapes disease.

"What do you think about it? Isn't it about time for you to get into politics with a view to selecting capable, efficient, qualified lawmakers, instead of trusting it to the law of chance, with the chance 500 to one against you?"

In Toledo, the Academy of Medicine and the public health committee of the Commerce Club has been largely responsible for this agitation and as noted, they are receiving splendid support from the press and many lay organizations.

Protection of milk is a timely question which every medical society should take up. The doctors of the community should take a lead in this work. Even in the smallest cities there is a field and an urgent need of proper milk regulation.

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**To Sharpen a Scalpel.**—In the February issue of Surgery, Gynecology and Obstetrics, Dr. V. Berry, of Oklahoma, reports an experience that is enlightening:

"Some time since an itinerant vendor entered my office from whom I purchased a paste called "Onyxite," which when spread on a leather strop proved very effective in producing a keen edge on scalpels. I paid five dollars for three small boxes of the paste. In a short time I began to wonder what I should do when the supply ran out, so had a small quantity of the paste washed out in ether and the powdery residue placed under the microscope. We found the residue similar if not identical with size No. 1 F carborundum powder, which costs about forty cents per pound. One pound will make enough paste to equal about fifty dollars' worth at the price I paid for the three boxes. The paste is made as follows:

"A quantity of clean beef fat is rendered to common tallow, strained through fine cloth or canton flannel, and while in the melted state, carborundum powder No. 1 F is stirred into the melted tallow to make a stiff paste. The mixture is then allowed to cool.

"To use the paste, simply spread freely on a smooth strop, lay the strop on a table, and draw the scalpel back and forth at right angles, not diagonally. This absolutely solves the problem of a keen-edged knife. In cold weather if the paste is too stiff, add a drop or two of olive oil to the paste on the strop. If you wish an extremely smooth and keen edge to finish the sharpening a paste can be used of No. 2 F carborundum powder mixed in tallow. However, the No. 1 gives an edge as sharp as a razor, and a dull in-

strument can be sharpened in one-fourth the time that a stone will do it, and the result is far more satisfactory."—(J. E. T.)

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**Papers to the Point.**—We hope that members who are preparing papers for the program of the annual meeting in Cincinnati will pay particular attention to brevity. Every one knows that the short paper which is to the point and states facts without unnecessary elaboration—which is often tiresome "padding"—secures the best audience. The same obtains when the paper is published. We have investigated and are convinced that the members of the State Society prefer to read short papers. The average practitioner nowadays has little enough time to devote to scientific reading, but if the proposition is presented in brief form so that he can secure the meat without wading through too many pages, he is far more apt to read the article.

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**The Industrial Commission.**—The Governor is receiving communications from many county societies asking him to appoint a medical man to the Industrial Commission of Ohio. If your county society has not yet taken up this matter, do so at once.

After a careful analysis of the situation we believe that the medical men of the state will never receive proper treatment at the hands of the commission until the profession is recognized by membership on the board which administers the act.

On the other hand we feel that the act will never be properly administered from the public's standpoint until such an appointment is made. To many of the vital questions under consideration by the commission require expert medical knowledge. And this is particularly true in view of the fact that in the future occupational diseases will come within the provision of the law.

If Governor Willis is sincerely interested in making this great humanitarian measure a permanent success, and we believe that he is, he will give this proposal serious consideration.

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**Those who have observed the progress of medical legislation in Ohio for many years** say that our State Society is working better than ever before in co-operating with the members of the General Assembly.

This is, in a measure, due to the plan of co-operation between the state societies interested in public health legislation working together in the Public Health Federation. The plan is certainly producing tangible re-

sults. Members of the House and Senate are "hearing from the folks at home," and they are paying heed.

Write **your** representative and **your** senator when matters are pending in which you are interested. Remember that the sinister forces seeking to break down the standards of medical practice are so organized that they can and do flood the members of the legislature with communications when their pet measures are pending. By cleverly manipulating this work they make it seem that there is a rising tide of public sentiment in favor of their cults.

To counteract this it is absolutely necessary that you write your legislators and get in touch with them while they are at home over week-ends.

We have hammered home this point many times. We do so because it is vital. Everything possible is being done at Columbus. To make effective the work here it is most necessary that you lend your shoulder to the wheel.

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**Secretary of State Charles Q. Hildebrand** will continue in control of the collection of vital statistics in Ohio. The state will continue to pay \$15,000 a year in excess of the cost if collected by the State Board of Health. And the statistics will continue to be of little or no use in the great campaign which is being waged by the State Board of Health against preventable diseases in Ohio. The majority of the members of the House of Representatives of the eighty-first General Assembly have so ordained.

In spite of the brilliant fight waged in defense of his measure by Dr. Deaton, representative from Miami county, the House on February 18, by a vote of 79 to 24, defeated the bill to transfer this now almost useless department from the secretary of state's office to the board of health—where it would be of immense value and where it could be operated at one-half the present expense.

Columbus newspapers openly charged that Mr. Hildebrand had traded on political patronage to defeat the bill. They charged that he "lined up" numerous Democratic representatives by promising them consideration in forthcoming election board appointments and that he traded upon patronage in his office.

The underground opposition to the measure first became apparent in the committee hearings. Dr. McCampbell presented able arguments, proving conclusively that the transfer would improve the health service. Finding no other reason to oppose the bill, Mr. Hildebrand's henchmen raised the "constitutional" question, and attempted to twist



our poor old over-worked constitution of 1853 into an indorsement of their stand. This was merely a subterfuge to disguise their real motives in opposing a measure which had been enthusiastically indorsed by every organization interested in the betterment of public health, and against which no tangible argument could be raised.

Anyhow, the bill was beaten. The state will continue to foot excessive bills. The statistics will continue to be of little value. And the State Board of Health will continue to operate under a serious handicap.

But, why worry? What is the health of the people of Ohio in comparison to the twenty-five or thirty political jobs which Mr. Hildebrant fought so valiantly, and so successfully, to control?

The Journal desires to add a word of praise for Dr. Deaton. Although his political confederates were lined up almost solidly against him he fought for the bill to the last ditch. He threw into the fight his entire influence, and he is one of the leaders of the House. Its defeat cannot be charged to any apathy on his part.

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**A County Lunacy Commission?**—Judge Roland Baggott, who presided over the Probate and Juvenile Courts of Montgomery county and who is one of the most clever after-dinner speakers in the State of Ohio, made a suggestion in his recent address before the First-Second District Society meeting in Dayton which is worthy of careful consideration by our profession. He suggested a statute providing for a county lunacy commission, to be composed of medical men.

Judge Baggott outlined present conditions in the handling of lunacy cases through the Probate Court. He asserted emphatically that the Probate judge, lacking medical training, is not qualified to pass upon the sanity of any individual. He suggested that the law provide for a commission of competent physicians who would be given authority to summon witnesses and to impose fines for contempt of their court. The commission's duty would be to investigate cases where lunacy is indicated and render a definite finding upon which the court would base its order.

Judge Baggott stated that he believed that a commission of this sort would fill a need in almost every county in the state and that much better administration of our lunacy laws would result.

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Read our advertisements and mention The Journal in patronizing advertisers.

**Report Your Cases!**—The basis of work in the prevention of the communicable diseases is the reporting of these diseases. The physician, being first informed, notifies the health department. The department sends forth its epidemiologist to investigate the case, trace the source of the infection, and ferret out exposures. Quarantine is established when necessary, contacts are isolated or immunized when possible, and the termination of the communicability is scientifically ascertained before release. Thereby is the public safeguarded. If the physician fails to report his cases, how can the health department consummate its function? And physicians do fail in this very respect. In spite of law, in spite of the pose which the profession has assumed that it is the leader in the movement to conserve life and health, in spite of the high ideals of the profession, the doctor does fail. We assert that the physician is a poor public health worker, that he is a poor leader in the public health movement, that he needs education in the fundamentals of the prevention of disease as much as the laity.

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**We regret to say that we sometimes hear physicians express doubt** as to the value of county medical society work and the value of keeping in touch with the current journals. We believe that the most pronounced doubter would have been converted had he heard the recent statement of Dr. Frank X. Adams, of Akron, to the members of the State Medical Board.

Dr. Adams, in December, was cited to appear before the board to show cause why his license to practice medicine should not be revoked. It seems that last April a supposed morphine habitue rushed into his office and through clever acting, induced the doctor to sell him a quantity of morphin-sulphate. A few hours later Dr. Adams was called to the Justice Court and found that the "habitué" was a detective employed by the State Agricultural Commission, which is charged with the enforcement of the anti-narcotic law. Facing the evidence, he was compelled to plead guilty and was fined \$25.00 and costs. Further, after twenty-nine years of practice, he was called before the State Medical Board and placed on trial for his professional life.

His chief plea before the board was ignorance of the law. He had not known, he said, of the recent enactment of the narcotic regulations and he was unaware that selling morphine except for legitimate necessities of practice has within the last year become a serious offense in Ohio. But the reason un-

derlying this ignorance, as stated to the board by Dr. Adams, is significant.

"In the years I have practiced, I have been a member of medical societies but for various reasons I have never been a regular attendant at the meetings. I have not kept in close touch with the journals, although I have received them at my office. Hereafter, I can assure this board that I will regularly attend the meetings of my society and will read my journals in order that I may be familiar with the new conditions affecting medical practice in this state."

Is not this a pretty strong argument for medical societies and for medical journals?

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**Cleveland's Hospital Social Service.**—A pamphlet issued by the Department of Public Welfare of the City of Cleveland deals with the history, functions and possibilities of the Cleveland City Hospital. The following statement from *The Jour. A. M. A.*, indicates that those in charge of this hospital have a clear conception of the invaluable service to the public which can be rendered by a great municipal hospital if properly conducted:

"A municipal hospital is an institution of organized society provided by a city to care for the sick. It is but a medical means to a social end, and this end—public welfare—must never be forgotten. The modern hospital has outgrown the narrow field of boarding and treating sick people, and the time has come when a proper city hospital can no longer passively receive the sick from the community at large, without regard for the reason why they became sick, use them chiefly as material and often discharge them without the slightest interest in their convalescence and rehabilitation in wholesome living and working conditions. Hospitals more than any other social agency accumulate the evidence against the dangers to life in the community, dangers from contagion, from ways of living and from industry, and they must feel the responsibility to study this evidence and become leaders in the progress of prophylactic medicine. The idle convalescent is of no more value in a community than the bedridden and scarcely less expensive to support. It is not only charity and social service, but also sound economy for a city to supervise convalescence; to make it such that the patient can return to his work the sooner. A city hospital of today must continue to give a community scientific care for its sick and must afford opportunities both for scientific investigation and for the education of physicians, nurses and orderlies. But above all, it must, through its social service work and through

co-operation with all other community social agencies, give a watchfulness over public health that will result in more days of life, work and happiness to its citizens."

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**Poisonous Fly Destroyers.**—The December issue of the *Journal of the Michigan State Medical Society* calls attention editorially to the danger of using poisonous fly destroyers.

From July 1 to October 15, 1914, forty-five cases of poisoning of young children were reported in the press of a few states and it is pointed out that the symptoms of arsenical poisoning and cholera infantum being very similar there are possibly many more cases of the kind. It might be well in view of this danger, for physicians to eliminate the possibility of arsenical poisoning before diagnosing a case as cholera infantum. A few years ago there was considerable agitation against the use of phosphorous matches, partly because of some children being poisoned by eating or sucking the heads of the matches. There are doubtless many more cases of poisoning from the poisonous fly destroyers. Phosphorous matches have been abolished, so should be poisonous fly destroyers.

It seems this danger has already been recognized by the authorities in far away South Africa and the sale has been forbidden, except by licensed chemists, of certain arsenical fly destroyers, more particularly the tin boxes which have a wick or wicks through which the poisoned water is drawn. The fact that sugar is added to draw the flies makes these boxes especially dangerous to young children; furthermore, all these poisonous fly destroyers are usually placed on the window sill and children as well as flies are attracted to the windows and the poisons are thus within their reach.

Both the blotting paper impregnated with arsenic (which is put in an open saucer with water and sugar), or the tin boxes with wicks to draw the poisoned water to the surface are extensively used, and there is probably no poison so commonly and unnecessarily used where it is perforce within the reach of young children as these various arsenical fly destroyers. In country homes where it often takes some hours to get a physician, and even in our cities among the foreign born, where the parents are as is well known, slow to call the services of a physician for childish ailments, the danger is especially great. There are as effective and more sanitary ways of killing flies. **Poisonous fly destroyers are an unnecessary evil and should be relegated to the past like the phosphorous match.**



## Original Articles

# The Therapeutics of Sympathetic Ophthalmia\*

H. GIFFORD, M. D., OMAHA, NEBRASKA

AS a preface to my consideration of the therapeutics of sympathetic ophthalmia I wish to make a few remarks on the causation of the disease. In spite of the fact that no characteristic germ has been found, and despite the seductive eloquence of the supporters of the anaphylactic theory, the weight of evidence and opinion is in favor of a microbic origin of sympathetic ophthalmia. The fruitlessness of the efforts to detect the microbe led me to suggest in 1908 that it probably was ultramicroscopic or protozoan in nature; and on this basis I tried and recommended atoxyl in its treatment. A more positive argument for the protozoan theory was furnished by Ormond, Price-Jones and Browning, who found in the blood of patients with sympathetic ophthalmia a marked preponderance of the large mononuclear cells as opposed to the polynuclear forms; a condition commonly found in protozoal diseases. But whatever the morphology of the germ may be, a study of the clinical features of the disease warrants certain rather definite conclusions as to its life history. We know that it cannot be obligatorily pathogenic. Since the disease is never transmitted from patient to patient, the germ must lead a harmless existence either inside or outside the tissues, except in the rarest instances. The almost invariable occurrence of a penetrating wound of the eye-ball makes it equally certain that the germ ordinarily lives in the conjunctival sac and not inside the body, as the endogenous theory of Meller would require. In fact so close is the parallel between the occasional character of its infections and those caused by the pus germs, the pneumococcus and the xerosis bacillus, that it is highly probable that like them, it not only inhabits the conjunctival sac, but also the naso-pharynx. Like them also, it may well, in special cases, gain access to the general circulation, and thus, exceptionally, cause sympathetic ophthalmia in cases of intra-ocular sarcoma; or with non-penetrating wounds; or finally in those cases of spontaneous irido-cyclitis with the microscopical characteristics of sympathetic ophthalmia.

Whether the more refined methods which have finally led to the successful culture of the microbes of syphilis, malaria and rabies, will in the near future, lead to the detection of our

sympathetic ophthalmia germ, remains to be seen. At any rate it is to be devoutly hoped that these or similar methods will be tried on it by some one with the time and opportunity.

With regard to the mode of transmission to the second eye, I wish to enter a plea for catholicity. In the course of time we may learn that the germ reaches the second eye by the blood-current exclusively or by the lymph-channels exclusively; but until such knowledge is attained, I think we must admit the possibility that the germ may, in one case, follow the lymph-spaces and in another, the blood vessels, or even that both paths may be used in a single case.

### PROTECTIVE GLASSES.

The treatment of sympathetic ophthalmia begins with its prophylaxis, and this in the first instance, means the prevention by *Protective Glasses* of penetrating wounds. Ample as our recommendations on this score have been, I believe that further emphasis should be laid on the desirability of including agriculture among the dangerous occupations. In reviewing my own material I am impressed with the danger of eye-injuries which the multifarious activities of the farmer subject him to. "Roughly speaking," I should say that including traumatic ulcers, fully half of the eye-injuries of my practice occur among farmers. And while it can hardly be expected that they as a rule will wear protective glasses from sunrise to sunset, a recognition of this form of occupation-risk is certainly of importance. It may help us in reconciling this class of workers to the use both of purely protective glasses, and those required to correct slight errors of refraction. One reason why farmers generally object to the constant use of glasses is that the latter keep getting dimmed with sweat in hot weather. This can be avoided to a large extent by the use of light cloth hats without a sweat band; or by the adoption of a frame with a gutter at the top such as the form which I have had made by the Omaha Optical Company, primarily as a convenience in playing tennis. Another point which deserves attention is the importance of impressing on the laity the fact that any ordinary pair of glasses affords a protection which far outweighs the danger of injury by accidents which might break them. In my own experience, among approximately 2000 cases of somewhat serious eye-wounds, I have had only four cases of in-

\* Read as guest of Eye, Ear, Nose and Throat Section, Ohio State Medical Association, Annual Meeting in Columbus, May 5, 1914.

jury by broken spectacles; or one in five hundred. In none of these four was the sight of the injured eye lost, and in three of them the result would probably have been worse if glasses had not been worn. When, in addition, we consider that at least 90 per cent of the other injuries would have been prevented if the patients had been wearing glasses, we must admit that a plea for the universal wearing of glasses would not be entirely groundless; and while we may not hope, nor perhaps desire, to see the normal man include glasses as a regular article of apparel, it is plain enough that no person with only one good eye ought to forego the insurance which the wearing of glasses confers.

Next to the prevention of penetrating eye-wounds, comes their protection by sliding conjunctival flaps. This practice is so common that nothing need be said as to its general desirability. I should like, however, to urge that beside excising protruding uveal tissue, as soon as possible, the wound should be well cauterized with trichloroacetic acid before the flap is drawn over it. It may be worth noting that even when this is done we cannot guarantee safety from sympathetic ophthalmia. I have had one case in which a prolapse at the limbus was excised 24 hours after the injury and the sclero-corneal wound protected by a flap which healed perfectly. The man went back to work with normal vision in the injured eye. He returned six weeks after the accident with well marked sympathetic ophthalmia of a weeks' standing. This illustrates the importance of prompt action in such cases. This eye might well have escaped infection if the operation had not been put off for a day. This case is also interesting inasmuch as it showed a marked optic neuritis in the injured eye; a sign to which Heerfordt has drawn attention as a warning of the onset of sympathetic ophthalmia. This sign can seldom or never be considered a warrant for the enucleation of the injured eye, since it can only be observed in eyes which would ordinarily not be sacrificed, even if sympathetic ophthalmia were already present. Still, in cases of perforating wounds where the fundus can be seen, it should be watched for, since its occurrence should lead to the prompt exhibition of anti-sympathetic remedies.

#### GALVANO-CAUTERY.

In this connection let me again sound a warning against the treatment of iris-prolapse with the *Galvano-Cautery* without subsequent conjunctival covering. For years I have cried in the wilderness against this practice, my only companion, so far as I know, having been the lamented Trousseau; yet not a year passes without my noting in the literature, one or

more cases where the sequence, "iris-prolapse treated with galvano-cautery, sympathetic ophthalmia" is nonchalantly mentioned without a thought as to its significance. It should be remembered that the eschar left by hot metal is an especially good breeding ground for various germs; and if the hot wire is used on a prolapse the eschar should be scraped away, the surrounding area denuded, and the whole covered by a conjunctival flap. In some cases where iris tissue has been exposed far from the limbus, I have obtained excellent results from the repeated application of trichloroacetic acid, without a flap, but even this should be resorted to only when it is impossible to get a flap to adhere, since I have seen one case where a limbus prolapse, treated in this way, with an apparently perfect result, was followed, after a month or two, by sympathetic ophthalmia.

As to the choice of an operation where the prophylactic sacrifice of an eye is decided on, I prefer the *Simple Evisceration*, i. e., the thorough evacuation of the contents of the globe through a broad incision through cornea and sclera; no cornea being sacrificed except where it is infected. Where this is done, and the anterior corneo-scleral wall is pressed well back by a large globular gauze-swab dipped in zinc ointment, the resulting flat, disk-like stump makes a remarkably good support for the glass eye. If the operator and the patient prefer to take the slightly increased risk involved in the use of an artificial vitreous, let me urge the former not to sacrifice the cornea if this is intact, but to evacuate the globe through a large scleral incision one-eighth inch from the cornea, drawing the conjunctiva over the latter by a purse-string suture as the final step. This method allows a larger ball to be used with less danger of its being extruded later on.

#### OSSIFICATION.

Now a word as to the prevention of sympathetic ophthalmia in cases where *Ossification* has occurred in the injured eye. Although Schirmer contends that the bone-formation is merely an incident, having no influence in the protection of the sympathetic ophthalmia, the comparative frequency with which bone has been found in old stumps which have caused sympathetic ophthalmia has given me the impression that such bony stumps are more than usually dangerous; and to welcome the suggestion, which some one has made, that in a doubtful case the X-ray should be used; and if it reveal the presence of bone in the stump, this should be considered an additional ground for urging a prophylactic operation. The same applies to chalky concretions in the globe; for



Sal Lence has recently reported a case of sympathetic ophthalmia with such a concretion.

The operation of Wicherkiewicz, consisting in the tentotomy of all the recti of inflamed or shrinking globes, deserves notice. His claim that the operation has a favorable influence on the inflammation has been to some extent confirmed, and while I should not care to trust in its antiphlogistic action, I believe it is well worth while for its cosmetic effect on a globe in which shrinking has set in or is to be expected.

The tendency to forget *optico-ciliary neurectomy* seems to be strong, but it should be kept in mind as a last resort where removal or evisceration of a dangerous eye-ball is declined. Contrary to what might be expected, on modern theories of inflammation, the cutting off of the blood supply which the denudation of the posterior pole of the eye involves, seems to have a decidedly favorable effect on a lingering infection.

#### TREATMENT.

Coming now to the actual treatment of the disease I need hardly say that where there is no chance of useful sight in the injured eye it should be enucleated at once, but I *do* say it because enthusiasm over the alleged anaphylactic origin of sympathetic ophthalmia has led Elschnig to suggest that this is hardly worth while. No matter what the cause of the disease may be, it seems to me highly probable that the second eye has a better chance if the source of the trouble, be it germ or antigen, is removed; and in deciding where to draw the line, I should always favor the uninjured eye and remove the other unless the original injury were slight, or its condition more promising than that of the second eye. In the way of medication, I still believe, with a qualification to be referred to later on, that the most important thing, is the free administration of salicylate of sodium, aspirin, or some other salicylic derivative. Since adopting this method, I have lost only one eye which I have seen within two weeks of the beginning of the sympathetic disease; and the great majority of the cases have retained vision from 20/40th to 20/20ths. I have played rather freely on this string, and to the majority of you, it is doubtless an old tune. In Europe, however, the method has not received the attention which it deserves, and I find that in America there are still quite a number of oculists who do not realize what is meant by full doses of salicylate. By this is meant 150 grains a day for the average man; that is, a grain a day for each pound of body-weight. If this does not control the inflammation, I go to 200 grains a day for the 150 pounder, and proportionately more for larger patients. I have

never gone higher than this, but I believe, from the experience of Lees, that if an equal amount of sodium bicarbonate be given, 400-500 grains a day can be safely administered. I give the salicylate in brandy, fifteen grains to a teaspoonful and keep the patient in bed. I have always used the synthetic product. I have seen no decided advantage in using the other salicylic derivatives, but I use aspirin or diplosal occasionally for variety's sake. Patients over 60 do not bear the large doses so well. Luckily they seldom have sympathetic ophthalmia. In meeting the disagreeable symptoms produced by the salicylate, many physicians show too little perseverance. They stop it or do not use enough because the patients complain of tinnitus or nausea. I never pay any attention to the tinnitus, and if the stomach rebels when the salicylate is given as usual in half a glassful of water, I have it taken in full glass of water sipped slowly, or if much objection is made to this, it is given in wafers, washed down by a glassful of brandy and water, with the addition of sugar and lemon if desired; or finally, it can be given by the rectum in three doses daily, each with a glassful of water.

#### ATOPHAN.

The qualification referred to above, as to the most important factor in the treatment of sympathetic ophthalmia, refers to atophan. This substance, known to chemists as Phenylquinolin carboxylic acid, was originally recommended in the treatment of gout on account of its power of increasing the excretion of uric acid. It is said that a daily dose of thirty to forty-five grains increases the uric acid excretion from two or threefold. It has a remarkable power of controlling the ordinary symptoms of inflammation, from whatever cause. For instance, rabbits well dosed with it are said to show little or no reaction when mustard oil is applied to the conjunctiva. Although in the literature sent out by Schering and Glatz, it is said to be useful in gouty iritis, I have not noticed any reference to it in current ophthalmic literature, and I was first led to try it in ordinary iritis by an indirect suggestion from Dr. Wilder of Chicago. I have used it in several cases of iritis with good results and in three cases of sympathetic ophthalmia, in one which the salicylate could not be used on account of its producing delirium, the atophan has seemed to control the disease fully as well as the salicylate. To get the desired results, however, it is necessary to use much more than is usually recommended. Instead of 45 grains I have given 150 grains a day in thirty grain doses for a week at a time, with no unpleasant effects in some cases, while in one there was slight shortness of breath and a little gastric pain. In this case it was con-

tinued by the rectum. In some respects the atophan is decidedly superior to the salicylic compounds. On the whole its antiphlogistic power is greater. There is no tinnitus nor deafness, no sweating, no fullness of the head. I have kept the patients in bed and have given two drams of brandy with the last three doses. As it is insoluble in water or brandy, it is best given in wafers, each dose being followed by a glassful of warm water. Weintraud, on account of a theoretic possibility that it would cause a precipitation of uric acid in the pelvis of the kidney, recommended that with a dose of 45 grains a day, 225 grains of bicarbonate be given the first day and 150-175 grains a day thereafter, but before learning of this suggestion, I had used the atophan in the 150 grain a day dose without the soda and without inconvenience.

As to other remedies, notwithstanding my conviction of the efficacy of the salicylates and of the atophan I believe that a patient with sympathetic ophthalmia should have every chance in his favor, and hence along with the salicylate and atropine I give inunctions of mercury; a piece of the salve the size of the patient's thumb being rubbed into the back and abdomen alternately; every day for one week out of three. This it will be observed is no homeopathic dose of mercury. It represents 200-300 grains of the salve a day and I not infrequently give two such inunctions the first day.

Hexamethylamine, as recommended by Dinkelspiel, I have not tried extensively, but have gained the impression that it cannot compete with the salicylates or atophan as a regular thing. Where, however, for any good reason, neither of the latter can be used I believe it should be tried.

#### ATOXYL.

In sympathetic ophthalmia atoxyl is a rather sore point with me because, in the German phrase, it is one of my own children that I have had to swallow, on account of danger of optic atrophy; although in the three cases in which I used it, it apparently was of decided benefit and I still think its use would be justifiable in bad cases if there were no safer arsenical preparations. I have, however, given it up for neo-salvarsan or salvarsan. The use of these drugs in sympathetic ophthalmia may be said to be quite the fashion, and while the results are on the whole favorable, they cannot be said to be brilliant. S. R. Browning seems to have had the largest experience with it, and he reports only three cures out of twenty-eight cases treated; although all the other cases showed temporary improvement, and the characteristic preponderance of large mononuclear cells in the blood was promptly altered to the normal. I have used it in three cases with ap-

parent benefit but have not felt justified in relying upon it to the exclusion of the salicylates or atophan. I believe it should be generally held in reserve for cases that do not yield readily to the latter and mercury; or in especially urgent cases it should be given with them.

With regard to the use of *Iodides* in sympathetic ophthalmia, I can say but little. They may be useful in some cases but I have always kept the patient so busy with other things that I have not used them.

#### SUB-CONJUNCTIVAL INJECTIONS.

I must say the same for the various sub-conjunctival injections. They have one decided drawback in that they obscure the clinical picture. In treating sympathetic ophthalmia we have to be guided in deciding whether we are giving enough medicine by careful consideration of the amount of congestion; and each injection deprives us of this guide for some time. I do not deny that they may be of use and they certainly should be tried in desperate cases. I should prefer one cc. of cyanide of mercury 1—2000; or the 2% solution of sodium iodide with which Weigelin has recently achieved a brilliant result in a case that seemed hopeless.

In the line of unusual remedies for sympathetic ophthalmia, a case of Dimmer is of great interest. His patient had a most virulent attack of sympathetic ophthalmia which improved during an attack of angina; but it soon relapsed and the eye was apparently in a hopeless condition, when a second attack of angina complicated with bronchitis occurred. The effect on the eye was marvelously good. The inflammation ceased promptly and good, permanent sight was obtained. Dimmer refers to a similar case reported by Ahlström, who suggested that the artificial induction of a similar febrile condition might well be justified in bad cases. These cases recall the occasional wonderful effects of erysipelas on various eye-troubles; as well as the case reported some years ago by Harlan of Baltimore, in which an interstitial keratitis was cured by intercurrent measles. I remember hearing him say, that he would advise exposing his next case of interstitial keratitis to measles if it were possible. The question raised by these cases is, if it be not possible nor perhaps desirable to infect a case of sympathetic ophthalmia with tonsilitis, whether a similar systemic reaction may not be provoked by some of the emulsions of dead bacteria now kept in stock. From what I have heard of the effects of phylacogen, it would seem well calculated to give the desired jolt to the antibodies.

#### TUBERCULIN.

The favorable result obtained by Bernheimer with tuberculin suggests the possibility



that his case really was one of tuberculosis, but when we consider the remarkable similarity between the pathology of well-developed sympathetic ophthalmia and tuberculosis, it would not be surprising if further experimentation should show that tuberculin is worthy of a trial in every slow case of sympathetic ophthalmia.

I refer to the subject of *operations on sympathetic eyes* chiefly because, in spite of the oft-repeated injunction not to operate on such eyes for a year or more after the last sign of active inflammation has disappeared, I have twice transgressed this rule with bad results. In one of these patients the disease from the start was asthenic. Between two or three months after the eye seemed to be entirely quiet, on account of the necessity for the patient's departure, I made a small iridectomy, whereupon the inflammation started up again and the vision fell from fingers at five feet to fingers at one foot. In another case, I operated soon after the inflammation subsided, because of secondary glaucoma. I merely did a transfixion of the bulging iris, but even this lighted up the disease and the child was removed from my care before I could again con-

trol the inflammation. I have since come across a recommendation of Schmidt-Rimpler to the effect that where glaucoma is present in sympathetic ophthalmia it is best to put off interference for the usual length of time, because such cases seem to bear the increase of tension unusually well. Even where the regulation delay has been made, I think it highly desirable to have the patient well loaded with salicylate or atophan at the time of the operation, or even as Chaillous suggests, to give a prophylactic dose of salvarsan.

In conclusion, let me reiterate the fact that in fighting sympathetic ophthalmia the maximum of the street fight: "Hit quick and hit hard" should guide. Do not delay the enucleation till the next day. Do not dally with moderate doses of medicine to test the patient's tolerance. Operate at once and begin at once with big doses of salicylate or atophan and mercury; adding salvarsan if necessary. Remember that an hour's delay may turn the scale against the patient. The salicylate or atophan treatment should be kept up on at least three days in the week for three months after all signs of inflammation has subsided.

## The Infantile Uterus\*

MAGNUS A. TATE, M. D., F. A. C. S., OF CINCINNATI, OHIO

THE term "infantile uterus" was first used by Simpson to describe an undeveloped form of uterine and cervical body. Other names have been given to this lack of development, such as "pubescent" and "puerile," but the word "infantile" is adhered to by most authorities.

Unfortunately the infantile type of uterus has had various descriptions, with a multitude of theoretical associated causative factors, ranging from the nervous and chlorotic to the exanthemata.

An infantile uterus preserving many of the characteristics found at birth may be described as follows: The whole organ is narrow in proportion to its length, the external os is small, the cervix conical and often very long in proportion to its body, and cases are recorded where the body of uterus was so small as to be little larger than a pea. If the body should be large, it is probably pathologic due to some inflammatory condition.

Many statements of the physical condition of infantile uteri may be analyzed as follows: That there are various grades of this condition, from that identical with the uterus found

at birth to that almost of the normal state. This arrest of development of some or all of the structural parts of the organ is shown by usually assuming a forward tilting, being in a state of ante flexion, and by menstrual disorders. Arrest of development of uterus may take place at any time following the birth of the child to that of adult life. A full-grown woman may have a uterus relatively no larger than she had at birth, or there may be simply a small uterine body with a conical canal. Embryologically we find that about the fourth week of intra-uterine life a longitudinal duct makes its appearance, just about the time the wolffian body has almost reached its highest point of development. This duct is parallel to and in close proximity to the wolffian duct, and about the fifth week this longitudinal mass has reached the stage where it has a lumen; it is now called the Müllerian duct.

### THE MÜLLERIAN DUCT.

These Müllerian ducts gradually come together and form a single tube in their lower part, about the second month. In this lower part about the fifth month, the duct divides into two parts, the upper becoming the uterus and the lower the vagina. From that time until birth we have a gradual growth and develop-

\* Read before Section on Obstetrics and Pediatrics, Ohio State Medical Association, Annual Meeting in Columbus, May 5, 1914.

ment of the entire body, so that a uterus at birth measures 2.5-3 cm. In the foetus the uterine body is altogether located above the brim and gradually and constantly descends after birth, so that about the tenth year of life the fundus has fallen to the level of the pelvic brim. The uterus remains small in size until the 12-15 year, when it begins to functionate and during each menstrual period thereafter there is a temporary increase in size. The body of the uterus of a child is about  $\frac{1}{2}$  as long as cervix. In young virgins the body and cervix are equal, but later on, the body becomes a little larger. The uterus of an adult virgin measures 5.5-8 cm. in length and weighs 40-50 grammes.

The body of a multiparous uterus is usually two or three times the size of cervix, and measures from 9-9 $\frac{1}{2}$  cm. and weighs 60-70 grms. Associated with an infantile uterus we may encounter infantile ovaries, an undeveloped vagina and pubes, and often a lack of development of breasts.

As a rule a delay in the appearance of the menses is the first thing that attracts attention to something unusual. When the menses appear they are scant, irregular and often painful. In the very marked types menstruation may never appear. The dysmenorrhœa which occurs in some cases associated with scant flow, is often distressing. The patient may have attacks simulating convulsive seizures, which are classified as hysterical or neurotic in type. The assertion that the severe pain (ruling out inflammatory conditions) is wholly in the mind of the patient, is, to say the least, far fetched.

In those cases where menstruation is painful and scant, sexual desire is usually absent, and if such a woman should marry, sterility is almost a foregone conclusion. The history of some patients is that they not only begin menstruating late in life, but the flow remains scant and irregular and often ceases as early as the thirtieth year. Hegar states that infantilism seems to be taking the place of gonorrhœa in inducing sterility. Few of us agree with him, yet we cannot deny the fact that if a careful history and a proper examination were made in all cases of sterility, the percentage of suspected gonorrhœal cases would be materially lowered, while the discovery of infantile uteri would be greatly increased.

#### CHARACTERISTIC CASE.

The history of a marked case is characteristic. The menstruation begins late in life, and when it appears is scanty and irregular. The dysmenorrhœa is usually the factor which brings the patient to examination before marriage; after marriage, it is the dysmenorrhœa and the fact that she does not become pregnant.

Examination in a well marked case reveals one or the other of the types of infantilism. The figure is not round and robust, the breasts may be small and undeveloped, the vulva and pubes undeveloped, cervix much elongated in size compared to uterine body, and ovaries if they can be felt are also undeveloped. In pronounced cases, there may be a total lack of menstruation, it may never appear, and there are no evil consequences, except the mental, the patient knowing that she is different from other women or fearing there is some grave pathological lesion. In those very marked cases of dysmenorrhœa, it must not always be inferred that we are dealing with a case of infantilism, but the trouble may be readily traced to the walls of uterus, ovaries or nerves.

The late Dr. Arthur Johnstone told us much of the pathology of infantile uterus and I cull from his writings as follows: Congenital flexions are largely due to this arrest. Arrested growth of body means an interference with endometrium development. This immaturity would interfere with the proper formation of placenta, hence sterility. This interference is due probably to some damage to the pelvic sympathetic.

When there is a marked diminution in the size of the body, stretching of the neck will result in little, if any good.

#### TREATMENT.

The care of the child from birth to the time of menstruation, and then on to the date of her marriage, is now better understood than formerly. Social betterment has had a wonderful upheaval during the past decade, and now the home and school training is uppermost in the minds of educators and physicians. Parents are taught the care of infant and child, the school curriculum is constantly being modified to meet the exigencies that arise, and few advanced schools have the same course of study for boys and girls. Fresh air, judicious exercise, proper food, care of the body and teeth, and change of climate when necessary, all tend to give a child the chance to develop along proper lines. It is now realized that the poorly developed and often sick child has not the strength to cope with the healthy, so fresh air, cleanliness, proper food and surroundings are the watchwords to healthy minds and bodies.

Marriage should be prohibited in a case where menstrual function has not been established. It would only lead to unhappiness on the part of both contracting parties. Morphine should be guarded against, as many a case of morphinism can be traced to its administration during attacks of dysmenorrhœa. The passing of uterine sounds and electrical



tinkering have been tried often with little or no beneficial result. The passing of sounds after a thorough dilation where the body of the uterus is not very small, I believe has some merit.

In any given case of infantile uterus, our ingenuity is taxed to know what is best to advise. It is questionable whether the uterus can be developed where the patient has reached the age of 25-30. Best results are obtained in the young, when treated near the age of puberty.

The dilating of cervix, the slitting of cervix, and the introduction of the stem pessory, all have their advocates. For proper dilation of the cervix the patient should have an anesthetic, preferably at the hospital. The dilating must be slow and gradual; forceable dilation is contrary to all surgical principles. Slow, careful dilating up to the size of an 18 English sound will require from twenty minutes to half an hour. It is better to over dilate than under dilate. Dilating, usually brings on menstruation. The uterine cavity is packed tightly, preferably with washed out iodoform gauze, this being allowed to remain from two to four days. It acts as a foreign body, keeping up contractions until the uterus expels it. This procedure may have to be repeated in from six months to a year. While a cure may not result, benefit nearly always follows:

Slitting of the cervix has not met with much enthusiasm. It is of questionable merit and should be tried, if at all, only in exceptional cases. Lately it has been claimed that after splitting of cervix, there may be some atrophy instead of the hoped for development.

The stem pessory has no doubt some value in the hands of the experienced and courageous gynecologist. Personally, I have never used the stem pessory, because I have felt that it was dangerous. Carstens, however, whose experience and standing are such that his statements should merit our deepest consideration, says, that after the use of stem pessory, he has found that the uterus would enlarge and develop firmly, and menstruation become established. The action is based on the physiologic development of the muscles by exercise. The uterus has a tendency to expel a foreign body and thus it gets strong and well.

Always introduce the pessory under an anesthetic and make sure that no pelvic inflammatory trouble, acute or chronic, complicates.

It seems to me, that if we bring the end of a tube in contact with the endometrium, there must necessarily follow the great danger of ulceration. It is also said that the removal of the tube is no easy matter. Lawson Tait in his text-book said: "In looking over my experience for the past fifteen years, it would have been better if the two proceedings, slitting of cervix and using stem pessories, had never been heard of, especially that of the stem pessory."

If we are so unfortunate as to encounter a case where the dysmenorrhœa is so pronounced, and the physical examination reveals a marked infantile uterus, the question arises: Is not the removal of uterus and appendages advisable? While I have never encountered so serious a case, I would not hesitate to advise its performance.

## Essential Factors in Establishing and Maintaining a High Standard of Public Health\*

HOMER C. BROWN, D. D. S., COLUMBUS, OHIO

(Member, Ohio State Board of Health.)

APPRECIATING that we are very fortunate in having a number of prominent speakers as contributors to this evening's program, prompts me to discuss but briefly the subject assigned, and then only in generalities.

Some may question the propriety of a dental organization taking such an active part in matters relating to general health questions. However, I am of the opinion that by presenting such a program as this one, and bringing together the interests here represented, we are raising our professional standards and

stimulating our members to appreciate that the responsibility for much of their work is not necessarily limited to the oral cavity and its organs. Imperfect dental operations, especially faulty treatment and filling of root canals, are recognized as responsible for many pathological conditions that may develop in remote parts of the body.

The Ohio State Dental Society has gone on record as favoring many progressive health movements and I will refer to one wherein I think it was fortunate enough to be the first state organization to give endorsement to a meritorious recommendation. This society was holding its 1909 session when President Taft's message to Congress appeared in the

\* Read at "Health Conservation" rally of Ohio State Dental Society, Annual Meeting in Columbus, December 1, 1914. Published through courtesy of the Dental Summary.

public press. One of his recommendations was the establishing of a National Bureau of Health, and I prepared and presented the following Resolutions, which were unanimously adopted:

Whereas, In recent years there has been a decided and far-reaching movement, in both the medical and dental professions, toward establishing prophylactic and sanitary measures to the end that disease and insanitary conditions may be reduced to the minimum, and

Whereas, The President of the United States, in his recent message to Congress, recommends the creating of a National Bureau of Health, therefore be it

Resolved, That the Ohio State Dental Society most earnestly endorses the establishing of such a Bureau and pledges its loyal support to such a bill; and be it further

Resolved, That the secretary be, and is hereby instructed to mail a copy of these resolutions to President Taft, the Ohio Senators and Congressmen, and that the same be spread upon our records."

#### AN IMPORTANT PROBLEM.

Public health is both a social and an economic question. It also has a political significance, inasmuch as the work of the Health Department of a state, or any of its subdivisions, is only one of several departments which should be consistently working together for the best interest of the citizens within its jurisdiction.

From an economic view point, society is divided into two classes, producers and non-producers. The one is a positive asset and the other is an equally positive liability, and it is to the interest of all to increase the productive class and to decrease the non-productive, in every possible way. The efficiency of the individual, regardless of what his position may be, counts for more to-day than at any previous time and whatever can be done to raise this efficiency or to increase the productive units should be encouraged and should receive liberal financial support.

Health and sickness are only relative terms. Those fortunate enough to be possessed of the former must be educated, if need be, to assume many of the responsibilities of those less fortunate, thus answering the question, "Am I my brother's keeper?" Those afflicted must also be educated, not only in matters pertaining to their own welfare and comfort, but they should be thoroughly impressed with the necessity for using the utmost care in not unnecessarily exposing others to the disease responsible for their ill health.

Polluted water supplies, contaminated food supplies, insanitary surroundings and unhygienic living, associated with a lack of regard for the welfare and rights of others, are responsible for most of the preventable diseases. These conditions, and the diseases resulting therefrom, are largely due to ignorance, indif-

ference or neglect. They were formerly considered as individual responsibilities, but are now very properly classed as problems of public interest and for public control and it should be one of the first duties of those in positions of authority, to recognize and enforce every precaution which will in any way conserve the public health and increase individual efficiency.

Many recognize that the "death rate" and the "tax rate" have a positive relation and that health is the first requisite in the progress and happiness of a people. When this is more generally appreciated it will not be a difficult task to secure the necessary material and moral support, be it public or private, individual or organized, to maintain a higher standard of public health. Any progressive movement that has for its purpose the alleviation of pain, disease or distress, or the bettering of humanity in any way, is commendable not only as an economic measure but also for its humanitarian influence.

Health and other public officials, educators, physicians, dentists, philanthropists and social workers should recognize both the economic and humanitarian aspect of this subject and use their influence in emphasizing prevention rather than cure. Such influence will be a positive factor in establishing and maintaining a high standard of public health. When this is supplemented by the co-operation of an educated and an appreciative public, rapid advancement in race betterment will necessarily follow and the chances for the new-born babe to be "well born" and raised under favorable environment, which should be its right, will be somewhat increased.

#### RECOMMENDATIONS.

In specifically enumerating some of the "essential factors in establishing and maintaining a high standard of public health," I name the following:

1st—*Education and Publicity.* Three methods of education may be considered in this connection. First, that received in our common and private schools and other educational institutions. Second, that which may be promulgated through a public health educational campaign, such as the Ohio State Board of Health is conducting in the state at this time. Third, the educational publicity work of the local press and the popular magazines.

2nd—*The Appreciation and Co-operation of the Public.* No department of state or municipality can do its best work without moral support and encouragement from those they serve. Not only must it have this moral support but it must have loyal co-operation as well in order to produce best results. Espe-



cially is this so in times of epidemics, floods and other extreme conditions.

3rd—*Adequate Legislation.* It is necessary from time to time to enact new legislation relating to public health matters and the increase of appropriations to keep pace with new developments. Nearly all legislation that is for the public good is usually the result of a campaign of education and publicity. That relating to the health of a community has so many arguments in its favor that it should not be a difficult thing to secure favorable consideration of reasonably progressive health laws.

4th—*The Co-ordination of Allied Departments.* In order to secure best results in any department of state, and this applies alike to all its subdivisions, it is very important to have all the allied departments working together in harmony. A well directed, intelligent and practical co-operation of such departments, agencies and institutions, both public and private, will eliminate much duplication of effort, wasted or misapplied energy, and working at cross purposes, thus making possible maximum results at a minimum of expense.

5th—*Competent Administration.* All of the foregoing are essential factors, but they will fail in accomplishing the best results unless the

administrative body is fully competent to carry out the provisions of the Legislature, local ordinances, or other adopted rules and regulations. The State Board of Health, and its staff, feels the need at this time of raising the health standards in various localities. Especially is this desirable in villages and townships and it is hoped that some new legislation may soon be enacted that will permit the placing of the health officials in such communities on a higher and more uniform basis.

I am fully convinced that I express the sentiment of the Ohio State Board of Health, and its staff, in saying that such support and influence as may come from the Ohio State Dental Society, and the other organizations, institutions and interests here represented, will be very much appreciated. The active co-operation of all these are of the greatest benefit and such moral encouragement is a stimulant to increased effort.

The health interests of the state have been very fortunate in having the loyal and consistent support of Governor Cox and, in their behalf, I take this opportunity of expressing our appreciation. We further express the hope that his successor will take an equal interest and render such support as the importance of the service merits.

## Home Treatment of Tuberculosis\*

HARVEY A. BERKES, M. D., OF CLEVELAND

**B**EFORE entering into this subject let us clearly understand that we are to confine our attention strictly to the care of the cases treated at home, and home can be taken to mean any city or state or location.

No matter where the treatment be undertaken, fresh air must be had. In the ordinary home no provision, as a rule, has been made for outdoor sleeping, but usually a porch can be fitted up, or a tent pitched, or some means found at little expense to secure fairly good quarters. The temperature need never be considered an objection, because means can be found to overcome any disagreeable feature it can offer. Zero or even lower can be enjoyed by the patient, if a little care is used to supply sufficient body protection. Most patients, wearing woolen pajamas, bed slippers, and hoods never complain of the cold. A cheap paper blanket placed between the mattress and blanket on which the patient lies, and another placed between the folds of a double blanket thrown over the patient keep off of the cold winds, and reduce the weight of covering re-

quired to keep the patient warm. Adjustable screens can be used around the bed to protect from direct currents of air. All rules regulating the spread of the disease and the danger of reinfection must be carefully explained, but will not be discussed in this paper.

### VALUE OF REST.

Rest is one of the recognized but often not clearly defined requirements. Here we are dealing with pulmonary tuberculosis, which does not force a patient to rest for the relief of pain. The clinical course of this form of tuberculosis, however, with its usual accompanying mixed infection shows a tendency to a gradual loss of weight and strength and an anemia with its train of characteristic symptoms. Our object is to interfere with this course and to prevent these tendencies in so far as possible. Rest is one of the best implements of warfare these patients have in their battle, not because it brings some antibody or germicide to the infecting organism, but because it stops unnecessary expenditure of energy and allows that same energy to apply to the stock with which they are battling against the disease.

\*Read before the Medical Section, Ohio State Medical Association, Annual Meeting in Columbus, May 5, 1914.

Physiologists have demonstrated and we see clinically that muscular effort, in many states, involves an expenditure of energy diverted from the resistance of cells and the tendency to recover on which we base our hope of a successful treatment. Therefore, we place the patient in bed to reduce the expenditure of energy to a minimum.

As soon as the patient is put to bed the question is raised, "When there, how long should he remain." This can only be decided in the clinical course of the disease. The fever chart is our guide, and rest should be continued until the temperature has become normal and remained so for approximately a week, then for short periods, a trial of endurance is made; if the temperature remains normal the effort may be gradually and not too rapidly increased.

Muscular rest does not, however, cover the term rest when applied to these patients. We have to guard against mental fatigue as well. Worry, anxiety, grief or delight in large doses, and especially the frequent and prolonged visits which kind friends feel it their duty to pay have often been found to be just as harmful as muscular effort.

With getting up comes the question of exercise. This, too, must be graduated and kept always below the point which would produce fatigue, and must be governed by the temperature and weight chart of the patient. If, in the absence of temperature elevation, a loss of weight is noted, other conditions being equally good, a reduction of the hours and amount or kind of exercise must be made. Particularly, care must be used to avoid exercise just before and after meals, so as not to interfere with digestion.

It is easy enough to draw diagrams to show how much lung tissue is involved, and to make charts of the temperature, pulse and respiration, to note the number of bacteria to the microscopic field, and perhaps to go one step farther and mark off the days or months through which the patient ought to live. Our charts and figures may be interesting but will be of little value to the patient. Our calendar estimate may be a clever guess, or we may miss the mark by a great many days or even months. We have all seen cases where the prognosis estimated by the pathological description of the lesion is distinctly bad, take a brace and improve enough to allow them to take an active part in the world and enjoy life again. We have also seen the opposite picture where lesions allowing the brightest prognosis progressing badly and end in death. How can we reconcile these contrasting terminations? We must conclude that prognosis does not depend on the physical findings alone, but that the individual resistance and the living condi-

tions of the patient must be taken into account. From the reports of the autopsy room and clinical observation, we have learned that many of the residents of our cities at one time had and have recovered from pulmonary tuberculosis, without absence from home, perhaps never knowing that they had had the disease. Radiographs confirm this statement.

This suggests that climate is not the sole factor in the cure, and we study to learn how these lesions have been healed. We must not overlook definite proof afforded by the pathologists and X-Ray reports, that in some cases pulmonary tuberculosis has been cured without absence from home. It is worth our study to get some idea as to how these successful cures are accomplished.

In order to acquire a knowledge as the possible outcome and how to handle these cases our examination must not be limited to the chest-findings, the temperature chart, the respiration and the pulse rate. It is well to regard these cases as problems of lowered resistance. The tubercular infection has been inoculated and is now making its progress evident because the lowered resistance offers inefficient opposition to the disease.

Resistance is a factor not easily measured. One of its known essentials is a suitable blood supply. Since resistance is so dependent on the quality and condition of the blood supply, our problem is that of lowered resistance, and must include the securing of blood as near normal as possible. This cannot be accomplished by giving iron, arsenic or what not blood tonic. It requires the correction or elimination of all conditions which tend to interfere with the supply of good blood under proper conditions. Good food is the natural source from which good blood is made.

The selection of a diet means more than merely supplying sufficient calories to meet the daily demand. We are not dealing with a laboratory instrument in which so many calories can be developed each time from so much material, but with a human being, who may be the fortunate possessor of a perfectly normally efficient digestive tract. This, however, is not the usual condition. The majority of these cases have digestive tracts which are unable to perform successfully the average necessary amount of work. Therefore, before selecting a diet a study must be made of the efficiency of the digestive tract. A good appetite may be present without a good digestion, a poor appetite may be no true indication of the patient's ability to digest good food. A good appetite is always a blessing and a source of pleasure. A poor appetite frequently is the product of a disturbed mental state, apt to be intensified by the stating of the diagnosis. At all events it is better to train the appetite for



good food than to supply only such food as the appetite demands. Tact and judgment enable one to train most patient's appetite for food suitable for them. The physical examination and the history may not suggest the slightest gastric disturbance, but a test meal or a series of them may show some disturbance to be present.

#### DIGESTIVE ABILITY.

Dr. J. P. Sawyer first called my attention to the importance of estimating the digestive ability of these cases and of making a special effort to secure as nearly normal digestion as possible. He has kindly permitted me to use some of his material in working up this paper.

In reviewing our last sixty-five cases of pulmonary tuberculosis the routine examination of the stomach and bowel has shown that fifty had catarrhal gastritis; sixteen of these had atonic stomachs; ten of these constipation. Ten had atonic stomach without catarrhal gastritis being present; three of these had constipation. Five had normal stomach analyses; three of these had intense constipation.

The chemical analysis showed seventeen cases with normal acidity; nine cases with hypochlorhydria, nine cases with achlorhydria, and thirty cases with hyperchlorhydria. Sixty-three out of the sixty-five cases had either stomach or bowel disturbances or both.

In the foregoing figures catarrhal gastritis is the most frequent condition noted. This is often present without subjective symptoms. It always interferes with the efficiency of gastric digestion and in so doing prevents the patient from getting the maximum nutrition from the food without increased expenditure of energy. It may also lead to interference with the flow of bile by its extension into the duodenum and it may exert an influence upon the bowel.

This detrimental influence of the gastric disturbance is often overlooked, but I would urge that it is a factor which in itself tends to lower the personal resistance. The derangements of digestion found in the early cases of tuberculosis must be looked upon not as a result of the tuberculosis but rather as one of the reasons why that particular patient with the disturbance of digestion, when exposed to tuberculosis, became successfully inoculated and developed the disease. Since digestive disturbances tend to lower the personal resistance in these cases it is our duty to ascertain if any such condition be present, and if so, we should bend our efforts to correct it, or at least make it as little felt as possible.

For many years sufficient food has been recognized as absolutely necessary for these patients, but the patient's ability to digest the food has too often not been estimated. When such co-existing pathological conditions are

discovered, vigorous measures to correct them should be enforced. For example, cases with intense catarrhal gastritis which do not yield to the ordinary methods of treatment have been put on a strict plan of treatment commonly used for gastric ulcer according to Dr. Sawyer's suggestion that catarrhal gastritis is as damaging to the patient as an ulcer and therefore is as worthy of such treatment. I have seen these cases gain weight, strength and have a reduction of temperature often to normal at the end of four weeks' treatment and also have a practically efficient digestive tract.

Our directions as to diet must not end as soon as the patient can eat full meals, for when the efficiency has been successfully raised care must be used that this efficiency be subject to no undue strain.

I desire to emphasize the importance of treating digestive disturbances found in these cases, because only by so doing can we feel that we have discharged every obligation due the patient. Otherwise, it is beyond reason to expect the patient to be well enough nourished to combat this disease, even if plenty of fresh air and rest are provided.

#### THE BOWEL FUNCTION.

Constipation is an especially important phase of the digestive disturbances, sometimes determining the results. In estimating the bowel function, we must determine not alone the fact and time of a movement, but also the amount and character of the stool. Movements may be inefficient, though they be as regular as the clock, and the evil effect of constipation be pronounced, the regularity masking the constipation. In such cases we may have a persistent fever and some of the toxic products are being absorbed and carried through the blood stream to the various cells of the body, poisoning them and rendering their activities imperfect.

If toxic products are brought to the blood-forming organs, their activities are lessened and the products of their cell activity, i. e., the blood cells and plasma are imperfect. The resulting blood picture is the commonly seen anemia, often due to gastric disturbances rather than to the tuberculosis. One other way in which chronic constipation effects the blood, is by the residue or fecal accumulation retained in the bowel becoming an irritant to the mucosa of the bowel. Frequently this irritation is shown by the profuse secretion of mucus from the membrane. As a result of the catarrhal condition, absorption from the bowel is impaired. This constitutes a definite recognized cause of anemia.

Before we can attempt to relieve the chronic constipation we must discover if possible

whether the constipation is due to inefficient peristaltic activity of the bowel, or if the bowel content is of such a character as to be propelled through the intestinal tract with difficulty, or if both conditions be combined. Frequently the shortage of water consumed by the patient causes a hard, dry, stiff mass in the intestinal tract which a fairly normal bowel would find difficulty in propelling. To use cathartics to stimulate the peristaltic activities of the intestines would no doubt produce an evacuation but would not lessen the excessive demand on the secretory glands of the stomach, liver, pancreas and intestines, nor would it supply the necessary amount of liquid to compensate the normal output of liquid by means of the kidney, sweat glands and lungs. Again gastric disturbances tend to prepare the food imperfectly for later intestinal activities.

The food consumed may be of such a character as to leave an excessive amount of coarse residue which acts as an irritant to the intestinal wall, and thus causes excessive peristaltic contractions which instead of propelling the contents onward, holds it vice-like or squeezes it into the sacculi of the large intestine, where it will be retained for long periods of time. In all cases of chronic constipation it is advisable to select food which can be easily subdivided and has no indigestible hard fibre or hull or excessive amount of cellulose. In selecting the diet we are to be governed not only by the caloric value of the food and the chemical analysis of it, but also by the mechanical condition of it in the served state. I say served state because the preparation or cooking may produce an easily digestible dish or one which is as indigestible as coal. After selecting the proper diet we must direct the patient to spend the proper time and efforts to masticate it so that it is admitted into the stomach in proper shape for gastric digestion.

If constipation persists after taking suitable food and the necessary amount of water per day, suitable laxative drugs may be given.

When coexisting pathological processes of the stomach or bowel are found, the diet must be selected to meet the conditions. After restoration to normal special care must be used so as not to induce a recurrence by errors in diet. For normal digestive tracts the diet advised must be one which will not cause digestive disturbances later. For all cases therefore we may advise what might be called the "Safe Diet." This consists of food of sufficient caloric value which is not naturally a chemical or mechanical irritant to the stomach or bowel, and has not been made an irritant in the process of preparation. Such food could be subdivided, thus allowing gastric digestion to be performed easily, and delivering the chyle into the intestinal tract in a pasty mass which is propelled along the bowel by normal peristaltic waves. Such food is readily absorbed.

#### SET DIET NOT WARRANTED.

If we are going to care for these cases in their homes we must find if there is any reason why that patient has a lowered resistance, and make sure that he can use good food if it be given him. If we find the stomach or bowel to be the seat of additional trouble we should regard this fact as one of the reasons why the patient has tuberculosis, and exert ourselves to secure a more efficient digestion. Three meals a day or an extra supply of eggs or milk, or any other article or combination of food, or any set diet for tuberculosis, is not warranted. The functional performance of the stomach must be determined, and the diet governed by the tests. The patient must be taught what a normal bowel movement is and how to get it.

Care in directing outdoor life, avoidance of fatigue, and insistence on rest, the explanation that rest means mind as well as body, often have been of great service, but these considerations of the digestive tract have proven clinically so helpful that I have chosen to present them on this occasion.

*IT is undoubtedly your duty, as a physician, to keep in active touch with all matters affecting public health. The Ohio Legislature is now in session at Columbus. This month we print a notation of all proposed laws affecting public health and medical practice. Look these over, and use your influence with your legislator, and see that he has the benefit of your experience and knowledge in passing on this legislation.*



## The Premature Infant\*

H. J. MORGAN, M. D., TOLEDO, OHIO

ALMOST every physician practicing obstetrics meets with one or more premature infants. The only statistics at my command, showing frequency, are those of Sloane Maternity Hospital, 410 out of 2,314 births, of which 74 were still born, leaving 336 suitable for treatment, or one out of seven births. Notice must be taken of the fact that these mothers are mostly drawn from the poor and the diseased classes. Such a ratio does not obtain in private practice.

What with the scanty attention given to this subject in most of our text-books, and the ignorance of our nurses, graduates of the general hospitals, on the subject, the usual care given the premature infant is quite faulty and the death rate higher than it should be. Hence it was thought that some detailed consideration of the subject might prove interesting. It is unnecessary to discuss the causes of prematurity, or the appearance of the premature infant. As for diagnosis in doubtful cases, prematurity may be assumed if the child weighs less than four pounds at birth, or measures less than nineteen inches in length. Any newborn infant which appears small and weak will do better if handled like a premature, at least so far as daily routine is concerned.

Regarding prognosis we may say that infants under twenty-four weeks of age will usually die, as will one weighing less than two and one-half pounds. A body temperature of 90 degrees F., or less, is a bad sign. Infants of seven months or over, weighing three pounds or over, have a good chance to survive if properly cared for. The causes of death are principally bronchitis, broncho pneumonia, infectious diseases and syphilis.

The premature infant comes into the world sadly hampered by the lack of development of the nervous system, especially of that part devoted to the heat-regulating apparatus. The heat-making centers are too poorly developed to maintain normal body temperature, which is done in utero by the mother's body, but which falls rapidly after birth—a fact which should demonstrate the need of immediate attention to the newborn premature infant.

On the other hand, the lack of development of inhibitory functions with the inevitable loss of control of the heat-dissipating mechanism makes this fall in body temperature even more marked when the change from intra- to extra-uterine life is made. These defects make it difficult to maintain an even body temperature in these infants, and artificial heat not carefully applied may send the rectal temperature

to dangerous heights, or reduce it to an equally dangerous degree. The respiratory centers are poorly developed and do not respond to reflex stimulation as they do in the normal infant.

The higher centers share this lack of development, so that these infants lie quietly and motionless most of the time, and when aroused from their stupid condition whimper, rather than cry. The mal-developed reflex centers of the cord account for the lack of muscular movement in arms and legs, the constipation or lack of tone in intestinal muscles.

### THE DIGESTIVE TRACT.

The next important defect is in the digestive tract, the degree of the defect being in inverse proportion to the age of the child at birth. Infants born near full term will take the breast, suck and swallow, though digestive capacity is diminished, while those born near the seventh month or younger may be unable to suck or swallow; the digestive capacity is still further limited and the tendency to indigestion much greater. Thus it will be seen that the chances of life are largely dependent upon the degree of development of the gastro-intestinal organs. Liability to infection is greatly increased, dependent not only upon lack of resistance to pathogenic organisms, but upon the ease with which these gain entrance to the body. Mention was made earlier of the commonest infections to which these infants are susceptible. If to simple prematurity is added congenital weakness and malnutrition as a result of syphilis or tuberculosis in the mother, the infant has still less chance to live and develop.

Given, then, a child of a weight and age that offer a reasonable chance for life, how shall we best care for it? The requirements are: To furnish a proper food supply, to maintain sufficient body heat, and to supply pure air to the lungs.

Babies born near term are, of course, easier to raise in every way. They can, as before mentioned, take the breast, or in the absence of breast-milk can be more easily raised on the bottle; for younger infants breastmilk is essential, and while occasionally one of these may be artificially fed, the chance of living is so much greater when breastmilk can be gotten as to make well worth while the effort or even expense of getting it. Of course the younger the infant the less the likelihood of there being milk in the mother's breast, and we must get the supply from another. When the milk is slow in coming in, or when the total supply is small, artificial food must be prepared. Bear in mind that the stomach of the premature is extremely small, onehalf ounce to one ounce

\* Read before the Northern Tri-State Medical Association, Semi-Annual Meeting, Elkhart, Ind., January 12, 1915.

of any food being usually sufficient for a single feeding. Some times even a teaspoonful is all that will be taken.

It is important that every effort be made to maintain secretion of milk in the mother's breasts while we are going through the detail of adjustment of milk to suit the child or feeding the milk by hand to the weakling. Pumping and massage will help but when the breasts show signs of drying up it is best to find a baby to nurse from them three or four times daily.

#### HAND FEEDING.

There may be a supply of breast milk but it does not agree with the baby! Just as painstaking effort is required in its adjustment by regulating feeding intervals or amounts, or by its dilution, or the addition of alkalis, such as sodium citrate, or bicarbonate of soda, as is demanded under similar circumstances in the case of the full-term child. If often happens that the baby will take the breast, but he tires easily—sucks two or three times and stops. It is a mistake to urge these infants to greater efforts. Pump the breast and feed to the child by hand.

Hand feeding becomes necessary when artificial food is given, when the baby cannot suck, when he cannot swallow, or when breast-milk is obtained from a distance. A medicine dropper, or more conveniently, a "Breck" feeder is used, putting a few drops at a time on the tongue and waiting for it to be swallowed. This little procedure, so simple when properly done, can be badly bungled, usually by too great haste, causing the food to spill, the child to choke, or, as in one of my cases, to vomit, with the result that the nurse reported that the child was unable to retain the food. Mention should be made of the necessity for keeping the food warm by immersing the glass container in a bowl full of warm water—a minor point that is often neglected.

When the baby cannot swallow, tube feeding with the aid of a soft rubber catheter, No. 14 F., passed through the nose or mouth, must be resorted to. The passage of the catheter is very easy and there is little danger of entering the trachea. A small funnel inserted in the end of the catheter enables one to pour in the food.

The robust premature infant needs no food for at least twelve hours, water one to four drams every hour being given. To begin feeding earlier is unwise, as the work of metabolism is exhausting to the infant. A one or two per cent milk-sugar solution serves very well for a food at first; or, where obtainable, as in a maternity hospital, breast-milk diluted one-half with water is better, the dilution made less as the weeks pass. Thus the milk from the mother of a much older child may be

safely used for the feeding of a premature infant. The infant should be fed every hour during the day, for example from six in the morning until eight at night, then at two-hour intervals during the night. If it cries from hunger, the night interval may be made shorter. The feeding interval may be lengthened to one and one-half hours at the end of a week or so, and to two hours by the end of the third week. These amounts will differ according to the weight of the child—for example, the infant of two to three pounds may at first take about four ounces of food daily, increasing to fourteen or fifteen ounces by the end of the second week; while the five or six-pound infant taking at first seven ounces may in two weeks be taking seventeen or eighteen ounces daily. As a rule the premature infant, though under weight, really needs more food proportionately than the full-term infant, because it uses up more heat units, having more body surface exposed for his weight than the normal child. Thus each child's needs must be carefully estimated, and he should not be fed by rule. While under-feeding is bad, over-feeding with its attendant vomiting and diarrhoea is worse.

Of artificial foods, whey made from whole milk, sweetened with two to four per cent sugar, or condensed milk, one to twenty-four, or in robust infants whole milk diluted with water one to four and sweetened, have served me very well as temporary foods until breast-milk could be obtained, or for mixed feeding when the supply of breast-milk was small. The peptonization of artificial food is a very useful procedure.

#### MAINTAINANCE OF BODILY HEAT.

Every one has seen the patented incubator, improved models of that devised by Tarnier in 1881, expensive samples of which may be found in many of our hospitals, and which are still being purchased by various boards of enthusiastic but misguided women, or are exhibited in public places for a fee. They are all worthless. You may have noticed that the pediatric section of the A. M. A. passed a resolution at the June meeting this year unqualifiedly condemning them. The reasons? The automatic regulators for heat, ventilation and moisture never work properly, while the attendants, trusting to these devices, fail to give the infant proper attention.

Many modern baby hospitals have adopted the "hot-room," put in use by Escherich in the St. Anna Hospital in Vienna. In such a room there are accommodations for four to six premature infants with an air space of about 500 cu. ft. for each crib, set in a sort of alcove with glass sides (thus lessening the chance of crib-to-crib infection). Special construction of walls, floor and windows makes it possible to



maintain an even temperature of about 90 degrees F. by the use of thermostats, and other special arrangements permit of constant degrees of moisture and ventilation. On this large scale no difficulty is experienced in making these devices work properly. Here the infants need to be but lightly clothed. For changing of napkins, wet nursing or bathing, they are removed to a sort of ante-room where the temperature is not so high, and to which as soon as they are strong enough, they are removed permanently, to be sent on the ward or to the home later. Such an arrangement is, of course, highly desirable in the hospital for babies.

Dr. J. H. Hess has devised a hospital incubator shaped like a bathtub, with double walls and electrically heated, which is now being tried out at Michael Reese Hospital in Chicago. How efficient this will prove is a question.

In private practice and in many hospitals the premature infants are raised in padded baskets, and up to date this has proven the most satisfactory method. We need first a straight-sided, flat-bottomed clothes basket of large size, at least 28 x 16 inches, that there may be plenty of room for baby, blankets and hot-water bags. This may be lined by stitching to sides and bottom a layer of old blanket, or by folding in a good sized blanket. Next comes a feather pillow to be covered in turn by a rubber sheet, and over this a cloth sheet. Next comes the baby wrapped as directed below, then a blanket surrounding the baby. Then a folded blanket laid crosswise of the basket and tucked in at the sides, and last of all a blanket (or for appearance sake a fancy "comfortable") laid crosswise over the lower three-fourths of the basket and hanging over the sides. The baby's face is left uncovered. For heating, rubber hot water bags, or the patent stoppered beer or citrate of magnesia bottles may be used. It is better to wrap these with old pieces of blanket or soft cloth. About five of these—two on each side and one at the foot—are used, so placed between the layers of covering as not to touch the baby and to keep the heat from going into the air. In some cases, for example in summer, three bottles will keep the basket temperature at the temperature mentioned below. Some authors mention the use of the electric heating pad, but the experience of nearly setting fire to a basket with one sent me back to the bottles. Electricians tell me that even on low current the pad is bound to heat up.

#### TEMPERATURE.

The particular arrangement of blankets, mattresses, etc., will vary in different houses. The principle is the same, to have plenty of soft and warm material to keep out cold air

and to keep in the heat from the bottles. The aim is to keep a nearly constant temperature in the basket of 85 degrees F., best noted by placing an ordinary weather thermometer between the baby's wrappings and the covers. A little observation will tell the attendant how hot to have the bottles, and how frequently to renew the water—usually one bottle has to be changed about once an hour. The rectal temperature should be taken every two hours, at least, for the first three days, and if this shows a tendency to fall below 97 degrees the basket temperature should be raised until about 98 degrees, body temperature, is maintained. This means frequent observation of the child's condition which is quite desirable.

The baby may be wrapped in absorbent cotton held on by bandages, or, preferably, a light sort of blanket is made by sewing a thin pad of cotton between two layers of gauze about a yard square, the whole stitched at the edges. Such a covering may be shaped a little by an ingenious mother. It should be wrapped about the whole body well up under the chin but leaving the face exposed, and may be stitched on. No diaper is used, but a pad of absorbent cotton is placed under the buttocks, where it is easily changed without uncovering the baby.

After the initial rubbing with olive oil, which aids in removing the vernix, it is better to leave the feeble infants alone, deferring bathing or oiling until they are stronger. Of course the nearer full term the infant, the better it bears the handling and exposure. A band is put on as usual to protect the dressing of the cord. This is left on for three days before changing.

Put in some corner of the room unexposed to draughts and glaring lights, the child lies day and night, and when removal (as for breast nursing, is necessary, is lifted out with a goodly covering of blankets still about it. When fed by hand it is unnecessary to remove it from its basket. It should be a principle of the baby's care that it never be moved or exposed except when it is actually necessary. In this connection it is desirable to discourage the custom of frequent oiling the body of the premature as is so often done. Whatever benefit there may be to the child from absorption of oil (and this is problematical) is more than offset by the bad effect of the loss of heat entailed by this process. The child's position in the basket must be changed from time to time as it is unable to move itself. The air in this room should be fresh, the temperature not over 72 F., and no covering of any kind, except a mosquito netting, shall interfere with free breathing of it by the infant.

#### ADDED SUGGESTIONS.

The fewer people who tend the baby or look at him the better, on account of the danger of

infection. If the mother has a cold it is best that she use a gauze face-mask when nursing or caring for the child; when the nurse is so affected let her do the same, or, when expedient, procure another nurse.

The premature infant is subject to many slight disorders, especially of digestion. One of these is constipation, and he will often refuse food of all kind, promptly to resume feeding after being cleared out with oil or calomel.

One cannot state a definite length of time during which the child should be kept in the basket. This will depend upon the weight, apparent gain in strength and character of digestion. As improvement is noted, and the infant approaches nine months of age, including intra-uterine life, the basket temperature may be lowered or the experiment made of removing the bottles from the basket, always checking up the child's condition by taking the rectal

temperature. If this falls below 97 degrees, more heat is needed. One must remember that this type of infant bears considerable coddling very well, and no attempts at "hardening" him should be made.

While the premature infant successfully raised is in many respects a weakling for some years, the prospects of his developing into a sturdy child are very good.

As we review these numerous directions, we observe that the proper care of the premature infant entails a great deal of attention to apparently trivial details. In attending a case recently, which passed from a most critical state due to neglect to that of a strong, healthy infant, we felt highly complimented when we heard that the nurse in charge had stated that the doctor was "too fussy."

"Fussiness" is not a large price to pay for a living infant.

## Chronic Pyelitis: Its Cause, Clinical Course and Treatment

FREDERICK C. HERRICK, M. D., of Cleveland, O.

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**B**Y pyelitis is understood an inflammation of the renal pelvis without involvement of the parenchyma. The process necessarily extends to the ureter and bladder so that a pyelo-uretero-cystitis would be a more descriptive term, or in case the infection is an ascending one, a cysto-uretero-pyelitis. Although a still further extension becoming a nephritis, a pyonephrosis or occasionally a perinephric abscess at times occurs, the following discussion is limited to the chronic process only incidently considering its acute exacerbations. The frequency of its occurrence, as shown by modern methods of renal diagnosis, is tendency to become chronic and its amenability to treatment through cystoscopic methods demand that the practitioner and specialist be constantly on the watch for this condition.

### **PATHOLOGY.**

Pyelitis may be catarrhal, purulent, membranous or gangrenous, depending upon the nature and virulence of the organism present, the tissue resistance and the persistence or recurrence of trauma or mal position of the kidney affecting the free flow of urine through the ureter. In certain chronic cases a proliferation of lymphoid tissue into elevated plaques sometimes occurs, or minute cystic accumulations form, resulting in a pyelitis cystosa (Adami<sup>1</sup>). But the common pathologic appearance of the chronic catarrhal purulent process is a slightly roughened granular, glistening, thickened pelvic membrane bathed in

muco-pus varying from barely noticeable on close inspection to the large pyonephrotic accumulations.

The degree of apparent tissue change in the pelvis does not necessarily measure the clinical significance of the case, for one of the most troublesome I have seen was that in a woman of 56 years, who, following acute pneumonia, had acute left pyelitis in which at numerous exacerbations in the following year, the kidney was enlarged, painful and tender, yet after nephrectomy the pelvis and parenchyma appeared almost normal, and I was fearful lest a good kidney had been removed until the pathologist found a pure culture of the pneumococcus and a marked microscopic change in the pelvic surface and the patient has remained entirely free from any renal trouble for seven years, to the present. Adami, Morris<sup>2</sup> and others have commented on this apparently normal appearance of the pelvis with marked clinical disturbance. Lindeman<sup>3</sup> says there is rarely more than a hyperemia of the pelvic mucosa. This patient was operated several years ago when cystoscopy was less developed and treatment by local injections or irrigations had not been done. Such a kidney today would probably be saved and the patient avoid operation.

Pyelitis occurs somewhat more commonly on the right side than on the left, a fact which has been explained by Opitz<sup>4</sup> by the right ureter being tortuous in its descent and more liable to compression during pregnancy than its fellow on the opposite side. In my series of



twenty-two cases, nine occurred on the left, eight on the right, and five were bilateral.

#### ETIOLOGY.

The causes must be grouped together under infective and predisposing.

*Infective.* The organisms of most frequent occurrence are the typhoid group (colon bacillus), the pneumococcus, the gonococcus and the ordinary pus-producing, the first group predominating. Lenhartz<sup>5</sup> found in eighty cases sixty-six due to colon infection, another author of twenty-four cases found twenty-two due to the same. Of my own twenty-two cases, nineteen showed a pure culture of bacillus coli communis. In 85 to 90 per cent the colon organism is the active infection. The pneumococcus, as in the case above reported, the gonococcus and bacillus proteus are occasional offenders.

*Predisposing.* The two problems which appear are: How do micro-organisms gain access to the renal pelvis, and under what conditions do they establish an inflammatory process?

It is evident that organisms may gain entrance into the renal pelvis by two routes, first, by direct extension up the ureter, or from the pelvic structures through the lymphatics in the wall or adventitial surroundings of the ureter; and second, a descending route coming to the kidney through the circulation haemic or lymphatic. It has long been shown that in the great majority of cases tuberculous infection of the kidneys is hematogenous, borne from some other focus, but, as regards infections other than of the tubercle bacillus, this occurrence is reversed, for certain clinical observations show that an *ascending-uretero-pyelitis* is more frequent than the descending. For instance, the motility of the colon bacillus favors its extension; the frequent sudden onset of the signs of a pyelitis during a cystitis and the frequent development of a chronic pyelitis following a chronic cystitis indicate direct extension upward. It is well known that absorption from the bladder does not occur. Absorption from the prostatic and membranous urethra may occur in such a case and a certain amount of haemic transmission may always be present, but the balance of evidence seems to be in favor of direct extension. The transmission of colon infection into the bladder in the female through the short urethra and in the male through the walls of the rectum and bladder, especially when a large prostate aids in rectal stagnation is well known.

Many factors favor the entrance or infection into the ureter past the uretero vesical valve, e. g., by sudden voluntary contraction of the bladder it has been shown possible both experimentally and clinically to force urine into the ureter (Israel<sup>6</sup>). Various pathological

processes render such action more likely, as, for example, marked phimosis, old stricture, marked prostatic hypertrophy, various tumors obstructing the outflow of urine from the bladder, partial paralysis of the bladder as seen in diseases of the cord, excessive retention of urine, displacement of the bladder during pregnancy, etc., all of which would favor a retention of urine within the ureter and the renal pelvis. Among this group also must be remembered injuries to the bladder during pelvic operations or inflammations after which the bladder may become fixed by adhesions or contracted scar tissue and unable to completely empty itself. Normally the ureters transverse the bladder wall obliquely for one-half to three-quarters of an inch, discharging ten to thirty drops of urine every fifteen to thirty seconds after periodic relaxation of a well-developed sphincter. This oblique position of the ureter, by unusual or misdirected intravesical pressure becomes gradually more direct so that in cases where the bladder outlet is obstructed, its base is the first to receive the misdirected efforts toward evacuation. Thus the base becomes pouched, e. g., behind a prostate (Moullin<sup>7</sup>) or in a marked cystocele, the bladder wall thinned and the ureters gradually come to pass through it perpendicularly instead of obliquely. The ureteral openings lose their tone, become constantly patulous and infection is readily forced into them at each contraction of the bladder or voluntary effort at expulsion. Or the fixing of one side of the bladder by a firm scar may so distort its contraction that the resultant direction of the urinary expulsion is not toward the bladder's outlet but to one or the other side, toward the neighborhood of a ureteral opening. The trigone is but a small area on the bladder's base one and a half to two inches on a side and it can be readily appreciated how such a misdirection of voluntary or involuntary efforts may result in the maximum pressure being brought directly against a ureteral orifice.

Recent experimental work<sup>8,9,10</sup> has been directed toward an analysis of this problem and seems to prove some points of value. First a simple cutting of the ureteral sphincter is not necessarily followed by renal infection (Braasch). Again a paralysis of ureteral prostatics, e. g., by stripping the ureter from the surrounding tissues is followed in 75 per cent by hydronephrosis. This evidently must be explained by assuming the ureter to be a propulsive organ and not a simple conducting tube. There is nothing in this work to show that a spasmodic stricture did not exist at the beginning or end of the ureter or that congestion attendant upon manipulation and surrounding scar formation did not produce an actual ureteral obstruction. And finally a cutting of the sphincter plus a ureteral paralysis,

as above, was followed by renal infection without hydronephrosis. It can be appreciated how these two factors may be supplied by bladder of pelvic disease resulting either in a permanent patency of the ureteral orifice and a prevention of ureteral prostatic stenosis by adhesions or a sluggishness of this prostatic stenosis and relaxation of the orifice from deficient nerve impulse in an individual of low vitality. As a matter of fact very many of these cases occur in women without pelvic disease, but with some slight change of renal position favoring retention, and an accompanying intestinal ptosis favoring colon toxemia. Thus Koll shows that a non-traumatized kidney fulfills its functional duty and excretes colon bacilli.

The second method of ascending infection is through the lymphatics from some pelvic disease. A prostatitis, salpingitis, proctitis, or chronic inflammatory process along the sigmoid or colon as, e. g. a diverticulitis, would furnish a source for lymphatic transmission. A pelvic infection in the course of a pregnancy, troublesome constipation, hemorrhoids, must be mentioned as possible sources, to which add the pressure of the child's head against a ureter causing stagnation and slight dilation of the renal pelvis and favorable conditions are present. Such an active infection together with some factors lowering the resistance of the renal pelvis produces a slight congestion which under repeated infection and repeated injury results in the acute or chronic process.

#### DESCENDING INFECTION.

It is well known that *B. coli* in wide degrees of attenuation and variations in form is constantly present in the organs of the body and blood stream, awaiting some point of lowered resistance from trauma or functional disturbance to set up an active process. Dudgeon<sup>11</sup> took cultures from the ureters of 105 individuals as follows: Twenty normal individuals showed no growth from the ureters. Twenty subject to decided constipation; from two a growth of *B. coli* was obtained, no symptoms. Twenty cases of peritonitis, recovered; *B. coli* found in four. Forty-five cases of pregnancy; *B. coli* in nine, no symptoms.

In addition to the excretion of colon organisms from the blood, authors describe the lymphatic connections between the colon, the duodenum and the kidney, as channels through which the colon organism is carried. The nephro-colic ligament, a fold of visceral peritoneum more or less marked, is sometimes mentioned as carrying such lymphatics. I can find no justification for these statements in Cuneo<sup>12</sup>, nor can I find by further search that this lymphatic connection has been demonstrated by injection. In cases where the posterior surface of the colon is not covered by peritoneum or the appendix is retro-colic, a

perinephritic abscess is well known, or when the colon or duodenum are directly adherent to the kidney by inflammatory process the transference of infection can be understood. But unless such adhesions take place no lymphatic communication has been demonstrated. The descending infection is usually blood born.

As regards the second problem, under what conditions does infection establish an inflammatory process? Rovsing<sup>13</sup> believed that the very fact of colon organisms being present in the renal pelvis caused the pyelitis, however, Oppenheimer<sup>14</sup> and Albeck and Dudgeon, above quoted, have shown that there may be numerous colon organisms in the renal pelvis without an inflammatory process and that a colon bacilluria frequently occurs since the kidney is able, as might be expected, to excrete organisms without itself being affected. *Injury to the kidney seems as necessary for the development of the organisms and a pyelitis as does injury to the lower urinary tract for their entrance into the renal pelvis.*

How does this trauma occur? Aside from stone in the kidney and direct trauma, the production of some degree of hydronephrosis is a large factor. Hydronephrosis may be caused by obstruction at any point of the urinary tract and especially chronic obstruction of small degree as the experiments of urethra, bladder and lower ureter have already been mentioned as affecting chiefly the entrance of an ascending infection. Those near the kidney are mainly two. First, a renal ptosis with the upper ureter fixed causing a kink, which, the longer it persists and the more definite the ptosis becomes the larger becomes the pelvic dilation. To this explanation the Mayo clinic has added the presence of constricting bands and especially of accessory lower pole arteries over which the ureter is more readily obstructed.

The other theory, that of Brödel, relies on the gradual formation of a valve-like structure at the point of exit of the ureter from the pelvis. A possible slight ptosis or even change of direction of the renal axis, so that instead of the ureters draining the pelvis, the lowest portion of the latter becomes a pouch. A gradual increase of ptosis and pouching forms a sac between the lower pole of the kidney and the ureter which by its pressure obstructs the ureter and favors further enlargement. It is certainly true that many hydronephroses never reach proportions to be dignified by such a term, but remain with but a small urinary capacity in which the colon bacillus finds a culture medium and a chronic pyelitis is the result.

(This paper will be continued in our April number.—The Editor.)



# NOTICE!

**This is the last issue of the Journal you will receive unless your dues for 1915 are paid, and the amount is forwarded to the Treasurer of the State Society, by the Secretary of your County Society, before April 1, 1915.**

On April 1 the mailing list of the Journal will be carefully revised.

The Publication Committee would regret being compelled to **stop your Journal**. However the provisions of the Constitution and By-Laws are mandatory on that point. Section 1 of Chapter IX of the By-Laws states that dues must be paid 30 days in advance of the Annual Session.

This year this constitutional provision will be enforced to the letter.

By failing to pay your dues before April 1, you not only lose the Journal, but, in addition, you automatically lose your membership in:

The American Medical Association.

The Ohio State Medical Association.

Your County Medical Society.

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**Notice to Secretaries.**—Please see that a record of all dues paid to you by April 1, 1915, is placed in the hands of the Treasurer of the State Society within two days thereafter. The Roster of the State Society will be carefully revised on that date and unpaid members dropped. Remit to the Secretary-Treasurer (Dr. C. D. Selby, Spitzer Building, Toledo) at the rate of \$1.50 per member.

## NEWS NOTES OF OHIO

Dr. Hunter Robb, formerly of Cleveland, is now located in Cambridge, Mass.

Dr. H. J. Lee, formerly of Cleveland, has moved to St. Johnsbury, East, Vermont.

Dr. F. Young, of Marion, is taking post graduate work in the East and will return May 1.

Dr. Ira J. Mizer, Columbus, has been appointed a member of the city civil service commission.

Dr. F. E. Mahla, of Marion, was recently confined to his home for three weeks with smallpox.

Dr. Otto Juettner, Cincinnati, has been appointed surgeon in the United States Medical Reserve Corps.

Dr. Daniel L. Mohn, of Ashland, fell on an icy sidewalk January 22 and sustained a severe concussion of the hip.

Dr. J. R. May, formerly of Wayne county, who has spent the past year in Vienna and Berlin, has located in Cleveland.

Dr. William J. Manning, of Cincinnati, has been elected state medical examiner of the Catholic Knights of Ohio.

Dr. Earl B. Downer, Columbus, has been appointed to the surgical staff of the National Red Cross and detailed to service in Serbia.

The relation of mouth infection to systemic diseases was discussed before the Cincinnati Dental Society on January 29 by Dr. Martin H. Fischer.

Dr. Charles A. L. Reed, of Cincinnati, has been appointed to membership on the committee of American Physicians for the aid of the Belgian profession.

For Sale—The best village and country practice in Southern Ohio, free to purchaser or renter of my home. Dr. M. Z. McKibben, Wilkesville, Ohio.

Dr. John Gardiner, of Toledo, in the Journal A. M. A. February 6 (page 508), reported a case of congenital absence of the right pectoralis major and minor muscles.

Dr. C. A. Henry, Sr., Galion, is spending a vacation period in Cuba.

Dr. S. P. Fetter, Portsmouth, developed a case of diphtheria February 15.

Dr. R. C. M. Lewis, of Marion, is attending the Panama Exposition at San Francisco.

Dr. James W. McMurray, of Marion, has installed a modern X-Ray apparatus in his office.

Dr. and Mrs. Edward S. McKee, of Cincinnati, who have been abroad for two years, have returned.

Dr. D. J. Jenkins, Broadway, has been appointed liquor license commissioner for Union county.

Dr. C. B. Bliss, Sandusky, has been elected vice-president of the Erie County Anti-Tuberculosis Society.

Dr. Edison C. Hobart, Toledo, was operated on in Jewish Hospital Cincinnati, January 15, for removal of gall stones.

Dr. J. P. Harbert, Bellefontaine, is one of the three men in charge of the Beal law liquor campaign. Bellefontaine voted March 8.

On February 9, Dr. Ralph Reed read a paper before the West End Medical Society, Cincinnati, on "The Psychology of Alcoholism."

Drs. A. M. Crane and James W. McMurray, of Marion, delivered an illustrated lecture at the third annual meeting of the Central Ohio Dental Society, held in Marion February 3.

A number of men from northern and eastern Ohio will attend the 109th annual meeting of the Medical Society of the State of New York, to be held in Buffalo, April 27 to 29.

Dr. S. S. Cox, of Lorain, sustained painful injuries in a runaway accident on February 3. While attending to professional duties was thrown from his sleigh and dragged for some distance.

Glein and Selsor, druggists of Cleveland, sent northern Ohio physicians a letter in February calling their attention to the new Harrison Narcotic Law and explaining the necessity of qualifying under its provisions.

Dr. Charles B. Emerson, dean of the Medical Department of the University of Indiana, read a paper on "Neurasthenia and Its Relation to Physical Conditions" at a meeting of the Cincinnati Research Society, February 4.



# NEWS OF STATE MEDICAL BOARD

## OFFICIAL BOARD

SILAS SCHILLER, M. D., President, Youngstown, March 17, 1919

LEE HUMPHREY, M. D., Vice President, Malta, March 17, 1917

S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1914

A. RAVOGLI, M. D., Cincinnati, March 17, 1915

LESTER E. SIEMON, M. D., Cleveland, March 17, 1918

J. H. J. UPHAM, M. D., Columbus, March 17, 1920

T. A. McCANN, Dayton, March 17, 1916

GEO. H. MATSON, M. D., Secretary,  
Office, State House, Columbus.

Examiner in Preliminary Education,  
K. D. SWARTZEL, M. Sc., Columbus.

By unanimous vote members of the board in a special meeting at Hotel Sinton, Cincinnati, on February 9, voted to revoke the license of Dr. Louis F. Preston, who was graduated from Ohio Medical College in 1881 and who has had a varied career as a promoter of an alleged secret cure for tuberculosis.

Several hours were devoted to hearing the case against Preston, which was given wide publicity by Cincinnati papers. Preston, who has been promoting these "cures" for twenty years, was specifically charged with publishing advertisements in the Cincinnati Commercial Tribune promising to cure tuberculosis, and with circulating business cards bearing his name, office hours, and the phrase, "Tuberculosis cure guaranteed."

The case was developed by Dr. Matson and the Cincinnati Anti-tuberculosis League, and was in charge of Mr. Hornberger, special counsel in the office of the Attorney-General. Preston appeared with counsel.

He first presented to the board the usual array of quack testimonials in the form of "cured patients." It developed, in every instance, that these persons were either suffering from tuberculosis or had never had the disease so far as they knew definitely.

Preston took the stand in his own behalf and thoroughly disgusted the members of the board with his blatant assertions that he could "cure tuberculosis"; that he had cured a large number of cases throughout the United States in the last twenty years, etc.

President McCann questioned Preston closely on the nature of his so-called "cure." The witness doggedly asserted that it was a "secret," and that he "could not afford to give up until he had gotten something for it."

"Do you mean to say that you think you have in your possession a remedy which will cure the greatest disease of all times, and that you are

withholding it from the world simply to make money out of it?" Dr. McCann asked.

"Well," Preston replied, "I am an old man and I've got to make money some way."

On being closely questioned, Preston admitted that he had never been a member of any medical society or organization; had never contributed anything to medical literature; had never attended any graduate school or taken any graduate instruction, despite the fact that he posed as a specialist in tuberculosis.

## Other Cases Considered.

At the same session, the board heard cases against four physicians charged with illegal sale of narcotics. Dr. J. T. Knox, who has practiced in Cincinnati for twenty years, was arrested last August, charged with the illegal sale of two grains of cocaine and a like amount of morphine. To the board he explained that he had sold them to a supposed horseman who wanted it for use in doctoring a sick animal. The case against him was postponed indefinitely after he had made a public statement to the board that he realized the seriousness of such an offense and pledging to never again violate the anti-narcotic regulations.

Similar action was taken in the case of Drs. B. L. Ulery and N. E. Walker, of Cincinnati.

In the case of Dr. H. E. Twitchell, of Hamilton, cited on a similar charge, action was postponed. A committee from the Butler County Medical Society reported that it has investigated the charges against Dr. Twitchell, and found them to be free from any indication of immoral conduct.

**FOR SALE**—Ohio practice—\$4,000 to \$5,000 per year; over 30 years established village and country practice; town 2,000; rich farming community; good collections. Will rent complete office equipment; nothing to buy or no property to sell. Excellent opportunity for the right man. Reason, death of my husband. Address, H. H., Ohio State Medical Journal.

The Journal has received a communication from H. E. Timmons stating that a physician is needed at Gillespieville, Vinton county, Ohio. Any person interested should get in touch with Mr. Timmons.

Dr. F. P. Corrigan, of Cleveland, in the Journal A. M. A. February 13 (page 585), reports an interrupted cast for compound fracture. Drs. Clyde L. Cummer and Richard Dexter, of Cleveland, report several laboratory equipment suggestions of value in serologic work.

## STATEMENT OF TREASURER FOR YEAR ENDING DEC. 31, '14

The following is the formal statement of C. D. Selby, Treasurer of the Ohio State Medical Association, for the year ending December 31, 1914:  
Balance of December 31, 1913.....\$ 4145.39

### Income

Receipts from County Societies.....	5770.35
Interest and bonds and savings account.....	141.38
	\$10057.12

### Disbursements

Refunds to County Societies..\$	25.00
Secretary expense.....	329.22
Bureau of Promotion.....	1076.22
Council expense .....	365.51
Public expense .....	338.45
President expense .....	113.60
Salary account .....	999.96
Annual meeting expense .....	297.86
Journal subscriptions .....	2866.25
Journal special account .....	17.50
Publicity committee .....	17.01
Delegate expense .....	121.55
Miscellaneous expense .....	58.70
	6626.83
Total disbursements .....	

### Ledger Assets

Cash in First National Bank, Toledo,	
Commercial account .....	12.95
Savings account .....	317.34
Bonds .....	1600.00
Notes .....	150.00
	\$3430.29

### Description of Bonds

Purchased October 14, 1912.—State of Ohio, County of Lucas, Village of Maumee, Dudley Street Improvement bonds, par value \$800.00, interest 4½%, dated Sept. 1, 1912: due March 1, 1915 (Bond No. 4), and March 1, 1916 (Bond No. 7): interest payable March 1 and September 1; interest and principal payable at Northern National Bank in Toledo, Ohio. These bonds are placed in box No. 1513 at the vault of the Peoples Savings Association, Toledo, Ohio.

### Description of Notes

\$1000 to Ohio State Medical Journal, 4%, 90 days, payable at office of the secretary-treasurer, at 659 Spitzer Building, Toledo, Ohio, February 22, 1914. Interest on this note has been regularly met and the note renewed.

\$500 to Ohio State Medical Journal, 4%, 6 months, payable at Toledo, May 25, 1915.

Receipts from Counties during 1914.—Adams, \$34.50; Allen, \$108.50; Ashland, \$27.00; Ashtabula, \$42.00; Athens, \$85.50; Auglaize, \$32.30; Belmont, \$76.50; Brown, \$12.00; Butler, \$76.50; Carroll, —; Champaign, \$42.50; Clark, \$88.50; Clermont, \$18.00; Clinton, \$36.00; Columbiana, \$55.50; Coshocton, \$25.50; Crawford, \$40.80; Cuyahoga, \$703.50; Darke, \$75.00; Defiance, \$16.50; Dela-

ware, \$39.00; Erie, \$40.50; Fairfield, \$57.00; Fayette, \$27.00.

Franklin, \$449.50; Fulton, \$37.50; Gallia, \$37.50; Geauga, \$12.00; Greene, \$48.00; Guernsey, \$40.50; Hamilton, \$676.50; Hancock, \$54.00; Hardin, \$34.50; Harrison, \$9.00; Henry, \$3.00; Highland, \$27.00; Hocking, \$18.00; Holmes, \$9.00; Huron, \$13.50; Jackson, \$33.00; Jefferson, \$54.00; Knox, \$43.00; Lake, \$15.00; Lawrence, \$27.00.

Licking, \$56.50; Logan, \$34.50; Lorain, \$65.00; Lucas, \$307.50; Madison, \$23.00; Mahoning, \$137.40; Marion, \$40.50; Medina, \$33.50; Meigs, \$13.50; Mercer, \$40.50; Miami, \$67.50; Monroe, \$18.00; Montgomery, \$235.50; Morgan, \$16.60; Morrow, \$19.50; Muskingum, \$25.50; Noble, \$13.50; Ottawa, \$19.50; Paulding, \$21.00; Perry, \$26.50; Pickaway, \$31.50.

Pike, \$19.50; Portage, \$42.00; Preble, \$7.50; Putnam, \$27.00; Richland, \$41.50; Ross, \$28.50; Sandusky, \$30.50; Scioto, \$68.50; Seneca, \$45.00; Shelby, \$22.00; Stark, \$177.50; Summit, \$195.75; Trumbull, \$42.00; Tuscarawas, \$56.00; Union, \$22.50; Van Wert, \$36.00; Vinton, \$13.50; Warren, \$45.00; Washington, \$61.50; Wayne, \$39.00; Williams, \$46.50; Wood, \$18.00; Wyandot, \$15.00.

## PERMANENT MEETING PLACE FOR THE STATE ASSOCIATION

### Toledo Academy Takes Action Favoring Plan— What are Your Views?

Since the State Society has become so large there has been a gradual development of sentiment toward determining upon a permanent meeting place for the annual sessions. This was proposed in the House of Delegates last year, but was given little consideration owing to the general desire to see the new Cincinnati General Hospital, inspection of which will be an important feature of the meeting in May.

The project has been revived by the adoption, on February 5, by the Academy of Medicine of Toledo and Lucas County, of the following resolution:

"Be it Resolved, That the Academy of Medicine of Toledo and Lucas County wishes to go on record as approving the necessary steps towards the appointment of a permanent place of meeting for the Ohio State Medical Society, with a proviso that the local medical society of the chosen city be not expected to defray the expenses incurred for entertainment of those attending the meetings."

This is a matter of general interest, and will likely be discussed at the Cincinnati meeting.

The Journal will be glad to publish a few brief letters on this point in our April number. What are your views?

The Washington State Medical Association has organized medical defense for its members. Since the industrial insurance law went into effect, malpractice suits have increased 80 per cent. It is now contemplated to fight every case to the finish and thereby put a stop to near-black-mail.—The Lancet-Clinic.



## **PUBLIC HEALTH FEDERATION HAS A SPLENDID FIELD**

### **President of Pharmaceutical Society Tells Cleveland Academy of Its Possibilities.**

Mr. Waldo M. Bowman, of Toledo, president of the Ohio State Pharmaceutical Association, in addressing the Medico-Pharmaceutical section of the Cleveland Academy of Medicine on January 29, outlined the work of the new Ohio Public Health Federation—of which our state society is an important part. Mr. Bowman, after commenting on the work to date, said:

"That an organization of this kind may serve a most useful purpose is evident from a most casual view, giving as it does an opportunity for the elimination of friction between the affiliated organizations, and the opportunity through local centers of a broader understanding of legislative measures thought desirable for the interests of public health. Having behind it the active support of such a representative class of citizens as make up the personnel of these organizations and societies, its recommendations must certainly impress the public and the lawmakers as worthy of consideration.

"There is most urgent need for this organization. Powerful lobbys are at work constantly, having behind them heavy financial interests which seek to promulgate laws favorable to their selfish ends rather than the interests of the people. Unscrupulous politicians do not hesitate to play the game for what it is worth and we are unfortunately unable to keep our public service clear from the unscrupulous. Honest men, too, if uninformed, are led to give support to measures they would not countenance did they appreciate their import.

"The public looks to us for advice and counsel along these measures and leaves in your hands and mine the direction of public health measures. Will you do your share in the work that is at hand? If you will, give your undivided and entire support to the recommendations of the central committee of the Ohio Public Health Federation. Its objects are beyond reproach. Its recommendations may be relied upon.

"If the Federation receives the cordial support of the members of the affiliated bodies and becomes a permanent organization (in the present form the arrangement is only a temporary one) there seems to be a most promising field for its endeavors. Existing laws may be brought into harmony, a co-operation of interest be developed, the friction that is so prevalent between the different societies and organizations be entirely eliminated and as we become better acquainted and come to a clear understanding with our fellows and neighbors, a gradual adjustment be brought about so that finally we may have all health regulations correlated and working in harmony. So,

looking ahead, we may even dare to dream of that Utopian condition of Ohio when all public health matters will be gathered into a central commission, which will have as its province the protection of the public against impure foods and medicines, the collection of all vital statistics, enforcement of all health regulations, the examination and licensing of physicians, pharmacists, dentists, and nurses, and the general direction of all matters relative to public health. This is indeed a dream of Utopia!"

## **RICHLAND COUNTY SOCIETY HAS SPLENDID PROGRAM**

### **Neat Booklet Keeps Members Advised as to Activities for the Year.**

The Journal has received from Dr. J. M. Garber, president of the Richland County Medical Society, a handsome little booklet which sets forth the program of monthly meetings for 1915 in a most interesting manner.

The booklet first gives the time and place of meeting—the third Wednesday of each month in the Board of Review room in the Court House at Mansfield—and gives the personnel of the various committees and officers.

In an interesting foreword the aims of the society are presented as follows:

"The Richland County Medical Society is an organization in which every moral and lawful physician of the county is entitled to membership and this membership is solicited. The support and attendance of all are desired. Affiliation with the State Society and the American Medical Association can only be attained by taking this first and important step.

"Co-operation and organization of the medical profession are manifestly necessary in order to accomplish any purpose for its own protection and welfare, and this need is becoming more apparent.

"At our meetings, by personal contact and social intercourse, we come to know each other better, thus being better enabled to see our own faults and become more charitable for the faults of others. The misunderstandings, differences and jealousies which the character of the work in which we are engaged makes very difficult to avoid, will less likely arise and be more quickly eliminated.

"The success and interest which attended our meetings during the past year under the direction of the president, Dr. John Maglott, warrant a continuation of the plan then followed.

"The program for the current year was arranged by the committee. The subjects of the papers to be presented were suggested by the members who will present them; necessarily the list is made up by those who have consented to carry out this part of the program; but an oppor-

tunity to participate will be given to all who attend.

"The queries will be assigned to certain members at a previous meeting and some study will be made of Dr. Cabot's Case Records with autopsy findings as time affords. Special features may be added at any time.

"The new and important advances in medicine and surgery as taken from the literature, will be presented at four meetings as designated.

"It is earnestly hoped that every one will faithfully and punctually fulfill his or her part of the program; interest will thus be maintained."

The program for the remaining meetings of the year is as follows:

March 17.—(1) "Ear Complications in Scarlet Fever," Dr. R. C. Wise. (2) Cabot's Case Records. (3) The condensed thought of new and important matter occurring in the literature of medicine and surgery. Dr. Chas. G. Brown.

April 21.—(1) "Anterior Polio-Encephalitis," Dr. G. W. Miller. (2) Query—Give functional tests for the determination of heart muscle. In pneumonia, we are taught that the systolic blood pressure expressed in m m's of mercury has a significance as compared with the number of heart beats per minute. What physical condition does that significance indicate? Does it give any clue to prognosis and treatment? In what condition would that significance be rendered, perhaps, valueless?

May 19.—(1) "The Treatment of Club-Foot," Dr. D. W. Peppard. (2) Cabot's Case Records. (3) Query—Why are hemiplegias mostly right sided? In hemiplegia due to pressure from hemorrhage, ought we to favor an increase of arterial blood pressure or not? In treatment, would blood-letting, aconite or depressant drugs be indicated?

June 16.—(1) "The Treatment of Appendicitis," Dr. J. L. Stevens. (2) The condensed thought of new and important matter occurring in the literature of medicine and surgery. Dr. Chas. G. Brown.

July 21.—(1) "General Anesthesia and the Selection of the Anesthetic," Dr. Edward Remy, Jr. (2) "Gynecological Treatment—More Medical and Less Surgical," Dr. J. Lillian McBride.

August 18.—(1) "A Consideration of the Lower Bowel," Dr. B. F. Harding. (2) Cabot's Case Records. (3) Query—Aphasias are motor and sensory. In motor aphasia the lesion that produces it is said to be located in Broca's convolution in the left hemisphere. What is the use of the corresponding convolution in the right hemisphere? What are the phenomena of an uncomplicated motor aphasic case? What are the prospects of recovery, age and lesion considered? How does motor aphasia differ from anarthria as applied to speech powers?

September 15.—(1) "A Study of the Medical Aspects of the State's Penal Institutions," Dr. R.

V. Myers. (2) The condensed thought of new and important matter occurring in the literature of medicine and surgery. Dr. H. Woltmann.

October 20.—(1) "Hernia," Dr. K. G. Parker. (2) Cabot's Case Records. (3) Query—The aphasias are generally mixed, that is, the visual and auditory speech centers are implicated with the motor centers. Why? Approximately, where are the sensory centers located? What is meant by word-blindness and word-deafness? Do they constitute mind-blindness?

November 17.—(1) "Tetanus—Etiology, Diagnosis and Treatment," Dr. Wm. E. Loughridge. (2) The condensed thought of new and important matter occurring in the literature of medicine and surgery, Dr. H. Woltmann. (3) Query—How does pus, seen as a deposit in a urine container, coming from the bladder, differ from pus, seen as a deposit, coming from the pelvis of the kidneys, in its macroscopic appearance and in its physical behavior? Give a test for pus other than microscopic.

December 15.—(1) "Physiological Changes in Old Age," Dr. A. H. McCullough. (2) Election of officers.

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#### COLUMBUS NEWSPAPER INDORSES MEDICAL INSPECTION OF SCHOOLS.

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The League of Medical Freedom, and similar organizations, is referred to a recent issue of The Columbus Citizen for an expression by an important lay publication as to the value of school inspection by medical men. The Citizen said, editorially:

"The results of preventive work as to contagious diseases are also plainly evident. Medical inspection in the public schools brings to a minimum the chances of a pupil suffering from a contagious disease and spreading it to the other pupils. Hence there has been a sweeping reduction in the number of cases and in the number of deaths. Last year there were but three deaths from scarlet fever as compared with 12 the year before, and 16 from diphtheria as compared with 27 of the year before.

"These statistics ought to remove the opposition which comes each year from a few city officials who sneer at preventive work as arising from 'overfear.'"

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The State of Washington which has compulsory workmen's compensation, is preparing to adopt the Ohio plan of paying the physician direct for medical services rendered. At present, Washington pays the injured workman and makes payment of fees a matter between the injured man and the physician.

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We accept only honest ads. Favor those who favor us. Say you saw the adv. in our Journal. Let's pull together.



## CASE REPORTS

**Double Vagina, Double Uterus, and Double Pregnancy.**—Case reported by L. F. Laufersweiler, M. D., Columbus, Ohio, Surgeon to Grant Hospital.

The husband first consulted me September 27, 1911, stating that since their marriage about a month previous, coition with his wife had been impossible. He asked me what might be the reason. I explained a number of factors which might be responsible, but suggested to him that the best possible course of determining would be an examination of his wife. I visited the patient at her home and found an extremely well nourished and well-developed young woman of 24. Had always been well and healthy, and in fact did not remember ever having had a sick day. Her menstrual periods began at the age of thirteen, and had continued to be regular and painless. I proceeded to make a digital examination under cover, but as my fingers passed into the vagina I observed that there was something which was separating my index and middle fingers. On a more careful examination found this septum to be thick and fleshy, resembling to the touch the recto-vaginal partition. It was part of and continuous with the vestibule above and the fourchette behind, and divided the vagina into two distinct compartments through its entire length. It was about half an inch thick, this thickness being uniform all the way back to the cul-de-sac. Using one finger I was able with some little difficulty to pass it well up into each side of the vagina, and there found a separate and distinct cervix in each half. (With the speculum later was able to see them.) Their size, as compared to a normal condition, were a trifle smaller.

I therefore had this young woman come to my office every other day, and there with an ordinary bi-valve rectal speculum (the vaginal speculum being too large) inserted it into the compartment on the left side. (I choose the left side considering the double uterus and its possible pressure on the appendix should it become pregnant.) Each time I opened it just as far as she could reasonably stand. The first time I was able to open it very little, but each succeeding time considerably more. Each time I was careful to see that I had placed it in the left side. After opening it just as far as I possibly could, would then lock it and leave it in place for from five to ten minutes. This procedure was carried on for about ten days, after which time she stated that coition had become possible, and therefore the treatments were discontinued.

About two months after this time the patient came to me, stating that she had missed her last menstrual period. Was somewhat nauseated in the morning and presented the other early signs of pregnancy. I instructed her what to do along dietetic and hygienic measures, and kept her under

very close observation. She went along in a perfectly normal way throughout her pregnancy, urine and all remaining normal. The only perceptible difference being noted from a normal pregnancy was that the abdomen was being developed considerably more on the left side than on the right. A week before her expected time I sent her into the hospital, there to await the coming of the baby. The pregnancy lasted 283 days. In the early morning of the 283d day the pain began, and grew progressively worse until 3:30 of the same afternoon when the baby came. To me it seemed that she was having no more difficult time than the ordinary primipara, and so I had nothing to do but to watch and wait. The baby was born in the left occipito-anterior position; was a well developed boy, weighing six pounds and seven ounces, and got along nicely. The mother also got along nicely, and at the end of two weeks was able to leave the hospital.

About two months later she again came to me, complaining that something was bothering her; that when she was on her feet something seemed to drop down. On examining her found a fleshy mass, about an inch and a half long, extending below and between the labia minora. On taking hold of it was able to pull it down several inches farther, and recognized it to be the septum which had separated the vagina. The pressure of the fetal head against the pelvic bones, with this septum between, had no doubt so devitalized the structure that in a very short time thereafter it had sloughed through its upper attachment, but was still attached to the posterior vaginal wall throughout its entire length. I arranged with the patient to enter the hospital and have the remaining attachment removed. To this she consented, but wished to delay for a couple of weeks on account of her menstrual period which she was expecting in a very few days. After waiting a reasonable length of time for this period, and its failure to occur, she again came to me presenting the early symptoms of pregnancy. This later proved to be the case, so that it was deemed wise to postpone the operation until after the completion of her pregnancy. At this time it was impossible to determine the side in which pregnancy was occurring.

A short time after this her husband's business called him to a nearby city, and a little later he moved his wife there also, so that her second pregnancy I did not see. From her doctor, however, I learned that it also was in no way complicated. During the second pregnancy the abdomen developed more on the right side as compared to the left side before. The baby was a girl, weighing five and a half pounds. Both the mother and babe got along very nicely as before.

From time to time I have heard from this lady, and in the past week received a card, announcing the birth of a third baby.

(Case reported to Columbus Academy of Medicine, February 8, 1915.)

## THE ONE HUNDRED PERCENT CLUB STARTS WITH 24 MEMBERS; OTHERS CAME CLOSE TO HIGH MARK

Twenty-four counties have qualified in the first annual roll of honor list of the One Hundred Per Cent Club of the Ohio State Medical Association. Membership in the club closed March 5 when the records in the office of the secretary-treasurer were carefully checked up. Membership in the club was extended to the officers of those county societies in which, by March 5, the paid-up 1915 membership equaled or exceeded the total membership for 1914.

Presidents and secretaries of the One Hundred Per Cent societies will be entertained at a special booster's luncheon to be given in Cincinnati during the annual meeting, under the auspices of the Bureau of Promotion. Details of this "party" will be printed in the April number of The Journal.

According to the secretary-treasurers' books, a number of societies almost equaled their last year's record by March 5. Inasmuch as the 1914 record in almost every instance was high, this is certainly a remarkable achievement.

The result of this campaign has been that today, 1580 members—nearly 40 per cent of our total membership—is paid up for 1915! Of these, 752 are in One Hundred Per Cent societies. In these 25 societies there has been a net gain of 75 members over last year!

This indicates that the State Society is this year growing like greased lightning.

Summit county was the largest to qualify in the club. Several smaller counties nearly reached the mark, while Columbus Academy of Medicine came closer to the goal than any of the academies in the four large cities.

We herewith publish a table showing the One Hundred Per Cent counties:

County.	Date Qualified.	1914.	1915.
1. Paulding .....	December 23	14	23
2. Muskingum .....	December 23	22	31
3. Hardin .....	January 7	23	25
4. Gallia .....	January 13	25	30
5. Pike .....	January 20	13	13
6. Morgan .....	January 26	12	14
7. Vinton .....	February 3	9	9
8. Belmont .....	February 10	44	46
9. Ottawa .....	February 10	13	13
10. Morrow .....	February 11	13	14
11. Mercer .....	February 13	27	27
12. Holmes .....	February 25	7	8
13. Clermont .....	February 25	12	14
14. Highland .....	February 26	18	19
15. Seneca .....	March 1	30	35
16. Logan .....	March 1	23	31
17. Hancock .....	March 3	37	37
18. Summit .....	March 4	130	151
19. Allen .....	March 4	75	76
20. Fairfield .....	March 4	39	40
21. Harrison .....	March 5	6	12
22. Scioto .....	March 5	48	45
23. Ross .....	March 5	19	20
24. Putnam .....	March 5	18	23

### LATER! MORE QUALIFY!

After The Journal was on the press these counties were added:

25.—Stark, which had 119 in 1914, qualified on March 5 with 121.

26.—Shelby, which had 16 in 1914, qualified on March 5 with 16.

During February the state association continued its record breaking gains in membership.

Eight additional counties qualified for the 100 Per Cent Club, making a total of fourteen societies on the honor list. At the close of February there were 1077 paid up members, or 28 per cent. of the total membership of last year. Last year (1914), at this time, there were 622 paid up members, or 17 per cent. of the year before (1913). This makes an actual membership gain of 422 for the first two months of this year over the same period of last year.



# Public Policy and Legislation Committee

General Offices: 25 Ruggery Building, East Gay St., Columbus, Ohio

## Members of State Committee

Ben R. McClellan, M. D., Chairman.....Xenia  
J. A. Thompson, M. D.....Cincinnati  
R. H. Bishop, Jr., M. D.....Cleveland  
J. H. J. Upham, M. D.....Columbus  
C. D. Selby, M. D.....Toledo  
William E. Lower, M. D.....Cleveland

## Public Health Federation

This Committee co-operates with the Ohio Public Health Federation in dealing with General Legislative matters. Its delegated representative on the executive board of the Federation is Dr. Upham.

Secretary: George V. Sheridan, Columbus, Ohio

## The State Auxiliary Committee on Legislation

### FIRST DISTRICT

Adams.....Samuel J. Ellison, West Union  
Brown.....Albert W. Francis, Ripley  
Butler.....W. E. Griffith, Hamilton  
Clermont.....F. A. Ireton, Newtonsville  
Clinton.....E. C. Briggs, Wilmington  
Fayette.....R. M. Hughey, Washington C. H.  
Hamilton.....J. A. Thompson, Cincinnati  
Highland.....J. C. Larkin, Hillsboro  
Warren.....Mary L. Cook, Waynesville

### SECOND DISTRICT

Champaign.....D. C. Houser, Urbana  
Clark.....J. R. McDowell, Springfield  
Darke.....J. E. Hunter, Greenville  
Greene.....D. E. Spahr, Xenia  
Logan.....A. J. McCracken, Bellefontaine  
Miami.....R. D. Spencer, Piqua  
Montgomery...Webster Smith, Dayton (2706 E. 3d St.)  
Preble.....J. W. Coombs, Camden  
Shelby.....Arthur Silver, Sidney

### THIRD DISTRICT

Allen.....Edgar J. Curtis, Lima  
Auglaize.....C. C. Berlin, Wapakoneta  
Hancock.....Nelia B. Kennedy, Findlay  
Hardin.....Frank D. Bain, Kenton  
Marion.....Carl W. Sawyer, Marion  
Mercer.....D. H. Richardson, Celina  
Seneca.....E. H. Porter, Tiffin  
Van Wert.....R. J. Morgan, Van Wert  
Wyandot.....J. Craig, Bowman, Upper Sandusky

### FOURTH DISTRICT

Defiance.....J. B. Ury, Defiance  
Fulton.....William H. Maddox, Wauseon  
Henry.....Charles Mowery, Napoleon  
Lucas.....James A. Duncan  
Ottawa.....S. T. Dromgold, Elmore  
Paulding.....L. R. Fast, Paulding  
Putnam.....Frank Light, Ottawa  
Sandusky.....E. N. Ickes, Fremont  
Williams.....J. A. Weitz, Montpelier  
Wood.....James Rae, Bowling Green

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Erie.....H. D. Peterson, Sandusky  
Geauga.....Isa Teed-Cramton, Burton  
Huron.....Sherman E. Simmons, Norwalk  
Lake.....C. F. House, Painesville  
Lorain.....E. V. Hug, Lorain  
Medina.....R. G. Strong, Medina  
Trumbull.....Charles Thomas, Warren

### SIXTH DISTRICT

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Holmes.....Lister Pomerene, Millersburg  
Mahoning.....Sidney M. McCurdy, Youngstown  
Portage.....G. J. Waggoner, Ravenna  
Richland.....Charles G. Brown  
Stark.....C. A. LaMont, Canton  
Summit.....R. H. McKay, Akron  
Wayne.....George W. Ryall, Wooster

### SEVENTH DISTRICT

Belmont.....J. S. McClellan, Bellaire  
Carroll.....James Hathaway, Carrollton  
Columbiana...W. E. Morris, Lisbon  
Coshocton.....J. D. Lower, Coshocton  
Harrison.....S. B. McGavran, Cadiz  
Jefferson.....J. C. M. Floyd, Steubenville  
Monroe.....J. R. Parry, Woodsfield  
Tuscarawas...J. A. McCollam, Uhrichsville

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Athens.....Charles McDougal, Athens  
Fairfield.....H. M. Hazelton, Lancaster  
Guernsey.....A. B. Headley, Cambridge  
Licking.....Harry Hunt, Newark  
Morgan.....C. E. Northrup, McConnelsville  
Muskingum...H. T. Sutton, Zanesville  
Noble.....F. R. Dew, Belle Valley  
Perry.....Neil McTeague, New Lexington  
Washington....

### NINTH DISTRICT

Gallia.....Charles E. Holzer, Gallipolis  
Jackson.....J. E. Sylvester, Wellston  
Lawrence.....W. F. Marting, Ironton  
Meigs.....Byron Bing, Pomeroy  
Hocking.....J. S. Cherington, Logan  
Pike.....John L. Caldwell, Waverly  
Scioto.....George W. Mytinger, Portsmouth  
Vinton.....W. T. Cherry, McArthur

### TENTH DISTRICT

Crawford.....Charles S. Ulmer, Bucyrus  
Delaware.....George W. Morehouse, Delaware  
Franklin.....F. F. Lawrence, Columbus  
Madison.....W. H. Christopher, London  
Morrow.....J. H. Jackson, Edison  
Ross.....G. E. Robbins, Chillicothe  
Union.....C. D. Mills, Marysville  
Pickaway.....D. V. Courtright, Circleville

## MORE THAN 20 BILLS IN HOUSE AND SENATE AFFECT MEDICAL PRACTICE OR PUBLIC HEALTH; CULTS ACTIVE

The eighty-first General Assembly has before it a large number of proposals which have direct bearing upon public health conditions in Ohio and a smaller number which deal with questions vitally affecting medical practice and medical education. When this was written the legislature had been in session over two months and very little, if anything, had been definitely accomplished. Of the 401 hills before the House and the 144 bills before the Senate, about 20 affect public health.

Only one proposal in which physicians are directly interested has become a law—Dr. Hoy's bill authorizing the state board of health to manufacture diphtheria antitoxin and to furnish the same through physicians and health officers, to indigent persons.

Another bill by Dr. Hoy—House Bill No. 142, designed to strengthen the state medical board by giving it additional power to deal with quack doctors and which incidentally makes illegal the practice of secret fee-splitting—passed the House by a large majority and is now being considered by the Judiciary Committee to the Senate.

A third bill in which a large number of physicians were greatly interested was killed in the House. This was Dr. Deaton's bill providing for the transfer of the bureau of vital statistics from the secretary of state's office to the state board of health. Political pressure was brought to bear by Mr. Hildebrant to kill this bill.

This briefly summarizes what has been done.

### Activity of Cults.

The most important matter now facing the legislature, from the standpoint of medical practice, is the question of licensing the cults. The chiropractors have had a lobby in Columbus for several weeks endeavoring to force the House to pass the Platt bill, which provides for a special board of chiropractic examiners, exempts all of this class of healers who have been practicing in Ohio and provides the flimsiest sort of examination for those who seek admittance to practice in the future. The so-called naturopaths, who are likewise organized and have lobbyists on the job, have presented a second bill providing similar license for all classes of healers. Bills were introduced in both House and Senate amending the medical practice act to exempt Christian Science healers from the operation of the law. The usually active optometry lobby has been quiet to date but it is rumored that they have a special practice bill ready and may introduce it at any time.

The activities of these cults in urging these various bills is greater than at any previous

session and presents a serious problem for those who wish to protect the people of the state from becoming the prey of these poorly prepared practitioners.

It was to consider this question that the Legislative Committee of the State Society called a conference of its county auxiliary committee, which met in Columbus on March 9.

So far none of these bills have reached the floor of the House. The Christian Science measure seems to have little or no support but the chiropractic bill is being urged in a systematic and persistent manner. This is indicated by petitions which are pouring in on the House members from almost every county in the state.

### Public Health Measures.

The Morris bill changing the administration of the Mt. Vernon Tuberculosis Sanitarium has passed the House and will likely pass the Senate. The bill for the registration of nurses, placing them under the control of the state medical board, is before the House, after a number of rather stormy committee sessions. The bill by Mr. Oberlin, permitting the commitment of inebriates and drug habitues to state institutions, is on the House calendar.

The annual bill providing for the sterilization of criminals and defectives has been introduced by Mr. Cowan, of Putnam.

The members of the profession having dealings with the medical department of the Industrial Commission will be keenly interested in Dr. Hoy's bill which seeks to modify the arbitrary \$200 limit for complete nurse, medical and hospital attention.

Hospitals over the state have taken considerable interest in the bill introduced by Mr. Snyder, of Pickaway county, transferring the control of municipal hospitals from the safety director to a board of three members to be appointed by the mayor.

Two or three plans have been proposed, in as many bills, to change the system of administering the laws regulating the sale of narcotics. Veterinarians of the state have secured inclusion in the Smith agricultural commission "ripper" bill of what is said to be the best veterinary medical practice act in the United States. Dentists have secured the passage in the Senate of the Lloyd bill which materially strengthens their practice act. Pharmacists are seeking a similar increase in educational and practice standards.

The members of the Legislative Committee of the State Society, working in conjunction with county committeemen and with Dr. Matson of the



state medical board and Dr. McCampbell of the state board of health, are keeping in close touch with all pending legislation. They are doing everything possible to protect the standards of medicine and to increase the efficiency of the public health work of the state.

The following is a detailed list of the measures now pending affecting matters in which the medical profession is interested:

## HOUSE BILLS

**Editorial Note.**—So that our readers may be informed as to proposed laws pending in the present General Assembly at Columbus we will endeavor in this column to print the title of the bill, a brief resume of its provisions, and the name of the special committee considering it. This list will be constantly revised to show the progress of each measure through the House and Senate, together with committee action and votes.

If you want a copy of any particular bill write your representative or senator.

We will endeavor to note all bills affecting medical practice and public health, favorably or otherwise.

**Bills marked with one star (\*) have been approved by the Ohio Public Health Federation; those indicated by two stars (\*\*) have been disapproved.**

\* **House Bill No. 64**, by Dr. Deaton, of Alcony, Provides for the transfer of the bureau of vital statistics from the supervision of the Secretary of State to the State Board of Health.

This splendid bill, strongly urged by every public health organization in the state, was defeated February 18 by a vote of 78 to 24, largely through the efforts of Secretary of State Hildebrant, who was influenced to oppose the measure solely by the reason that his office would lose the political patronage entailed in the parceling of 25 or 30 minor stenographic positions in the bureau. As noted in our editorial columns this month, Mr. Hildebrant is charged with general trading of patronage in connection with local election board appointments to accomplish the defeat of the measure.

In committee the opposition of the bill was lead by Representative A. L. Stevens, of Guernsey county. It was reported favorably, through the efforts in its behalf, of Representatives Ellis, Deaton, Oberlin, Cameron, Wintermute, Criswell, and Hasselman.

On the floor of the House, when it came up for final vote, Dr. Deaton made a strong plea for its enactment. The opposition was lead by Representative C. J. Smith, of Butler county, who included in his opposition a vitriolic attack upon the medical profession. Mr. Smith declared that the Medical Association of Ohio is "the most brazen organization in the state" that "the time is not far distant when they will demand the State House as a place in which to hold their meetings."

Mr. Smith's opposition to the bill was rendered

amusing, however, when he read from the General Code of Ohio and announced that he was quoting from the Constitution of 1852. The deception, or the mistake as the case may be, was so plain that his attack lost its entire force. Representative John F. Kramer, of Richland county, caused general laughter by pointing out Mr. Smith's amusing error (?) and various newspapers commented humorously upon his attempt to palm off an ordinary statute as a constitutional provision.

The inability of the opponents of this measure to find any arguments against it led them to center their attack upon the constitutionality of the measure—a favorite dodge in legislative halls when no other argument is present. Representative S. J. Black, of Wyandot county, made a strong speech for the bill and urged its passage as a measure of economy. Mr. Kramer, of Richland, also gave the bill strong support. Those who voted in favor of the measure were: Representatives Beetham, Beitler, Black, Bliss, Bohm, Briggs, Bruck, Bryson, Cameron, Chester, Criswell, Deaton, Ellis, Hays, Hite, Knox, Kramer, Lovett, Morris, of Fairfield, Oberlin, Rover, Snyder, Stokes, Terrell.

\* **House Bill No. 121**, by Dr. Hoy, of Jackson. Authorizes state board of health to produce antitoxin for free distribution, through physicians, for the prevention and cure of diphtheria in indigent cases. Passed House and Senate. Now a law.

\* **House Bill No. 132**, by Mr. Platt, of Ashtabula. Transfers to the state board of pharmacy the enforcement of the state laws governing sale of narcotics, and all other pharmacy laws which have been lodged in the past with the Agricultural Commission. Also places with board of pharmacy the enforcement of the laws governing the sale of poisons. Under consideration in Committee on Agriculture.

\* **House Bill No. 142**, by Dr. Hoy, of Wellston. Amends and supplements 1275 General Code (Medical practice Act) by defining "grossly unprofessional or dishonest conduct" as grounds for the revocation of the certificate of a licensed practitioner of medicine; prohibits the employment of solicitors to secure patients, the collection of fees on the assurance that an incurable disease can be cured, extravagant advertising by licensed physicians, connection with illegal practitioners, or with any "company" which treats the sick ("United Doctors," etc.); or the making of any agreement unknown to the patient to divide fees. It provides that certificates may be suspended as well as revoked and gives state medical board power to compel the attendance of witnesses.

Dr. Hoy, displaying splendid generalship, brought about the passage of his measure in the House on February 19 by a vote of 71 to 13. The following voted against this bill: Beitler, Brown, of Cuyahoga, Ellis, Graham, Hale, Kemerer, Liggitt, Rover, Siebert, Stivers, Terrell, Williams, and Young.

Dr. Ellis attempted to amend the bill by in-

cluding a provision prohibiting contract practice. This was voted down.

The bill has had stormy progress in the Senate, where it is now pending. Opponents sent it to the Judiciary Committee, thinking that this would "kill" it. Dr. Matson and Dr. Hoy secured a hearing, and had it favorably reported. The next day it was sent back to this committee where now (March 10) it is held.

\* **House Bill No. 154**, by Mr. Morris, of Lancaster. Permits the state board of health, with approval of the board of administration, to regulate admission and discharge of patients in Mt. Vernon Tuberculosis Sanitarium; abolishes the arbitrary fee of \$5.00 per week and gives the state board of charities authority to fix the compensation by patients, and to admit without compensation in certain instances; eliminates the official county medical examiners and permits admittance of patients after examination by any licensed practitioner. Referred to Public Health Committee. Passed by House February 25, by a vote of 91 to 0. Now pending in the Senate. See Jour. O. S. M. A., February, page 108.

\* \* **House Bill No. 177**, by Mr. Terrell of Cuyahoga county. Amends Section 1288 (Medical Practice Act) to exempt the practice of Christian Science for the cure or prevention of diseases "by those duly authorized by the church to engage in such practice," from the operation of the medical practice act. Referred to Committee on "Codes and Court Procedure."

This bill is a cleverly drawn amendment to the osteopathic amendment under the medical practice act, which would entirely "let down the bars" and would permit practically unlimited practice by any Christian Scientist. A similar amendment (Senate Bill No. 58) was introduced in the Senate on the same day.

\* \* **House Bill No. 220**, by Mr. Platt, of Ashtabula, authorizing the practice of chiropractic, defining same and creating a state board of examination and licensure; provides for the examination and licensing of chiropractors and offers to them practically unlimited opportunity to practice their calling in Ohio.

For a brief abstract of the provisions of this bill see February Journal, page 108. At the time this was written, early in March, this bill was still pending in Public Health Committee. The chiropractic lobby, headed by Columbus attorneys, has been very active since the session started. Practically every member of the House has received petitions signed by residents of his county urging the enactment of this measure.

\* \* **House Bill No. 244**, by Nieding, of Lorain, to "create a department of health and medical registration," displacing present separate boards.

This is a "spite bill" aimed at the board of health for its activity in attempting to secure control of the bureau of vital statistics. It does

not need serious consideration, unless it should unexpectedly find support outside of ranks of the more ardent partisans. It is still in Public Health Committee.

**House Bill No. 231**, by Mr. Powell, requiring approval by State Board of Health of plans for treatment of disposal of manufacturing wastes which might contaminate streams. Referred to Public Health Committee.

\* **House Bill No. 250**, by Mr. Oberlin, of Stark, supplements Section 1983 by the enactment of additional sections providing for the commitment of inebriates, dipsomaniacs, or persons addicted to the habitual use of drugs to state institutions.

This bill was favorably reported by the Public Health Committee February 23 and was before the House early in March. Dr. H. C. Eyman, of Massillon, who drafted the bill for Mr. Oberlin, was unable to be present, but presented a written argument. He urged that by the enactment of the bill hundreds of unfortunates probably could be permanently restored through commitment, as provided. Massillon hospital cared for 139 inebriates last year.

Dr. Eyman has written for the Journal the following argument favoring the passage of this bill:

"For many years the Probate courts of Ohio have been committing inebriates and drug habitues to the State hospitals without due process of law, that is, it has been necessary to adjudge them as insane before they can be admitted. They are not, strictly speaking, insane, and the Probate Judge must therefore necessarily stultify himself to so commit them. In the present method of commitment after a few days abstinence the patient's mind is perfectly clear and habeas corpus proceedings cannot be successfully combated. This bill requires at least a residence of three months in the State hospital. This will give an opportunity for careful elimination and constructive treatment. This in itself would result in fewer commitments as there would be much less liability to a recurrence of drunkenness. The patient would not only receive the additional benefit of this extended treatment but he would not be obliged to bear the stigma of having been adjudged insane; as insanity is recognized as having a distinctly hereditary tendency the ostracism of the family of the patient would not be so marked. Not only would there be fewer re-admissions but there would be fewer first admissions, as the knowledge that the patient would have to be incarcerated at least three months would somewhat inhibit the impulsiveness of the family to send the husband or father or brother to the State hospital. Both the public and the patient will be greatly benefitted by the enactment of this bill into a law. Hundreds of these men could be restored, and probably permanently cured, if given proper treatment for sufficient length of time.



From being burdens upon the tax-paying public they will become citizens and bread-winners; from being a liability they will become an asset."

**House Bill No. 301**, by Mr. Beitler, of Hancock. Amends the already stringent law providing for the labeling of poisons. Provides that in addition to bearing the word "poison," the bottle or container must bear in large letters the phrase "Dangerous! Keep in a place inaccessible to children." It further provides that where the poisonous substance is left in tablet or powder form it shall be inclosed in "strong red envelope" upon which the above inscriptions shall be imprinted. Fine of \$50 is provided for physicians and others violating the law. Referred to Public Health Committee.

This bill has met with some opposition because it is useless, and imposes needless red tape. It would certainly be inconvenient for every physician to carry at all times a supply of "strong red envelopes," and, in the opinion of many, would add no protection to that carried in the present poison statutes.

**House Bill No. 305**, by Dr. Hoy, of Jackson. Regulating the sale of narcotics. A complicated bill designed to make the state narcotic regulations conform more closely with the provisions of the recently enacted Harrison Narcotic (federal) law. It makes an important departure from the present plan in transferring the enforcement of the measure from the Agricultural Commission, where the power is now lodged, to the state department of health. It further provides for the commitment of drug habitues to state and local public hospitals by local magistrates.

This bill is now under consideration in the Committee on Public Health.

**House Bill No. 311**, by Mr. Cowan, of Putnam. To prevent the procreation of defectives and to provide for operation for the prevention of procreation. Committee on Public Health.

This is a duplicate of the bill introduced by Mr. Cowan two years ago, in co-operation with the legislative committee of the State Society. It provides for the establishment of a board of five members to examine the known defectives; board to include one surgeon, a neurologist, and a general practitioner of medicine, with the secretaries of the state boards of health and charities as ex officio members. This board is empowered to test mental and physical condition of inmates of state institutions, and to cause an operation to prevent procreation in cases where in the opinion of a majority of the board the offspring would be weak mentally. A special section includes criminals convicted of rape.

\* **House Bill No. 323**, by Mr. Sprague of Scioto. Regulates the practice of nursing in Ohio, and places the registration of nurses under the state

medical board. Now being considered in Committee on Medical Colleges.

This is a long, complicated proposal. We suggest that those interested in this bill write their Representative for a copy. In the main, it provides for a nurses examining committee to be appointed by and work under the direction of the State Medical Board. Determination of the character of the nurses training school from which graduates are to be licensed is lodged with the Board.

**House Bill No. 351**, by Mr. White, of Columbiana. Transfers the control of maternity boarding houses and hospitals from the state board of health to the state board of charities. At present each has supervisory powers.

**House Bill No. 360**, by Dr. Hoy, of Jackson. Amends the Workmen's Compensation Act to modify the arbitrary limitation of \$200 as the amount which can be paid from the state insurance fund for complete medical, surgical, hospital and nursing attention.

This bill, introduced by Dr. Hoy on March 1 and now pending in Public Health Committee, modifies Section 1465-89 of the General Code—which is the provision in the Workmen's Compensation Act which limits to \$200 the total amount which may be paid for complete medical, nurse, and hospital service. Dr. Hoy's exemption reads "the amount may not exceed \$200, except where constant surgical attention is demanded for a period longer than two weeks, an additional allowance for surgical attention may be made at the discretion of the Board."

The need of such an amendment has been well understood by everyone who has studied the operation of the Ohio Act. It was strongly urged by a special committee representing the State Society and later was approved by the commission appointed by Governor Cox to study the action of the Workmen's Compensation system. This measure will be difficult to pass this session, however, because of the widespread demand that the law be permitted to go another year without any amendment whatever.

**House Bill No. 395**, by Mr. Snyder, of Pickaway county. Amends the municipal hospital section of the General Code by transferring the control of municipal hospitals from the director of safety to a board of three persons, to be appointed by the mayor.

This bill was discussed by the legislative committee of the Ohio State Medical Association at a special meeting held at Columbus, February 22, to which representatives of all county societies were invited. Some opposition to the bill was noted, but the preponderance of sentiment seemed

to be in favor of such a measure. It is a question of great interest in the cities maintaining or expecting to build municipal hospitals, and should be given very careful consideration. This bill as introduced by Mr. Snyder on March 1 reads as follows: (Black indicates the new matter.)

#### A BILL.

"Be It Enacted by the General Assembly of the State of Ohio:

"Section I. That Section 4035 be amended to read as follows:

"Section 4035. \* \* \* The mayor with the advice and consent of council shall appoint three persons, who shall be resident electors, and shall constitute a board which shall have the entire management and control of such hospital when completed and ready for use, and subject to the ordinances of council, shall establish such rules for its government and the admission of persons to its privileges as they deem expedient. Such board shall serve without compensation for a term of three years and until their successors are appointed and qualified. In the first instance one member of such board shall be appointed for a term of three years, one for two years, and one for one year. Vacancies shall be filled by like appointment for any expired term. Such board may in its discretion also employ a superintendent, steward, physicians, nurses, and such other employees as it deems necessary, and fix the compensation of all persons so employed, which compensation shall be subject to the approval of the council.

"Section II. That said original Section 4035 of the General Code of Ohio be and the same is hereby repealed."

House Bill No. 397, by Mr. Knox, of Washington county. (Introduced by request). Provides for the examination and admission to practice of naturopathic physicians, including chiropractors, natural healers and all of the known "57 varieties;" provides that all now practicing in Ohio shall be licensed without examination but that future examinations may be conducted by the state medical board in certain specified subjects.

This bill, which is presented by the Ohio Naturopathic Physicians Association, which is said to be at swords points with the chiropractic organization, is less objectionable than the chiropractic bill (House Bill No. 220) because it provides that the regulation of these cults shall be lodged with the State Medical Board. The chiropractic bill, as reported last month, provides a separate board of examination. This naturopathic bill is vicious, however, in that it would license without examination all the fake healers who are now plying their trade in Ohio, contrary to law. This is not as dangerous as the chiropractic bill, because it is not being pushed by the same organized lobby methods.

### SENATE BILLS

Senate Bill No. 9, by Mr. Carson, of Zanesville. Amends and seriously cripples Section 1254 of the General Code, known as the Bense Act, which gives the state board of health power to force municipalities to install water purification machinery, by providing that in cities and villages where electors by initiative or referendum determine upon means of improving water supplies, the orders of the board shall be inoperative. Referred to Public Health Committee. Opposed by state board of health.

This bill was defeated after a committee hearing in which representatives of the State Board of Health presented its dangers.

Senate Bill No. 39, by Mr. Holden, of Morrow. Provides examination and registration for barbers; provides revocation for barbers having or imparting any contagious or infectious disease; provides registration board which prescribes for all barber shops sanitary regulations, to be approved by the state board of health, and that such regulations shall be printed and conspicuously displayed in all barber shops; provides that no barber "shall serve a person afflicted with erysipelas, eczema, impetigo, syphilis, tuberculosis, or any other contagious or infectious disease." Being considered in Committee on Library.

\* Senate Bill No. 54, by Mr. Mooney, of Cleveland, raises preliminary educational requirements in registration of pharmacists, requiring attendance at an approved school. Referred to Committee on Medical Colleges.

A splendid measure designed to raise pharmaceutical standards. It is under consideration in Committee on Medical Colleges.

\* \* Senate Bill No. 58, by Mr. Mooney, of Cleveland, permits practice of Christian Science—similar to bill introduced into the House by Mr. Terrell (H. B. No. 177). Referred to Committee on Public Health.

\* Senate Bill No. 84, by Mr. Lloyd, of Franklin. Amends dental practice act to raise standards and increase scope of the board. Recommended for passage February 25 by Committee on Public Health. Is opposed in part by dental colleges in Cincinnati and Cleveland. Passed Senate March 2.

\* Senate Bill No. 103, by Mr. Vorhies, of Guernsey. Strengthens the power of the state board of health in securing reports of contagious diseases. It is drafted on lines of model act adopted by American Association of State Boards of Health. In Public Health Committee.



## VIEW SHOWING THE IMMENSE SIZE OF



PRINTED THROUGH COURTESY OF THE CINCINNATI POST

Cincinnati's magnificent new City Hospital, the product of untiring effort and intelligent planning through nearly two decades, is now open. The golden keys of the institution were turned over to the city on February 20 by Dr. Christian R. Holmes, who as chairman of the Board of Hospital Commissioners has been the guiding genius of the great project since its inception.

Transfer of patients from the old hospital has been completed and the institution is now in operation. Members of the State Society who attend the annual meeting at Cincinnati in May will be given every opportunity to carefully inspect this great plant.

The hospital is located on a tract of 65 acres fronting on Burnet avenue. It has 24 buildings, 19 in the general group and five in the division for contagious diseases. It opens with 42 wards and 850 beds, and will be managed by a staff of 275 employees. Eventually this number will be extended to 600. There will be a staff of 20 internes, and over 100 nurses. The institution, as it stands, required three years and eight months to build, in addition to many years of planning, and its cost to date has been \$3,516,703. Its complete capacity will be 1300 patients.

Dr. A. C. Bachmeyer is superintendent of the institution, Dr. Walter List, assistant superintendent, and Miss Laura Logan is head of the nurses training school.

The splendid institution will stand as a monument to Dr. Holmes. By common consent he is the "father of the hospital," and as such he was accorded high honors in the elaborate ceremonies marking its opening. From the inauguration of the movement in 1901 until the present time Dr. Holmes has been untiring in his efforts to make the ambitious plan successful. He has visited, largely at his own expense, practically all of the important hospital plants on both sides of the Atlantic, and has brought to the Cincinnati institution the best of each.

### Dr. Pritchett's Address.

On February 20 the chief address at the great meeting commemorating the formal transfer of the hospital to the city was made by Dr. Henry S. Pritchett, president of the Carnegie Foundation for the Advancement of Teaching. He dealt, in an interesting manner with the history of medical education and medical practice in Ohio, from which we quote, in part, from the *Lancet-Clinic*:

"It may interest the citizens of Cincinnati and of Ohio to consider for a moment the situation which has come about as a result of the activities of the numerous medical schools which have existed in Ohio, mainly in Cincinnati, Cleveland and Columbus.

"Leaving out all manner of unlisted practitioners, osteopaths, nature healers, men who have

## CINCINNATI'S NEW HOSPITAL GROUP



ADMINISTRATION BUILDING

attended a year or two of medical school, but have never qualified for practice, and yet have a surreptitious practice, there are 7,912 physicians in Ohio who seek to make a living out of its 5,000,000 inhabitants, and seek to do such service as they are capable of. This is at the rate of one recognized physician for every 630 men, women and children, or about three times the number of physicians per thousand of population as in a country like Germany, which is generally looked upon as overstocked with physicians.

"Of the cities of Ohio Columbus is the most bedoctored. It has one doctor to every 500 inhabitants, Cincinnati one doctor to every 560 inhabitants, Cleveland one to every 800, Toledo one to every 1,000.

"The most significant thing regarding the Ohio physicians is that more nearly than in any other state they are home-grown. Of the 7,500 for whom educational statistics are obtainable 5,568 have been trained in Ohio medical schools. Now, the Council of Medical Education of the American Medical Association classifies medical schools into four groups, the first two groups being supposed to include all the medical colleges that could be counted as even respectable. Of the Ohio physicians now in practice 1,990 come from these two higher groups of medical schools, the A-plus group and the A group. But it is interesting to note that 1,019 of these better-trained phy-

sicians come from medical schools outside the state. In other words, the medical immigration to Ohio has been on a very much higher plane than the medical production of Ohio.

### Ohio Statistics.

"But a further examination of these statistics brings out some additional facts of great interest. From the two lower classes of medical schools in the list of the American Medical Association 844 practitioners are now at work in the state of Ohio. In all 2,234 of the physicians today practicing in Ohio have been trained in institutions at present classified by the American Medical Association. In other words, nearly 5,000 members of the present medical service of Ohio received their training in institutions which have disappeared, and which have disappeared mainly because they were too weak to comply with the conditions of modern education. This is a most astounding and significant fact.

"The medical practitioners of this state have been recruited in the main not from the stronger medical schools of the past, weak as they were compared with those of today, but they have been recruited mainly from institutions where medicine was taught as a business, not as a profession; where the medical student was encouraged to get into the practice with the minimum of preparation, not where he was encouraged to fit himself as fully as possible before



undertaking the responsibilities and duties of a physician. The state of Washington, the most northwestern of our states, has never had a medical school within its borders. And yet it has today the same ratio of medical practitioners to population as the state of Ohio, with this significant difference: That in the state of Washington the practitioners of medicine have been drawn in the main from the good medical schools, not from the weak medical schools.

"An inspection of the statistics of the medical schools from which the Ohio physicians have been drawn, brings out clearly the fact that the great mass of medical practitioners from both the good schools and bad schools tend to cluster in the home city. Thus, in Cincinnati, in Cleveland, in Columbus, nearly 90 per cent. of practitioners are from the local schools. In other words, the city which harbors a low grade commercial school of medicine, a school whose teachers are in the business, not in the profession, of medicine, and whose graduates go out in the same spirit; a city which harbors such a school pays a heavy price, because the great mass of such men will seek to gain a living near the point where they got their training.

"Some of them will scatter through other states, just as do the graduates of the stronger schools, but in the main the price of a commercial medical school is paid by the city that tolerates it.

#### From Other States.

"It may be interesting to note the states which have contributed most through their medical schools in the way of sending practitioners outside Ohio. Of medical practitioners educated outside the state, Pennsylvania furnished 230, Michigan 290, Illinois 277, New York 230, Maryland 207, Kentucky 150, Indiana 93, Missouri 50. No other state furnished more than 50. This supply means that the great medical centers, Philadelphia, Ann Arbor, Chicago, New York, Baltimore, have sent their quota into the Ohio practice."

A fitting close to so auspicious an occasion was the banquet served at the Hotel Sinton on the evening of February 20. This testimonial to Dr. Christian R. Holmes and his associates was tendered by the Chamber of Commerce, and 185 of the most representative men of the Queen City gathered about the festive board. The toastmaster was Mr. William B. Melish.

Dr. Henry S. Pritchett responded to the toast of "The University Medical School." Thomas C. Powell, president of the Chamber of Commerce, responded to the toast, "Appreciation of the Citizens of Cincinnati." Dr. S. J. Mixter, Senior Chief Surgeon of the Massachusetts General Hospital, Boston, Mass., talked on "American Medicine." Dr. B. K. Rachford, president of the medical staff of the City Hospital, admirably treated the subject of the "Medical Profession of Cincinnati."

## PROPOSED AMENDMENT ON TERMS OF STATE COUNCILORS

This Will Be Voted Upon by House of Delegates  
at the Cincinnati Meeting.

Under date of March 4, 1915, Dr. Selby sent the following official communication to the secretaries of the county societies:

"Pursuant to the constitution, I am announcing herewith for the second time an amendment to the constitution presented to the house of delegates at the last annual meeting, which amendment is as follows:

"Length of term of Councilor.—In line six of Section 2, of Article seven of the constitution of the Ohio State Medical Association, strike out the word 'Five' and insert the word 'Two' years, so that the sentence shall read: 'Two councilors shall be elected each year for a term of two years.'"

(Signed) C. D. Selby, Secretary O. S. M. A.

## OSTEOPATHS SEEK LICENSE TO DISPENSE DRUGS; REFUSED

Reports from the four internal revenue collectors of Ohio charged with the administration of the Harrison Anti-Narcotic law, indicate that prior to March 1 physicians very generally complied with the stringent provisions of the measure and have taken out the necessary license and secured the necessary blanks. In the Columbus office of the department an interesting question arose as to whether osteopaths should come within the provisions of the act. It is understood that Collector Williamson ruled that inasmuch as they are not licensed to dispense drugs, under the osteopathic clause of the medical practice act, they are not privileged to receive the special narcotic license. He adhered strictly to this ruling and checked all applications with records of the state medical board.

## OCCUPATIONAL DISEASES.

The Ohio Public Health Journal, published by the state board of health, has announced the publication of a series of articles dealing with the survey of industrial hazards and occupational diseases which has just been completed by the board. The first of these by Dr. E. R. Hayhurst, director of the division of occupational diseases, was printed in the January issue and presented the subject matter of the voluminous report which has just been completed and presented to the legislature.

## TO COUNTY SECRETARIES!

Remember, your members must be qualified by April 5, in order to register at the Cincinnati meeting. This is a provision of the constitution.

## DEATHS OF OHIO PHYSICIANS

**Frank Dean Bain, M. D.**, Bellevue Hospital Medical College, N. Y., 1872; died Monday, February 22, at his home in Kenton after an illness of only 24 hours. Angina pectoris was assigned as the cause of death, which was a great shock to his friends throughout the state. His loss will be keenly felt among his unusually wide circle of friends.

Broad-minded and public-spirited, he was signalingly honored during his busy life by his colleagues in the medical profession and in other fields. He



FRANK D. BAIN

was president of the Ohio State Medical Association in 1895-6, was a former president of the Northwestern Ohio Medical Association, and a former president of the National Association of Erie Railway Surgeons. He was one of the organizers of the Hardin County Medical Society and had been a leader in its activities for many years. During the Spanish-American War, Dr. Bain served as surgeon of the second regiment, O. V. I., under General Fred Grant in Porto Rico. The Kenton camp of Spanish-American veterans is named in his honor.

He was prominent in Masonic and other fraternal circles and was a stockholder in numerous Hardin County business enterprises. At the time of his death he was engaged in a campaign to secure a public health nurse for his home city. Throughout his long life he was active in social-medical work.

Dr. Bain was born in Kenton in 1850. His father was Judges James Bain, first probate judge of Hardin county. After graduating in New York in 1872, Dr. Bain spent a year in the East, and after returning to Kenton for a short time, practiced

three years in Pittsburg. He had practiced in Kenton since 1879, taking post graduate work in Chicago, New York and London. During his career he traveled extensively. At the time of his death he was surgeon for the Big Four, T. & O. C., and Erie railroads. He is survived by a widow and one sister.

**John Saxton Deemy, M. D.**, Medico-Chirurgical College of Philadelphia, 1890, died February 13 at his home in Bellefontaine, aged 48. Pneumonia was the immediate cause of his death, although for three years he had suffered with stomach trouble. Dr. Deemy was born in Cumberland county, West Virginia, in 1856. His father was a physician of distinguished ancestry. Before graduating in medicine he was graduated by Blairs Presbyterian Academy at Blairstown, New Jersey. After graduation, he practiced for a time in New Jersey and in 1892 located in Bellefontaine. He was one of the organizers of the Logan County Medical Society and a member of the state and national organizations. At the time of his death he was surgeon for the Big Four Railroad. He had always been prominent in church and fraternal organizations. Members of the county medical society attended the funeral in a body. A particularly sad feature was the fact that at the time of his death, his wife was seriously ill. She, with three children, survive him.

**Mary F. Munson, M. D.**, Hahnemann Medical College, San Francisco, 1886; died February 14, at her home in Toledo, aged 85. Dr. Munson was a former member of the State Medical Association and was active in the organized movement to prohibit white slavery.

**R. F. Erdmann, M. D.**, Miami Medical College, Cincinnati, 1870, died suddenly at his home in New Richmond, Clermont county, on February 8, aged 69. His death was unexpected, he having made several professional visits on the day previous. Dr. Erdmann was born in New Rupper, Prussia, came to America in 1858, practiced in Cincinnati and Buffalo, N. Y., and located in New Richmond in 1877.

**Frederick H. Mersfelder, M. D.**, Cleveland Pulte Medical College, 1904; died January 31 at his home in Canal Dover, aged 68. He had been in ill health for several months. Born in Isenbach, Germany, in 1847, Dr. Mersfelder came to America in 1865. He was a blacksmith by trade, but in 1883 was ordained United Brethren minister. Later, after graduating in medicine, he became interested in a business enterprise.

**A. E. Singer, M. D.**, Miami Medical College, Cincinnati, 1880; died February 7 at his home in Lewisburg, Preble county, aged 67. He was attacked suddenly in his office. Dr. Singer formerly practiced in Dayton.



**Perry O. Guise, M. D.**, College of Physicians and Surgeons, Baltimore, 1882; died February 9 at the Home and Hospital, Findlay, aged 64. Dr. Guise was born in Findlay and practiced there continuously following his graduation. He was a member of the city board of education, and took an active interest in school affairs. A widow and two daughters survive.

**Philip J. Wardner, M. D.**, Rush Medical College, 1857; of Cleveland; surgeon of the Fifty-Seventh and later of the One Hundred and Twentieth Illinois Volunteer Infantry during the Civil War; for more than thirty years retired from practice and in business in Cleveland; died at his home in that city, December 20, 1914, from bronchitis, aged 82.

**Charles E. Reese, M. D.**, Medical College of Ohio, Cincinnati, 1885; local surgeon of the C. and M. V. Railroad; died at his home in Cedar Heights, near Lancaster, November 1, 1914.

#### CLEVELAND HAS COURSE OF LECTURES ON ANTHROPOLOGY

Medical Men of State are Invited to Hear Dr. Keith, of London, Eng.

We have received a notice from Dr. T. Wingate Todd that on March 19 and succeeding dates, Professor Arthur Keith, M. D., is to give a series of lectures at Adelbert College, Cleveland, on "The Antiquity of Man in the Old World and in the New." Many members of the Cleveland Academy were present at the symposium on December 11, last, thereby giving great encouragement to the work of the Department of Anatomy. But that symposium was merely an introduction to the subject. It could not presume to vie with such a course as Cleveland is shortly to receive under the terms of the Macbride Foundation. Dr. Keith has devoted many years to the study of this problem. He has a world-wide reputation in anthropology, is a facile speaker and a brilliant lecturer. Western Reserve is to be congratulated on securing Dr. Keith's services at the present time.

The lectures are not exclusive. They will not be delivered in technical language. They are open to the public at large. The training undergone by all medical men naturally gives them an interest in such a subject as the history of the human race, and it is hoped that as many as can will avail themselves of the opportunity of hearing the anatomist who has charge of the celebrated Hunterian Museum in the College of Surgeons, London, and of making his visit a success.

It is confidently predicted that all who can spare the time to attend the lectures will feel satisfied that the hours have been well spent in listening to the able presentation of the subject which Dr. Keith is certain to give.

The following is the syllabus of the course:

By Arthur Keith, M. D., LL. D., F. R. C. S., F. R.

S., Hunterian Professor, Royal College of Surgeons, England, President of the Royal Anthropological Institute of Great Britain and Ireland, etc.

March 19, Lecture I—An account of the discoveries of last century which led to a revolution in our conception of man's antiquity. Later discoveries which gave rise to the belief that modern races of man are of comparatively recent origin.

March 20, Lecture II—The discovery of ancient man at Galley Hill, Kent, England, and the bearing of that discovery on the antiquity of the modern type of man. The proof that in very ancient times there existed distinct species or genera of men.

March 23, Lecture III—The recent discovery of an extinct form of man at Piltdown, Sussex, England. The problem of reconstructing a prehistoric type from fragments of the skull. The antiquity of the Piltdown type compared with that of other ancient human types.

March 25, Lecture IV—The antiquity of man in America. The importance of America as a field for prehistoric research.

March 26, Lecture V—The manner in which European anthropologists are attempting to solve the problem relating to the origin and evolution of man, and some of the conclusions which they have reached.

The first lecture will be given in the Amasa Stone Chapel, Adelbert College, Cleveland, Ohio.

#### Southern Home for Sale.

Would you enjoy having a delightful home in Virginia, beside the waters of the Chesapeake? Forty miles to Old Point Comfort. A good ten-room house with bath, fine shade and a nice selection of fruit. A profit-producing home, twenty-one acres of land, nine acres of oyster shore, making the income from a nice, moderate practice net surplus. Price, \$9,000, including \$2,000 worth of crops and equipment. Write J. E. Tompkins, M. D., Fitchett, Va.

#### HEALTH OFFICERS MEET.

Health officers from municipalities and villages in the Miami Valley, who formed an organization at Dayton some weeks ago, held a second interesting meeting on February 23 in Springfield. Dr. E. F. McCampbell, executive officer of the state board of health, presented the subject: "Municipal Control of Communicable Diseases." It was generally discussed by those in attendance. Dr. A. C. Messenger of Xenia is president and Dr. A. L. Light, of Dayton, is secretary of this association.

#### RECENT MARRIAGES.

Thomas Reuben Gruber, M. D., Cleveland to Miss Alma Rennick, of Columbus, February.

Ivor G. Clark, M. D., and Miss Catherine McMeen, both of Columbus, March 4.

Roscoe R. Kahle, M. D., and Ella Heskett, both of Columbus, March 4.

## ARE YOU PLANNING TO ATTEND THE BIG MEETING IN CINCINNATI? JUST SIX SHORT WEEKS INTERVENE

In a letter to The Journal from Dr. E. O. Smith, chairman of the committee on arrangements for the seventieth annual meeting of the State Society, which will be held in Cincinnati, May 4, 5, and 6, states that plans are progressing nicely and that the members of the Cincinnati Academy hope to entertain in Cincinnati the largest state meeting in the history of the Association.

Dr. W. S. Keller is treasurer of the committee. Dr. Frank B. Cross will have charge of publicity; Dr. Mark A. Brown is in charge of entertainment; Dr. Frank Lamb is arranging for hotels and places of meeting; Dr. Charles T. Souther is in charge of badges and buttons, and Dr. Louis Ransohoff has charge of finances and the exhibits.

Already plans have been completed for three other meetings in Cincinnati during the same week. As previously announced, the Ohio State Clinical Society will meet there on May 3 and 4, bringing its sessions to a close on the afternoon the State Society convenes. The state association

### CONVENTION POINTS.

Here are the essential points about the seventieth annual meeting of the Ohio State Medical Association:

Time—May 4, 5 and 6, 1915.

Place—Cincinnati.

Convention Hall—Second floor of New Gibson Hotel.

Exhibits—New Gibson.

Chairman of Local Committee on Arrangements—Dr. E. O. Smith, 19 West Seventh St., Cincinnati.

of medical men engaged in school inspection work will hold its annual session there on the fifth. In addition the Inter-State Association of Anesthetists, comprising representatives from six or seven of the central states will hold its initial meeting there on the fourth and fifth. This meeting is in charge of Drs. E. I. McKesson, of Toledo; P. R. Coble, of Indianapolis; F. W. McMechan, of Cincinnati, and W. H. Long, of Louisville.

Arrangements have been completed for elaborate exhibits, both scientific and commercial. One of these will be presented by the state board of health, which had an extensive exhibit at the Columbus meeting last year.

One of the big drawing cards of the Cincinnati meeting will be the recently completed Cincinnati General Hospital. Arrangements will be made to show visitors through the new institution. This alone will be well worth the trip to Cincinnati.

By March 1 two-thirds of the exhibit space had been sold.

While the completed program will not be announced until April, it is known that the visiting essayists invited to address the general sections of the Association are Dr. George Dock, of St. Louis, who will deliver the Address in Medicine, and Dr. Charles L. Scudder, of Boston, who will deliver the Address in Surgery. Dr. Scudder's paper will be on: "The Treatment of Fractures."

### Anesthetists to Organize.

At this meeting the Interstate Association of Anesthetists will be launched, to include in its membership anesthetists from Ohio, Pennsylvania, Kentucky, Indiana, Tennessee, Illinois and Michigan.

The following program has been arranged by the anesthetists: Blood Pressure Under General Anesthesia, E. I. McKesson, Toledo, O.; Selection of the Anesthetic, Emmett F. Horine, Louisville, Ky.; Means of Resuscitation for Alarming Conditions Brought About by Anesthetic Agents, E. M. Sanders, Nashville, Tenn.; Nitrous Oxid-Oxygen Anesthesia in Obstetrics, A. E. Guedel, Indianapolis, Ind.; Preparatory, Operative and Post-Operative Precautions for Hazardous Anesthetic Risks, Moses Salzer, Cincinnati, O.; Anesthesia for Brain Surgery, Charles K. Teter, Cleveland, O.; Oil-Ether Colonic Anesthesia, J. T. Gwathmey New York City, N. Y.; Surgical Mortality from the Standpoint of the Anesthetist, H. W. Kearney, Washington, D. C.; Alkaloidal Medication in Relation to Anesthesia and Analgesia for Intraoral Operations, Hugh MacMillan, Cincinnati, O.; Spinal Anesthesia, J. Overton and L. E. Burch, Nashville, Tenn.; Posture and Muscular Relaxation as Factors in the Newer Conception of Surgical Shock, Willis D. Gatch, Indianapolis, Ind.; Ethyl Chloride Anesthesia, R. A. Rice, Columbus, O.; Magnesium Sulphate Narcosis, D. D. DeNeen, and J. H. Wilms, Cincinnati, O.; Intravenous Anesthesia, C. L. Candler, Detroit, Michigan.; Vapor Anesthesia for Intraoral Surgery, Paul R. Coble, Indianapolis, Ind.; Local Analgesia in Hernia Operations, Charles T. Souther, Cincinnati, O.; High Pressure Analgesia, W. T. Jackson, Cleveland, O.; Nitrous Oxid-Oxygen Analgesia for Dentistry, Edward S. Barber, Chicago, Ill.; The Use of Music During Analgesia and Anesthesia, W. P. Burdick, Kane, Pa.; Intratracheal Anesthesia, B. Merrill Rickets, Cincinnati, O.; The Question of the Nurse Anesthetists, W. Hamilton Long, Louisville, Ky.; Anesthesia, Anesthetists and Workmen's Compensation Laws, F. H. McMechan, Cincinnati, O.

Dr. N. O. Lohmann was re-elected superintendent of German Deaconess Home and Hospital, Cincinnati, which celebrated its twenty-seventh anniversary February 2.



## NEWS NOTES OF OHIO

Dr. J. E. Tuckerman, Cleveland, represented Cleveland Chamber of Commerce at a meeting held in Columbus, February 26, to discuss the moving picture censorship law.

Scioto county society has elected as delegates to the state meeting, Dr. Charles W. Wendelkin, with Dr. George W. Chabott, as alternate.

Dr. E. F. Clouse, of West Mansfield, has been appointed physician at the state Boy's Industrial School, Lancaster.

The recent epidemic of typhoid fever at Zanesville has been found to be due to infection of Muskingum river water. Certain parts of the city where there were "dead end" pipes showed a much greater prevalence of typhoid cases than other sections.

The Western and Middle Sections of the American Laryngological Rhinological and Otological Society held a two day's session in Cincinnati, March 1 and 2, with about 60 members in attendance. Clinics were conducted at Cincinnati General. Dr. J. W. Murphy, of Cincinnati, is chairman of the Middle Section, and Dr. F. R. Spencer, of Boulder, Colo., of the Western.

Dr. and Mrs. C. E. Sawyer, of White Oaks Farm, Marion, returned early in March from Hawaii, where they spent a pleasant vacation with Senator and Mrs. Warren G. Harding.

On February 17, at the request of Governor Willis, the Senate confirmed the appointments of Dr. J. Morton Howell, of Dayton, and Dr. Angus MacIvor, of Marysville, to membership on the state board of health. Dr. Howell's term expires December 13, 1921. Dr. MacIvor, who succeeds Mr. J. W. Hill, will serve until December 13, 1916.

Drs. G. H. Matson, of Columbus, B. R. McClellan, of Xenia, J. H. Jacobson, of Toledo, and others from Ohio attended the eleventh annual conference of the American Medical Association on Medical Legislation and Medical Education, in Chicago, January 15 and 16. The regulation of the irregular cults was the chief subject discussed in the legislative conference.

Dr. C. A. LaMont, health officer of Canton, is planning to have the board of health furnish physicians of the city filing cases containing blanks to aid them in the reporting of various

notifiable diseases. It is believed that by this plan a larger number of reports will be received.

Dr. George W. Crile, of Cleveland, who went to Paris in January to establish a division in the American hospital, arrived home February 22. His associate, Dr. W. E. Lower, is now in Paris in charge of the division and will return about April 30.

Miss Elizabeth Fox, superintendent of the Dayton Visiting Nurses Association, has resigned to accept a similar position in Washington, D. C.

Unless your dues are paid by April first, we will be compelled to stop sending you The Journal.

Grant Hospital, Columbus, has won a suit instituted by a patient who sought damages on the ground that she contracted smallpox while being treated in the hospital two years ago. At a previous trial, a verdict of \$1500 was rendered against the hospital. At the second trial the case was dismissed and the verdict set aside.

A Circleville taxpayer has filed suit to restrain the city auditor from issuing \$35,000 bonds for the construction of a municipal hospital. The bond issue, which is backed by the county medical society, was approved by the people of Circleville in a referendum election last November by a vote of three to one.

The new Peoples Hospital, Akron, erected at a cost of \$175,000, was formally opened Monday, March 1. It is a splendid institution of 153 rooms, of which 125 are available for patients. The new hospital materially relieved congestion in Akron City Hospital.

Dr. J. A. M. Ambrose, of Dayton, whose license to practice was revoked when he was sent to the penitentiary several years ago, has been convicted of illegal practice of medicine.

Dr. Charles A. L. Reed, of Cincinnati, has removed his consultation rooms to the new Union Central Building, where his office hours will be from 2 to 4 p. m. Dr. Reed returned March 10 from California where he enjoyed a pleasant vacation.

Wanted.—Eye, ear, nose and throat specialist desires opportunity to purchase equipment of specialist desiring to vacate field in community up to 25,000 population, or will consider proposition to associate with busy specialist. Will pay for information leading to location in community without specialist, large enough to support one. Age thirty-eight, qualified. References exchanged. Address C. L. H., care Ohio State Medical Journal.

## SECRETEARS

Morrow county has come in with 100 per cent and joined the progressives. "We have in preparation," writes President R. L. Pierce, "amendments to our by-laws changing our fiscal year and our annual election of officers to the first Wednesday of December, to conform with the state by-laws." We are reserving seats for the Morrow men at Cincinnati.

Meigs county had eleven members last year, not nine as reported.

We wish to correct an error. In the annual report on membership published on pages 4 and 5 of the January Journal, Brown county should have had credit for 15 members in 1914. Belmont county should have had 44.

Ottawa county has joined the 100 per cent club. You are number eight, Friend Dromgold.

Belmont county has joined the 100 per cent club. Belmont's record is a good one. In 1913 they had 28 members; in 1914 they boosted it to 44; this year, as early as February 10, when this was written, they had 46. Dr. James S. McClellan, secretary-treasurer, wrote: "This is our first installment; we will be coming along with another grist a little later in the season." We are glad to welcome you, Belmont. You are number nine in the 100 per cent club.

Mercer county is in the honor list. Mercer qualified with 27 members February 13.

T. A. Copeland, secretary of the Athens County Society, is on the job. This is what he wrote for his March 2d bulletin "Athens county has made such a good record during the last two or three years for its membership in the State Association that every doctor in the county who has not paid his dues should do so by March 2d, and put our society in the 100 per cent club." In 1913 Athens had 44 members; in 1914, 57 the best year in the history of the society.

February 26, Highland county became a 100 per cent society. Very fine, Highland, but can't you equal your 1913 membership. That was 21, you remember.

Holmes county is number twelve in the list of the 100 per cent counties. They have eight members now, had seven last year.

Clermont county has joined the 100 per cent club with 12 members, the same as last year. Dr.

F. A. Ireton, secretary-treasurer, says they will have two more soon. You are number thirteen, Clermont.

Two counties came into the 100 Per Cent Club March 1. Seneca was number 15 in the honor roll, Logan was number 16. These counties deserve special mention. Seneca had at that time 35 members in good standing against 30 in 1914. Dr. G. W. Willard, the secretary, said they might have 10 more. Logan came in with 26 for this year against 23 last year. Dr. A. J. McCracken, secretary-treasurer, said he was sure they would obtain quite a few of the remaining 14 eligible men in the county.

### SIXTH DISTRICT SOCIETY

#### HAS SPLENDID MEETING

Dr. Welch, of Youngstown, Elected President—Dr. Seiler Re-elected Secretary-treasurer.

The 165th session of the Union Medical Association of the Sixth Councilor District was held in Akron on Tuesday, February 9, 1915.

The meeting opened at 9 o'clock with clinics at the City Hospital. In the operating rooms, Drs. Jacobs, Weber and Eberhard, of the surgical staff, did a ventral suspension, dilation and curettement, cholecystotomy and a fractured patella by the purse-string suture. At the same time Dr. C. F. Hoover, Cleveland, in the general ward conducted a clinic on two cases of pernicious anemia and one of gastric ulcer. The clinics were well attended, greatly appreciated, and instructive. With the visiting members it seems to take well, judging from the number who were on hand as early as 9 o'clock. At 11 o'clock they all went to the Nurses building, where Dr. Frank Winders, of Columbus, gave a very plain but practical paper on "Some Essentials in Diagnosis and Treatment of Diseases of the Cardio-Vascular System." The paper was full of practical ideas.

The visiting members were then taken to the University Club, where the Summit County Medical Society entertained them at luncheon. They were delighted to have the honor of entertaining so many, but regret that because of the unexpected number the chef was not prepared, consequently many had to wait and eat at second table. The next time they will be fully prepared.

The afternoon session was held at the Peoples Hospital on West Cedar street. Inasmuch as this will soon be opened formally, and a full description given, we will only say that the contractor hurried to have the assembly room ready for this meeting, which is an ideal place for medical meetings of any kind—commodious, well lighted, heated and ventilated.

The annual report showed that three meetings were held during the year—at Lake Brady, Massillon, and Wooster—the attendance running from 75 to over 100. Of the twenty men placed on pro-



grams, only two failed. The receipts for the year were \$93.50; expenditures, \$83.70. The society has a balance on hand of \$205.91.

Dr. Harry Welch, Youngstown, was elected president for the ensuing year, and Dr. J. H. Seiler, the present incumbent, was again elected secretary-treasurer. He has held this office since 1897.

After the business session Dr. John L. Washburn, Youngstown, read a paper on "The Subnormal Child—Causative Factors, Mental Tests, and Value of Early Recognition." Dr. J. L. Stevens, Mansfield, reported a case of "Ankylosis of Elbow Following Fracture of Head of Radius. Operation for Relief."

Dr. B. Merrill Ricketts, of Cleveland, then gave his address on "Local Anesthesia," which he illustrated by means of a large number of slides. There were so many good things about the address that the only regret is that the finite mind is so constituted that it cannot grasp and hold everything that it hears. These papers of the afternoon were comprehensive but practical withal, and greatly appreciated.

The next meeting will be held in Youngstown in August.

J. H. Seiler, Secretary.

## NEWS OF INTEREST FROM OHIO HOSPITALS

Franklin county commissioners have added the following to the advisory staff of the county tuberculosis hospital: Drs. J. F. Baldwin and C. S. Hamilton, consulting surgeons; George M. Waters, Dudley Dunham and Frank Winders, consulting internists; Sterling B. Taylor, proctologist; Andrews Rogers, obstetrician; C. A. Harper, medical examiner; A. M. Steinfeld and Cassius M. Shepard, orthopedists; R. Blee Smith and C. E. Silbernagle, rhinolaryngologists, and R. A. Rice, anesthesiologist. Robert B. Drury has been chief of staff and E. Ray Shilling pathologist of the sanatorium since it opened. Seventy-seven patients are now being cared for.

A campaign was inaugurated in Cambridge, Guernsey county, on February 23, to raise \$63,000 for the erection of a public hospital. The campaign continued until March 4. Among the team captains in charge of the organization work were the following: Drs. H. L. Wells, T. W. Lane, W. N. Bradford, H. A. Green, A. G. Ringer, C. A. Frame, Calvin Bates, W. G. Lane, W. M. Lawyer, F. J. Harrison, L. M. Ross and a number of prominent laymen.

A ten-day campaign to raise \$250,000 for the institution in behalf of the Ohio Valley General Hospital, Wheeling, has resulted in securing \$254,493.31. The entire cost to the association of the subscription was little more than 2 per cent. The

present debt of the association, including interest, is about \$285,000, and it has an endowment fund of about \$80,000.

The medical staff of the new Newark city hospital, which comprises all the licensed practicing physicians of Licking county, met February 19 and elected Dr. U. K. Essington, chief of the staff; T. L. Baxter, secretary, and an executive committee consisting of Drs. C. B. Hatch, J. P. H. Stedem, L. H. Postle, of Newark; G. T. Ely, Utica, and J. D. Thompson, of Granville.

Attorney General Turner has rendered an opinion that the Mahoning county tuberculosis hospital, located at Canfield, may be regularly operated, despite the opening of a district tuberculosis sanatorium at Springfield Lake in which Mahoning county is jointly interested. This will materially relieve the situation in Mahoning county.

Ground was broken February 7 for the new hospital group to be added to Cleveland Jewish hospital. Plans drawn by George B. Poste & Sons, and supervised by Dr. S. S. Goldwater, health commissioner of New York, provide buildings that will cost about \$600,000.

Greenville newspapers report that plans are being made to launch a city hospital campaign. Petitions under the municipal initiative and referendum will be circulated. The project has the hearty support of the Darke County Medical Society.

Health Commissioner Light of Dayton has asked the city to establish a contagious disease hospital. Miami Valley hospital has refused to receive such patients owing to the inadequate facilities in its isolation ward.

Under the will of the late Mrs. Frances A. McNall the city of Mansfield will inherit an estate valued at \$150,000 for the establishment of a hospital, provided that at the death of the son and daughter of Mrs. McNall no heirs are left by them.

Modern Hospital, published in St. Louis, has purchased the International Hospital Record, which has been published in Detroit. Several new and interesting departments will be added, commencing with the March issue.

Mr. Harry M. Levy, of Cincinnati, has announced that he will donate \$50,000 as the nucleus for a million-dollar fund to be raised for the development of a medical school in connection with Cincinnati General Hospital.

The campaign of the Defiance Chamber of Commerce to raise funds for the perpetuation of the city hospital is progressing successfully.

## ACTIVITIES OF OHIO CITIES

### IN PUBLIC HEALTH WORK

### HOW ABOUT YOUR CITY?

Columbus Society for the Prevention of Tuberculosis has inaugurated a campaign through Dr. Frank Warner, chairman of educational committee, by which lectures on methods of preventing the disease will be delivered by physicians in the rural schools of Franklin county. Prizes will be offered pupils writing the best essay on the methods of prevention. A number of physicians have volunteered their co-operation.

The recent serious smallpox epidemic in Wooster has caused considerable agitation in favor of the retention of a permanent public health nurse. Physicians are lending their support to the movement.

Dayton physicians are taking an active part in the anti-tuberculosis campaign which is being waged with renewed vigor by the various public health organizations in that city.

Hamilton board of health has established a city laboratory, equipped at an expense of \$1,000.

Dr. C. E. Demand, Mechanicsburg, Champaign county trustee for the Springfield tuberculosis hospital, has resigned.

All men engaged in life insurance work in Dayton held a conference February 9 to outline plans for intelligent co-operation with the anti-tuberculosis society in its campaign of prevention.

Miss Marion A. Campbell, field secretary for the Ohio Commission for the Blind for the past three years, has resigned to accept a similar position at a better salary with the New York State Commission. Miss Campbell has been very active in building up the organization of the commission and has accomplished much in bringing about better co-operation between the commission and the medical men of the state. The Journal believes that it was poor policy on the part of the state to permit a sister state to secure the services of such a valuable executive, when a moderate salary increase might have retained her services.

Chillicothe plans for the erection of a five-county district tuberculosis hospital in south central Ohio are progressing nicely. Commissioners of four of the five counties held a meeting recently at Chillicothe and approved the plan.

A model tenement code is pending before the Cleveland city council.

Cincinnati Department of Health late in February called the attention of the officers through its bulletin, to an epidemic of German measles then prevalent.

A committee consisting of Drs. J. D. Kramer, of Dayton, S. K. Crawford, of Springfield Lake, J. R. Johnson, of Lima, and Clyde Leeper, of McConnellsville, have been appointed by the Association of Tuberculosis Hospital Superintendents to draft a set of uniform regulations for the government of tuberculosis hospitals in Ohio. These will be submitted for approval at a future meeting.

Dr. H. E. Welch, health officer of Youngstown, has inaugurated a system of weekly bulletins to the newspapers dealing with public health and sanitation matters.

The Social Service League of Xenia is campaigning for a permanent public health nurse.

Dr. H. K. Dunham has been elected president of the Cincinnati Anti-Tuberculosis League. Report of the medical director, Dr. J. E. Teuchter, shows 944 new cases in 1914 in addition to 428 remaining from the previous year. The report by Superintendent Dinwiddie shows a steady decrease in Cincinnati's tuberculosis death rate for the past five years.

## NEWS NOTES OF OHIO

A feature of the large new plant of the Willard Storage Battery Company, Cleveland, will be a complete hospital for the care of employees.

Dr. Clifford C. Kennedy has resigned as assistant superintendent of Cincinnati Tuberculosis Sanitarium and has opened an office in Cincinnati.

Dr. John Rogers Perry, of Philadelphia, Pa., will locate for the general practice of medicine in Lima in the near future.

Daniel Cramer, druggist of Lima, was arrested on February 17, convicted and fined one hundred dollars for selling morphine unlawfully. The evidence to convict Cramer on two counts was procured by Inspector E. W. Harrington of the State Agricultural Commission.

Inspector E. W. Harrington of the State Agricultural Commission, addressed a number of physicians, denists, veterinarians, and druggists at the



Lima House on February 17, on the workings of the new Harrison law.

Middletown's new city hospital is under roof and will be completed by summer.

Dr. J. R. Welsh, of Spencerville, has been sued for \$10,000 by Amos Briggs, of Spencerville, for alleged malpractice in attending a fracture of plaintiff's hip.

Dr. L. P. Jackson, of Pleasant township, Van Wert county, has moved to Van Wert.

Dr. R. C. Gill, Western Reserve Medical School, 1914, expects to locate in Norwalk, and be associated with his father, Dr. W. E. Gill. He is now serving an internship in Cleveland.

Dr. D. A. White, formerly of Fairhaven, Ohio, is now located in Idaville, Ind.

Dr. D. P. Phillips, of Youngstown, is located at Salisbury, North Carolina.

A paper on "Ectopic Pregnancy and the General Practitioner," by Dr. Ben R. McClellan, of Xenia, was published in the February number of the American Journal of Obstetrics and Diseases of Women and Children.

Twelve city physicians in Toledo have asked for an increase in salary. They are now paid \$40.00 per month for part-time services.

Ohio is a great State. Its interests are varied. Its people need all kinds of manufactured goods. Its physicians are prosperous. We have told these facts to advertisers everywhere. Now it is up to the readers to prove our assertions are true, by purchasing from the advertisers in The Journal. Let's all boost together and thus satisfy the advertisers.

Physician Wanted.—Will sell medical library, drugs, surgical instruments and operating chair; also office for rent. Unopposed practice in good community, rich farming district thickly peopled; town of 350, on pike and railroad, eight miles from county seat; eight passenger trains daily. Good schools and churches. Reason for sale, death of late physician. Address Mrs. Lola C. Squires, White Cottage, Ohio.

For Sale.—Globe-Werneck case of five sections, filled with a physician's library—latest addition to it was Dieulafoy's Text Book of Medicine, in two volumes, and Diseases of Eye, Ear, Nose and Throat, by Phillips. For sale at little more than cost of case. Also a dental chair—most convenient for an oculist. Write Mrs. W. F. White, No. 224 West Sixth St., Marysville, Ohio.

## PRESIDENTS OF LARGER COUNTY UNITS

NUMBER 2



George L. King, of Alliance, new president of the Stark County Medical Society. He succeeds H. C. Eyman, of Massillon.

The question of extending the scope of the Ohio Workmen's Compensation Act to include compensation for disability caused by occupational diseases is now before the Supreme Court. February 18 Attorney General Turner secured an order requiring the Circuit Court of Hamilton county to certify its record in the case of the Industrial Commission vs. David Brown. Brown, a sufferer from lead poisoning, sued the commission for compensation and secured a favorable judgment. If the Supreme Court sustains the lower courts, modifications of the present act will be demanded, as it will be practically impossible for the industrial commission to work out a scheme for occupational diseases under the law as it stands at present.

The operation of the Workmen's Compensation Act has caused large companies to require employees to submit to medical examinations as a prerequisite to employment or to the retention of their positions. This was opposed by the executive committee of the Ohio Federation of Labor, which brought the matter to the attention of Governor Willis on January 30. They claim that it is excluding a large number of laborers.

## NEWS OF CLEVELAND ACADEMY OF MEDICINE

(Report by J. E. Tuckerman, M. D., Correspondent)

The one hundred and sixteenth regular meeting of the Academy was held Friday, January 15, 1914, at the Cleveland Medical Library, with the Vice-President, M. J. Lichty, in the chair.

1.—**Case of aneurysm of transverse and descending aorta**, by R. K. Updegraff and A. W. Leuke. The patient, a man of middle life, had all of the clinical symptoms of aneurysm of the aorta. There was marked difference in the radial pulses. There was a variation of fifty m. m. of mercury between the two. The most annoying symptom was pain, very severe and constant which prevented the patient from sleeping. The man was operated; the aneurysmal sac wired. The symptomatic cure has been complete.

Therapy furnishes only a palliative cure. The operation in this case consisted of passing a trocar into the aneurysm after which coils of silver wire were passed into the sac. The electric current was then applied for an hour, for the purpose of causing a clot to form.

2.—**Small doses of pituitrin in obstetrics**, by J. L. Bubis. The speaker declared that pituitrin is safe, works promptly, and can be given without danger in any stage of labor, if given correctly. The above conclusions were drawn from a series of one hundred and fifty cases. It is best given intra-muscularly, into the biceps. The pains began promptly, twelve minutes being the maximum. In one case, a primipara of 28, in which pituitrin did not work, it was found on analysis to be an inert preparation.

The speaker first used the drug in doses of 1 c. c. The result in some cases with this dosage were titanic contractions. The danger occasioned to the mother and child by such contractions was too great. At the present time 2 to 3 minim doses are used, with perfect results.

In 26 of the 150 cases, delivery was by forceps, although the pituitrin worked well in each case. Pituitrin is valuable in breech cases, in the case of twins and also in dry births. Its use is dangerous in mal-positions. After giving the patient pituitrin, she should never be left alone. The danger of post-partum hemorrhages should also not be forgotten.

The paper was discussed by K. E. Ochs and J. J. Thomas.

3.—**The inlay bone graft, with illustrations**, by Walter G. Stern. The best tissues to graft are skin, bone and fascia. Skin has very great vegetative powers and takes well. When fat and fascia are transplanted into a joint, a tissue is formed which resembles synovial membrane. The fat and fascia do not live per se, but set up about them a fibrous tissue reaction. If this be the case, the

question has arisen, why use fat and fascia? Will not the reaction about a piece of pig's bladder be identically the same?

The status of bone, relative to transplantation, is by no means settled. Which part of the bone is responsible for bony proliferation? When bone is transplanted, does the bone live as such, or are the ultimate effects resultant from such transplantation due to the fibrous tissue metaplasia set up? Authorities say that bone must be transplanted to bone.

Bone for transplantation should be fresh, the living bone. Transplantation should include periosteum, bone and endosteum. For a transplant to do well it must be in contact with healthy bone. The bone graft certainly stimulates active osteogenesis of the living bone. Some say that autogenous grafts of skin are better than heterogenous grafts. The same is true of bone. Bone transplanted from other animals will not grow in man.

The technic of the bone graft consists in clearing out the debris from the proposed site of the graft. Bone taken from the most adaptable part of the body is shaped according to its future habitat. To chisel out the bone, is to leave the remainder of the bone very painful and sensitive. The bone is best removed by sawing it out, for by this method much of the after pain is obviated.

A. W. Leuke, showed two cases on which bone graft had been done. The first case a young man, had broken both radius and ulna several times, after the bones had been wired after the initial break. The bones were reunited by bone grafts and firm union took place. The second case was a man past middle life, who had had his humerus broken in its upper part by a kick from a horse. The bone was reunited by grafts and firm union took place.

4.—**Radicalism and conservatism in surgery of the ear, throat and nose, with lantern slides**, by Secord H. Large. Enucleation of the tonsils, so often performed, is radical treatment. The tonsils are closely related to the system of ductless glands. Of the cases referred to the speaker for this operation, it is found necessary in only about fifty percent. The operation, if performed, should never be done before nine years of age.

Surgery of the nose is also tending to become more conservative. The treatment of the membrane in otitis media is too conservative, however. The treatment of mastoiditis is also too conservative.

W. H. Tuckerman, in discussion, cited the case of two children upon whom medical examinations were entirely negative. Their ear drums were found on examination to be reddened. The membranes were opened, the pus evacuated, and the temperature immediately came down.

Hoarseness as a symptom should always receive consideration. The larynx should always be examined. Thus, two cases who recently came under the speaker's care after long periods of treatment, were found to be beyond operative interference.



## NEWS OF CINCINNATI ACADEMY OF MEDICINE

(Report by G. Strohbach, M. D., Correspondent)

**Meeting of February 15.**—The evening was devoted to a joint consideration of the Harrison narcotic law, with representatives of the legal, dental, and pharmaceutical professions. Our friends in the allied professions honored us by their presence in such large numbers as to embarrass our hospitality. If it could have been known this meeting would be so well attended, arrangements would have been made to meet in a larger hall, possibly in the auditorium of the Pathological Building of the new Cincinnati General Hospital. The present regime will attempt additional joint meetings to bring other professional bodies in touch with the work of the Academy, and already tentative plans are under way for two such meetings. It is only by getting in touch with all of the civic and professional activities of the city, that the Academy can rise to its full duties and opportunities. One of the best ways is to meet jointly with other bodies and so establish more cordial relations. There are many problems of civic life where the work of the Academy joins in with other organizations. The Academy should stand for the best in the public life of this community, and the hearty co-operation of our membership with the officers is sought.

The innate modesty of the younger men of the Academy is robbing the meetings of much that would be of value to the members who attend and wish to be informed of the newer things developed in the medical field. These younger men are fresh from the medical college, hospitals and laboratories, and can be of great service in discussing the papers read. There seems to be a misapprehension as to the appreciation which will be shown their views when expressed. Unfortunately, some of the older members are discouraging our neophytes to the detriment of all concerned. These younger men are told that they are not wanted at the meetings, and that if they do attend only silence in big chunks will be acceptable from them. We take this occasion to disabuse their minds of any such misapprehensions. Every member of the Academy can make himself useful, and only by every member doing his duty can the Society live up to its full stature. Therefore, O ye young men of little courage, arise and smite the circumambient atmosphere.

**Clinical Society.**—The last meeting of the Clinical Society of the Cincinnati Hospital was held in the old amphitheater on the evening of February 18. The following cases were presented and freely discussed: (1) Fracture of Acetabulum, Dr. J. C. Oliver; (2) Syringomyelia, two cases,

Dr. E. M. Baehr; (3) Stab Wound of Liver and Cystic Duct, Dr. Arch I. Carson; (4) Purpura Hemorrhagica, Dr. Allan Ramsay; (5) Abdominal Tumor, Dr. Allan Ramsay; (6) Hibbs' Operation, Dr. Robert Cofield; (7) Spondylitis Deformans, Dr. Robert Carothers; (8) Diabetes with Gangrene, Dr. E. W. Mitchell; (9) Tumor of Axilla, Dr. C. E. Caldwell; (10) Carcinoma of Prostate, Intestinal Obstruction, Dr. E. Allgaier.

**Meeting of February 22.**—Professor Paul G. Woolley read a very splendid paper on "Growth and Overgrowth," in which he reviewed the recent work on this subject. He contended that there is an inherent power of growth in the cells that compose organs, and that the amount of growth is due in part to this inherent quality as well as the environment. He summarized his paper by a diagrammatic scheme in which he held that—plus stimulation and minus food produce atrophy; minus stimulation and plus food produce atrophy; but that plus food and plus stimulation produce hypertrophy. He particularly dwelt on Adami's views on the habit of growth that cells may acquire, and so produce overgrowth in the form of tumors.

## NEWS OF THE COLUMBUS ACADEMY OF MEDICINE

(Report by L. L. Bigelow, M. D., Correspondent)

**Meeting of February 8.**—Secretary read report of Council, which included the recommendation for adoption by the Academy of amendments to the by-laws to include the suggested changes: (1) that 15 instead of 10 members shall constitute a quorum for considerations of papers and that 25 instead of 15 shall constitute a quorum for the transaction of business. (2) provides for non-resident membership; (3) provides that dues shall be payable January 1 each year and that members shall be suspended for non-payment at the end of the fiscal year. (4) changes the end of the fiscal year from September 15 to January 1. (5) changes from January 15 to April 1 the date on which members must pay their dues in order to be included in the society's annual directory.

Application of G. W. Brehm was received.

Formal resolutions were adopted providing that the Academy approve the Deaton bill then pending which provided for the transfer of the bureau of vital statistics to the state board of health.

Dr. C. J. Shepard presented a patient with scleroderma. Dr. A. M. Steinfeld showed X-Ray pictures, one of the femur where the diagnosis was osteitis fibrosa cystica, the other an undiagnosed bone lesion of the hand. Dr. C. F.

Bowen in discussion, showed an X-Ray of femur with a marked bowing which demonstrated a true osteitis fibrosa. Dr. J. F. Baldwin discussed the subject and presented a tibia removed at operation which showed a true bone cyst.

Dr. Frank Warner presented a case where transplantation of bone was successfully performed for cure of cyst of femur; also a Caesarean section for placenta previa centralis. The latter case provoked free discussion in which Drs. Andrews Rogers, S. J. Goodman, R. R. Kahle, J. F. Baldwin and F. F. Lawrence participated.

Dr. Dickson L. Moore reported a case of pemphigus neonatorum. Dr. L. F. Lauferweiler described the physical findings and recounted the history of a patient with a double vagina and a double uterus who went successfully through three pregnancies. (See page 182.)

Ernest Scott reported four cases with primary carcinoma of the lung presenting the autopsy specimens. Discussion by J. F. Baldwin and Jonathan Forman, who spoke of the great frequency with which primary malignancies are found in mice.

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**Meeting of February 15.**—Regular meeting of the Academy, February 15, at Columbus Public Library, the president J. D. Dunham in the chair.

Walter A. Noble, Starling Ohio, 1913, was proposed for active membership.

Two case reports laid over from the last meeting were read by the secretary in the absence of the authors. Dr. R. B. Drury's was a report of a case of Duodenal Ulcer with operation. Dr. J. W. Means' was a report of a case of Riedel's lobe of the liver simulating moveable kidney.

Dr. Ivor G. Clark read a paper on "Routine Blood Pressure Studies in Eye Patients over 40 Years of Age." The discussion was opened by Dr. H. G. Beatty and was continued by Drs. E. R. Hayhurst, J. W. Sheetz, C. W. McGavran and J. B. Alcorn, Dr. Clark closing.

The title of a paper by Dr. A. B. Nelles was "Early Correction of Vision in Convergent Squint." Discussion by C. H. Hoffhine and I. G. Clark. The paper on "Preliminary Treatment of Injuries of the Eye" by Dr. R. B. Smith was omitted, Dr. Smith being absent through illness.

Dr. C. S. Means contributed a paper on a "Study of 1,000 Cases of Refraction to Determine the Cause of Headache." The discussion was opened by A. B. Nelles and continued by Drs. McGavran, Sanor and Clemmer, Dr. Means closing.

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The Columbus Society for the Prevention of Tuberculosis has added a visiting housekeeper to its staff, thereby materially enlarging its field of activity. She will work in the homes of the poor, demonstrating better methods of housekeeping and outlining plans of economy in the purchase of nutritious food.

## NEWS OF THE TOLEDO ACADEMY OF MEDICINE

(Report by B. J. Hein, M. D., Correspondent)

The Academy of Medicine of Toledo and Lucas County took action favoring a permanent meeting place for the state association, at the meeting of February 5th.

Be it Resolved: That the Academy of Medicine of Toledo and Lucas County wishes to go on record as approving the necessary steps towards the appointment of a permanent place of meeting for the Ohio State Medical Association, with a proviso that the local medical society of the chosen city be not expected to defray the expenses incurred for the entertainment of those attending the meetings.

Governor Willis was petitioned by resolution to appoint a medical man to fill the first vacancy in the industrial commission.

It was announced that the medical and surgical sections of the Academy would hold clinical meetings in the hospitals during the spring.

C. D. Selby was elected trustee to fill the unexpired term of L. C. Grosh, who resigned.

Mr. Waldo Bowman explained the Harrison Act and detailed the procedure necessary for the physician to take in order to comply with the law.

After the meeting lunch was served to the sixty members present and Dr. Hohly, the president, with the aid of a quartette introduced some original songs.

The Academy of Medicine of Toledo and Lucas County met with the Dental Society, February 12th. Following a dinner Weston A. Price, D. D. S., read a paper on "Oral Sepsis; Its Diagnosis and Treatment, when Related to Systemic Disease." Thomas Heatley reported a case of bronchial cyst. At the bottom of the announcement cards this week appeared a note to the effect that "the Academy home fund" is growing. The paid-up subscriptions amount to about \$2000. The Toledo men are much interested in the project of building a club-house.

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**Innovation in Program.**—The first regular meeting of the medical section of the Academy of Medicine of Toledo and Lucas county for February was held on the sixteenth, at St. Vincent's Hospital. The evening was devoted to the presentation of cases of the hospital staff. In all there were about twenty cases shown. The doctors participating were: P. J. Bidwell, H. Meader, J. H. Jacobson, Murray, Walker, Keller, Ferneau, Daniels, Grosch, Hein, McNerney and Chollette.

The surgical section will meet Friday, February 26, at Flower Hospital, where a similar program will be presented.



## COUNTY SOCIETIES

### FIRST DISTRICT.

**Butler County.**—At the meeting on February 17, Dr. F. M. Fitton delivered his inaugural address. Dr. Sidney Lange, of Cincinnati, gave a splendid talk on X-Ray work and presented interesting Roentgenograms.

Pending legislation was discussed and resolutions were adopted favoring the Deaton bill, then pending, which provided for the transfer of the bureau of vital statistics to the state board of health, and against the chiropractic bill.

Dr. C. S. Rockhill, of Cincinnati, is scheduled to address the society in March.

W. E. Griffith, Correspondent.

### SECOND DISTRICT.

**Clark County.**—Clark County Medical Society met Monday evening, February 8, at the Commercial Club, Springfield. Dr. C. L. Minor read a paper on eye, ear, nose and throat work, which was followed by an interesting discussion. Dr. C. L. Jones, presented a paper dealing with late bacteriological and laboratory findings. Dr. L. E. Niles discussed the subject from an internist's standpoint.

The society held a second meeting on Monday evening, February 22, when Dr. Frank Winders, of Columbus, presented an interesting paper dealing with "Essentials in the Diagnosis and Treatment of Diseases of the Cardio-Vascular System." A number of the 40 members present participated in the interesting discussion.

**Darke County.**—The regular monthly meeting of the Darke County Medical Society was held at the Henry St. Clair Memorial Hall, Greenville, Monday, February 15. The program included the following: "A Brief Discussion of Goiter," C. S. Hamilton, M. D., Columbus, Ohio; "The Prostate," John F. Beachler, M. D., Mt. Carmel Hospital; "Management of Normal Labor," J. O. Starr, M. D., Pittsburg, Ohio; Discussions opened by M. M. Corwin, M. D., C. I. Stephens, M. D. and E. G. Husted, M. D.

**Champaign County.**—The February meeting of the Champaign County Medical Society was held Thursday, February 11, at the home of Dr. and Mrs. H. M. Pearce, of Urbana. Dr. C. M. Shepard, of Columbus, presented a splendid paper on "Fractures in and About the Joints." Dr. Earl presented X-Ray pictures illustrating deformed joints. There were 30 physicians in attendance with several from various smaller towns in the county.

At a special meeting of the society held February 21, resolutions were adopted extending

sympathy to Dr. and Mrs. Harry Cook, in connection with the death of their son, William.

**Montgomery County.**—At the meeting of the Montgomery County Medical Society, held at Dayton, February 5, President McLean named Drs. George Goodhue, C. L. Patterson and J. Morton Howell, a committee to solicit funds for the relief of the Belgian profession. Dr. Ben McClellan, Xenia, discussed the various bills before the present state legislature. City Solicitor McConnaughey spoke on the law committing the insane, while Prosecuting Attorney Patterson discussed various phases of the Medical Practice Act.

At the meeting on February 19, Dr. J. W. McKemy read an interesting paper on "Emergency Shock." Dr. A. L. Light, commissioner of health, gave a short talk on vital statistics and presented several samples of death certificates which had been improperly prepared. After a general discussion, it was decided to ask the state board of health to change the wording on the certificates. Dr. A. O. Peters, city physician, discussed quarantine regulations and urged upon the society the importance of reporting to the health department suspicious as well as definite cases of contagious diseases.

Mr. J. T. Gallagher, a druggist, discussed the new Harrison anti-narcotic law. Dr. Howell, reporting for the committee on Belgian relief, announced that to date a total of \$223.50 had been raised. Dr. George B. Evans reported for the library committee that 60 new volumes had been purchased and that 330 had been donated, raising the total to more than 1500 volumes.

A pulmotor, placed at the disposal of the city by W. S. Edgar, was demonstrated before the society.

Drs. Roy W. Adkins, A. W. Carley, and A. E. Hewitt were admitted to membership, following a favorable report by the board of censors.

On February 1 a number of physicians were the guests of the Miami Valley Dental Society at a luncheon given in honor of Dr. F. R. Henshaw, dean of the Indiana Dental College at Indianapolis. He discussed the need of a closer relationship between physicians and dentists. The paper was commented upon by Drs. A. L. Light, L. E. Custer, Harry B. Harris, J. A. Ferree and D. E. Miller.

### THIRD DISTRICT.

**Auglaize County.**—The Auglaize County Medical Society met February 4 in the council chamber at Wapakoneta, with a good attendance. Dr. H. A. Duemling, of Ft. Wayne, Indiana, presented a paper on "Gastric Ulcer." Dr. Horace Bonner, of Dayton, read an interesting paper on "The Eyes as the Physician Should See Them." Dr.

If regular reports of your County society are not being printed in The Journal, bring up the matter at the next meeting of the society and have a Journal correspondent appointed. If you meet we want to publish the fact. It helps to stimulate interest in society work. It causes members of less active societies in neighboring counties to bestir themselves when they read of your meetings. Help us out in this matter.

George B. Evans, of Dayton, read a paper on "Urethral Stricture and its Treatment." Drs. H. A. Noble, of St. Marys, and C. C. Berlin, of Wapakoneta, led the discussions.

The society adopted resolutions in favor of the appointment of a medical man to the Industrial Commission of Ohio, and forwarded same to Governor Willis.

Following the meeting, the entire society enjoyed a banquet at Hotel Steinberg, where several short talks were made.

The following were present at the meeting: Drs. Andrew Bice, M. J. Longworth and O. E. Chenoweth of Lima; H. S. Noble, Guy Noble and J. E. Heap of St. Marys; R. A. Ruhlman of Minster; F. F. Fledderjohann of New Bremen; J. H. Schaffer of Cridersville; H. A. Duemling of Ft. Wayne; Bonner and Evans of Dayton, and the following from Wapakoneta: C. C. Berlin, W. S. Stuckey, E. F. Heffner, T. A. Campbell, J. A. Bolton, R. C. Hunter, H. B. Faulder and C. L. Mueller. The following dentists were guests of the society at the meeting and banquet: J. R. Cannan, E. A. Bobo and J. M. Hurlburt of Wapakoneta.

**Logan County.**—At the January meeting of the Logan County Medical Society, held January 8, Dr. J. S. Montgomery, of Huntsville, read a paper on "Some Points in Medical Ethics."

At the February meeting, held February 5, Dr. Robert B. Butler, of Bellefontaine, presented a paper. A paper by Dr. J. H. Wolfe, of DeGraff, on "Infantile Convulsions," scheduled for the January meeting, was read at this session.

**Marion County.**—The regular meeting of the Society on February 2 was unusually interesting and the attendance was very large. We now have more members than ever before and all meetings are interesting. At this session, Drs. A. Rhu, H. Uhler, and H. K. Mouser read papers on "Military Surgery." A general discussion on sore throat followed.

James W. McMurray, Correspondent.

**Hancock County.**—The Hancock County Medical Society turned its meeting over to Federation of Health work February 12. The aims and objects of the Public Health Federation were explained by Dr. Nelia B. Kennedy. Mr. A. G. Fuller represented the Board of Health; Mr. J. C. Firmin, the

pharmacists; Dr. A. E. Maurer, the dentists; Dr. W. G. Cook, the veterinarians; Dr. W. F. Dickens Lewis, the ministerial association.

All expressed themselves greatly in favor of the Federation work as planned. A committee, representing all professions present, was appointed to send resolutions to the different lawmakers. No organization was formed but the understanding was that when necessary a like meeting is to be called.

The medical society held a brief session for business after adjournment of meeting.

Nelia B. Kennedy, Correspondent.

**Seneca County.**—The Seneca County Medical Society convened in regular monthly session in the parlors of the Hotel Shawhan, Thursday evening, February 18, at 8 o'clock. Those present were R. C. Chamberlain, C. M. Comer, C. F. Daniels, H. B. Gibbon, R. R. Hendershott, J. D. Howe, G. L. Lambricht, V. L. Magers, B. R. Miller, E. H. Porter, M. W. Uberroth, H. L. Wenner and G. W. Williard.

The medical legislation, pending in the Ohio General Assembly, was thoroughly discussed by the members, and the society voted to enthusiastically assist in the enactment of the proposed laws by writing Senator Myers and Representative Zeigler, and earnestly urging their support in the passage of the laws.

The program of the evening consisted in a paper by B.R. Miller, in which he gave a brief history of medicine, and the general discussion of the theme by the members. The program for March will consist of papers by V. L. Magers, who will write on "A Brief Resume of the Technique and Significance of Blood Pressure," and by H. L. Wenner, whose subject will be, "Some Deductions from One Hundred Consecutive Appendectomies."

Indeed your correspondent would appear to be both negligent and unappreciative if he should fail to voice his earnest commendation of the men who have made The Ohio State Medical Journal the valuable monthly periodical that it has proved itself to be. Surely every wide-awake, active physician in the state should greatly appreciate the earnest and untiring efforts of the editors and manager to give the profession the very best state medical monthly extant. The February number is truly a remarkable product of keen, thoughtful minds, and it should be a pleasure to peruse its excellent, up-to-date contents. The county society



reports teem with aroused interest and genuine enthusiasm, which truly indicate an active and continual progress in both the spirit of good-fellowship and mutual helpfulness.

Your correspondent heartily agrees with Editor Selby and Manager Sheridan that the officers of an organization are the real leaders in the work of the body. In this respect the Seneca County Society is most fortunate, for it has chosen a physician as president who is thoroughly equipped in every way to perform the various, and at times truly arduous, duties of the office; and it has also chosen a physician as secretary, who has already proved his worth as an earnest, conscientious assistant to the president of the society. Both President Uberroth and Secretary Williard are keenly interested in the welfare of the society and its members, and they are untiring in their mutual efforts to make the Seneca County Medical Society a 100 percent. organization.

It is indeed a very difficult task, on the part of the officers, to arouse a desire in some physicians to attend the society meetings. But we must not conclude, and at the same time be so unjust as to think that the fault lies wholly with the physicians who are disinclined to attend meetings, for they no doubt do like to hear something that is really worth the time spent at the society meetings. If an interesting, up-to-date program should be prepared for the entire year, in advance, instead of simply announcing from month to month what the program will include, both the interest and attendance would materially increase at the meetings. Then it would be a mighty good thing to kindly urge the non-attendant to write a paper for the society occasionally. Some physicians may entertain the thought that they could be of some service if given an opportunity now and then. That is the way that some physicians really do think.

B. R. Miller, Correspondent.

**Allen County.**—The Allen County Medical Society met as usual on January 19th, at the Lima Hospital. Dr. Iva M. Lickly presented a paper on "Some Factors which Influence the Morbidity and Mortality in Surgical Cases." The paper emphasized the necessity of proper preparation of the patient for operation, including anesthesia and proper methods of inducing same, with the idea of avoiding all those stimuli which help to produce shock. Crile's theory of anoci association was explained and its principles endorsed. The essayist also spoke of the treatment of shock, acidosis, vomiting and rectal anesthesia. Concerning the latter, eleven cases were reported in which ether had been administered per rectum according to the method of Gwathmey. In suitable cases the method is almost ideal and undoubtedly this method will become the preferred one for certain cases, especially in operations about the head and neck, goitres, tonsils and adenoids in children, obese patients, and those in

which fear and worry are to be considered. Dr. T. R. Thomas, of Lima, opened the discussion on this paper and was followed by a number.

At the meeting of February 2 the society had as its guest Dr. W. J. Stone, of Toledo, who spoke on the recent status of vaccine and serum therapy. Dr. Stone gave an authoritative and highly instructive address concerning the development of vaccine therapy to its present high standard; the relative merits of stock and autogenous vaccines; indications for and methods of use; importance of proper general and local treatment in combination with vaccines and serums and results to be expected from their use. Dr. Stone's address was sane, forceful, intelligible and highly appreciated.

At the meeting of February 16 an address on the "Financial Side of the Practice of Medicine," was delivered by Dr. Oliver S. Steiner, of Lima. Dr. Steiner discussed the personality, mental and physical equipment, and ideals of the physician in relation to financial success; what service to the patient should include; proper bookkeeping with fees according to the patient's ability to pay; moderate office dispensing; and emphasis in all dealings with patients that the service is not entirely philanthropic. The entire subject was covered completely and was of much practical benefit to all present. The general discussion which followed also brought forth a number of helpful suggestions and individual ideas.

Dr. T. R. Terwilleger, of Lima, next presented a paper on "Medical Inspection in the Public Schools." This paper was a resume of the work that has been done in this country and abroad to control communicable diseases and to eliminate disease obstacles to school attendance. The necessity for school nurses was emphasized. In 1912 there were nineteen states and the District of Columbia with laws for medical inspection in public schools. The essayist also stated that about 65% of all school children have defects that need attention.

E. J. Curtiss, Correspondent.

#### FOURTH DISTRICT.

**Paulding County.**—At the regular meeting of the Paulding County Medical Society, held February 17, the subject of a county hospital was under consideration. The society appointed a committee to act jointly with a committee from the Commercial Club to arrange a conference with the county commissioners.

**Fulton County.**—The January meeting of the Fulton County Medical Society was held in the Masonic Club Rooms at Delta, January 7, with fourteen members present. A motion was passed that all members of the society over 65 years of age be made honorary members, providing they are in good standing at present or were at the time of their withdrawal. The following program was enjoyed, after which dinner was served at Hotel Lincoln: "Conditions Accompanied by

High Blood Pressure," Dr. E. A. Murbach; "Accompanied by Low Blood Pressure," Dr. H. E. Brailey; "The Use of Tuberculin," Dr. Chas. Souder, Toledo; "Therapeutics of Pneumonia and Asthma," Dr. L. C. Cosgrove; "Vaccines and Serums," Dr. Louis A. Levison, Toledo. Resolutions were passed in appreciation of the papers of Drs. Souders and Levison, of Toledo, and a vote of thanks tendered them by the society.

The Society held its February session in the director's room of The Farmers' and Merchants' Deposit Company at Swanton Ohio, Wednesday, February 3. The following program was presented and discussed by the ten members present: "The Common Cold," Dr. J. H. Miller, Wauseon; "Influenza," Dr. P. S. Bishop, Delta; "Acute Bronchitis as a Clinical Entity and as a Complication," Dr. Chas. Heffron, Metamora; "Case Report," Dr. H. E. Brailey, Swanton.

A resolution was passed and sent to Governor Willis requesting that a physician be appointed on the Industrial Commission of Ohio. Preparations are being made for a banquet to be given in honor of Dr. Cook, the Arctic explorer, who will address the society on the evening of February 24, at Wauseon, his subject being: "Obstetrics and Gynecology Among the Eskimos."

A. A. Brindley, Correspondent.

#### FIFTH DISTRICT.

**Lorain County.**—The Lorain County Medical Society met Tuesday, February 9 at St. Joseph's Hospital, Lorain. Dr. A. J. Skeel, of Cleveland, presented a paper on "Twilight Sleep." The society took up the question of district visiting nurses and went on record in favor of providing these in addition to school nurses.

**Erie County.**—Three bills now before the State Legislature received the attention of the Erie County Medical Society in session at the Sunyendeand club Thursday night, February 4. Copies of the proposed legislation were forwarded the society by Representative Bragg.

The society discussed a bill designed to suspend or revoke if deemed necessary the license of any physician found guilty of conduct construed as "unethical;" the bill providing for the admission of a person to the state tubercular hospital, who has been recommended following the examination by any competent physician; a bill for the transfer of the vital statistics bureau to the Ohio State Board of Health and the resolution providing for the appointment of a physician to a place on the State Industrial Commission.

An interesting paper, "Fracture of the Clavicle," was read by Dr. Gorsuch, of Castalia. The subject of fractures will be continued at the next meeting of the society, scheduled for the last Thursday of the month. Papers will be read at that time by Dr. William Graefe, Dr. W. D. Hoyer and Dr. Love.

In a letter to the president of the society Repre-

sentative Bragg expressed a warm sympathetic interest in matters relative to the medical profession and expressed the hope that the society members would give expression to their views and inform him as to the sentiment within the profession as to pending bills.

The plan of a public meeting with a speaker of national prominence on public health came up for discussion.

H. D. Peterson, Correspondent.

**Ashtabula County.**—The ninety-ninth regular meeting of the Ashtabula County Medical Society was held at the Ashtabula General Hospital, Tuesday, February 2nd, with President M. M. Battels in chair. Minutes of previous meeting read and approved.

Dr. John Phillips, assistant professor of medicine, Western Reserve University of Cleveland, read a paper on "Endocarditis, Prognosis and Treatment," which was very interesting and instructive. O. A. Dickson lead the discussion. A vote of thanks was extended to Dr. Phillips by the society. Motion was made to have some legal authority advise us in regards to the new Harrison bill. O. A. Dickson, of Jefferson, was appointed to consult such authority.

J. J. Hogan, Correspondent.

#### SIXTH DISTRICT.

**Stark County.**—At a meeting of the Canton Medical Society, held Friday, February 19, Revenue Collector Harry Weiss, of the Northwestern Ohio Internal District, and Attorney C. G. Lerbruck, explained the operation of the Harrison Narcotic law. The necessary blanks were furnished physicians at this meeting.

The annual meeting of the society was held Friday, January 29, in the Chamber of Commerce rooms. Dr. T. C. Siffert was elected president to succeed Dr. L. A. Buchman. Dr. Charles Crane was elected vice president, Dr. G. C. Goudy, secretary-treasurer, and I. B. Smock, corresponding secretary. Drs. A. B. Walker, E. O. Morrow and H. H. Bowman were elected members of the executive board of the society.

**Portage County.**—The Portage County Medical Society held its regular monthly meeting at the home of Dr. G. J. Waggoner, in Ravenna, February 11. Twelve members were present and we were pleased to have with us Drs. C. E. Norris and R. H. McKay, of Akron. Dr. C. W. Cummings, of Atwater, presided.

The committee on special legislation reported having sent resolutions to the senator and representatives from this district protesting against the passage of the Chiropractic Bill. A letter in reply from our senator was read, in which he says, in part, "It is refreshing to receive a protest against the passage of the Chiropractic Bill from the medical profession. While I have been flooded with letters asking for the passage of the bill, your



county is the first to register a protest. I congratulate your society, and am wondering what has become of the rank and file of the medical profession of Ohio."

Following the regular business, Dr. C. E. Morris, of Akron, read a very interesting paper on, "Our Drug Therapeutics." While not being a drug nihilist nor wishing to convey the idea that drugs are of no value, the doctor believes that in many conditions drugs have no effect and are needlessly given. This brought forth a very enthusiastic discussion that was interesting and profitable to all.

Delightful refreshments were served by Mrs. Waggoner, after which an hour was devoted to an informal discussion of our proposed County Fee Bill. It was decided to give the entire time of our next meeting to a further consideration of this important measure. Meeting adjourned to meet in March with Dr. J. H. Krape, in Kent.

John J. Hill, Correspondent.

**Summit County.**—Summit County Medical Society met Tuesday evening, February 2, 1915, in Oriole Hall, Akron. The meeting was of interest, because the last in temporary quarters. In its history of 75 years it has, in order to hold its meetings from year to year, been buffeted from pillar to post. During its existence meetings have been held in offices of members and the W. C. T. U., Y. M. C. A., Y. W. C. A., Samaritan Hall, office of the mayor, City Hall, Akron City Hospital, Children's Hospital, Oriole Hall, Collins' Drug Store, and Neighborhood House. The next meeting will take place in the new and permanent quarters.

The president, T. K. Moore, presided and the attendance numbered 44 from Akron, Barberton and Cuyahoga Falls.

Two physicians were admitted to membership, both from Akron: E. B. Whigam, M. D., and E. W. Grubb, M. D. One application from Akron was received and referred to the Board of Censors. Statistics presented by the secretary show that of 180 physicians in the county 155 are members or 87 percent. There are 137 physicians in Akron, of whom 123 are members. No other county of any size can show such a large percentage. One member, E. B. Harper, of Clinton, died, and two members have left the county since the annual meeting. There are also five members residing in other counties and one member in Canada.

A resolution was passed urging His Excellency, the Governor of Ohio, to appoint a physician upon the Industrial Commission of Ohio. Another resolution was referred to the committee upon National Legislation. Program:

1. "Psycho-Physical Treatment of Chronic Cases," was the subject of a lecture by S. E. McAdoo. The need for and method of combining the psychical and physical forms of treatment so that they can efficiently aid the medical, were ably described by Dr. McAdoo, who has devoted much time to their study and practice. The discussion was by D. S. Bowman and H. I. Cozad, who, ac-

cording to a new custom, were appointed to discuss the lecture, which was well received.

2. "Laceration of Cervix and Perineum," paper by J. H. Weber, who last year was among those to receive the new American degree of F. A. C. S. The subject is important and practical. The paper was likewise practical and formed with the discussion by D. H. Morgan and R. H. McKay, an instructive and enjoyable half of the program.

Program for March 2:

"Exophthalmic Goitre"—symposium.

(a) Pathology.—G. F. Zininger, M. D., Canton.

(b) Diagnosis.—H. H. Jacobs, Akron.

(c) Treatment—medical. F. C. Reed, Akron; surgical, H. P. Pomerene, M. D., Canton.

A. S. McCormick, Correspondent.

**Richland County.**—At the meeting of the society February 17, Dr. Guy T. Goodman, city health officer of Mansfield, read a paper on "Medical Inspection in Public Schools." Drs. C. G. Brown, R. C. Wise, Edward Remy, W. S. Mecklen, and B. F. Harding participated in the interesting discussions. Dr. J. L. Stevens discussed plans for the proposed hospital.

#### SEVENTH DISTRICT.

**Belmont County.**—The society was entertained February 2, at the home of Dr. R. H. Wilson, in Martins Ferry. Dr. T. McGregor, of Pittsburg and Robert Reed, of Wheeling, were the essayists, the latter giving a pleasing report of his recent trip abroad.

**Jefferson County.**—The society met Tuesday, February 9, at 2 p. m. in the I. O. O. F. hall. The question of co-operative medical defense, which will come up at the state meeting in Cincinnati, was discussed by Drs. Barkhurst and Floyd. Dr. Benjamin Collins explained the provisions of the Harrison Anti-Narcotic law. Drs. H. C. Minor and J. M. Watt, of Toronto, discussed the subject, "Small versus Large Doses of Antitoxin in the Treatment of Diphtheria."

**Tuscarawas County.**—The Tuscarawas County Medical Society met in the office of the District Councilor, Dr. J. E. Groves, in Uhrichsville, Saturday, February 9, at 8 p. m. The president, Dr. Fred Larrimore, presided.

After the routine of business, the personnel of the state industrial commission was discussed and a set of resolutions was unanimously adopted asking Governor Willis to appoint a member of the medical profession to fill the first vacancy.

The county co-operating committeeman presented the work of the Ohio Public Health Federation and a set of resolutions which were unanimously adopted. These resolutions are signed by F. B. Larimore, president, and D. Tracy Haverfield, secretary, were forwarded to representatives and Gov-

ernor Willis by Dr. McCollam, the legislative committeeman for Tuscarawas county.

Dr. Glen I. Goodrich, of Canal Dover, read a paper and presented reports of cases of pneumonia, especially treatment, which started a very lively discussion. A bucket of buttermilk added some to the pleasure of the evening.

J. A. McCollam, Correspondent.

**Belmont County.**—The Belmont County Medical Society met at Globe Hotel, Bellaire, Tuesday, December 29, 1914. Officers for 1915 were elected: President, Sam L. West, St. Clairsville; vice president, Fred A. Wright, Bellaire; secretary-treasurer, James S. McClellan; censors, P. L. Ring, Edward V. Arbaugh and A. W. Diven; delegates to State Association, Ellis C. Cope, Chas. W. Kirkland; alternate state legislation, Dexter W. Boone; program committee, J. O. Howells, F. A. Wright and R. A. Blackford. Day of meeting first Tuesday; hour, 1:45. There are forty-four paid-up members on the roll for 1914.

James S. McClellan, Correspondent.

**Columbiana County.**—A meeting of the Columbiana County Medical Society was held February 9, at which the following resolution was adopted:

"We, the members of the Columbiana County Medical Society, realizing the dangers of permitting poorly qualified practitioners, who have little or no knowledge of the fundamental branches essential to a thorough understanding of the human body, to practice medicine in any special form;

"Be it resolved, that the Columbiana County Medical Society place itself on record as apposed to House Bill No. 220, to regulate Chiropractic.

"Resolved, That this society oppose this bill because of its special viciousness in asking for the repeal of all medical practice acts which conflict with its measures and objects, and which seek to establish a law prerequisite, and a special examining board with almost unlimited powers.

"Resolved, That this society respectfully urge our representatives in the House and the Senate, both in committee and on the floor, to vigorously oppose this bill."

W. E. Morris, Correspondent.

**Harrison County.**—The Harrison County Medical Society met February 3, 1915. A previously arranged program was carried out. Dr. Campbell gave a history of infantile scorbutus; Dr. Mary Lemon read a paper on puerperal insanity; Dr. Curtiss, "Laboratory Tests in General Practice." The name of Dr. McClister, of Harrisburg, was added to the list of members. The Harrison county society has more than doubled its membership since the first of the year.

The local chiropractors—H. H. Lynn and Wm. Stires—were sentenced by Judge Worley to \$50 and costs, with 60 days in the Canton workhouse

until the fine is paid—the workhouse sentence of 60 days to be suspended as long as the defendants refrain from practicing in Ohio.

The "backbone" of our courts does not need any "adjustment" when called upon to deal with law violators. From the "Atlas" to the "Coccyx" they are "in line" to deal out justice, it seems. The haughty and bold ante-mortem declaration of the chiropractors is now in contrast with the post-mortem findings. They said they were here to stay. To stay means for them a post-graduate course in the Canton workhouse.

S. B. McGavran, Correspondent.

#### EIGHTH DISTRICT.

**Muskingum County.**—The Muskingum County Academy of Medicine met February 10 at the Elks Club. Dr. C. F. Bowen, of Grant Hospital, Columbus, presented an illustrated talk on "The X-Ray in Diagnosis and Treatment," showing 150 interesting slides. The meeting was among the most successful ever held by the Academy. The Zanesville physicians present were Drs. O. L. Dustheimer, W. C. Bateman, E. C. Brush, T. H. Infield, W. A. Melick, J. T. Davis, C. U. Hanna, L. F. Long, O. M. Wiseman, H. T. Sutton, F. S. Baron, D. J. Matthews, J. M. Fassig, S. L. Allen, G. Warburton, W. T. Sealover, C. M. Lenhart, A. E. Walters, J. C. Crossland, C. P. Sellers, R. B. Bainter, E. M. Brown, C. H. Higgins, S. Kelly, E. R. Brush.

The out-of-town guests present were Drs. Fred Lane of Cambridge, J. Harper Bain of New Concord, F. A. Axline, Saltillo; Dr. Shirer, Newark; Clyde Leeper, McConnelsville; Robert Wells, Nashport; D. H. Bowman, Roseville; G. L. Kennedy, Roseville; Dr. Bingham, Philo; Dr. Wortman, Deavertown.

Dr. C. H. Smith, Dr. F. S. Cary and Dr. J. F. Knowlton of the Muskingum County Dental Association and H. P. Smith of the Good Samaritan Hospital were also present.

Applications for membership in the Academy have been received from Drs. R. H. Infield, I. B. Bingham, Philo, Robert Wells, Nashport, and F. A. Axline of Saltillo.

E. R. Brush, Correspondent.

**Perry County.**—The regular monthly meeting of the Perry County Society was held January 21 in New Lexington. Dr. McTeague presented a paper on "Bronchitis." Following the meeting, the society dined at Park Hotel. Several were present from different towns in the county.

**Guernsey County.**—The annual banquet of the Guernsey County Medical Society was held at the Berwick Hotel in Cambridge on the evening of February 4, with 20 members of the society present. Dr. J. H. J. Upham, of Columbus, president of the state society, made the chief address of the evening. He dealt with the value of organ-



ization work and with the various activities of organized medicine along the lines of disease prevention and health protection. Dr. C. A. Frame presided as toastmaster, following a splendid banquet.

A resolution was passed commending the work of Dr. E. E. Vorhies, a member of the society, who is now representing his district in the Ohio Senate.

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**Muskingum County.**—The Muskingum County Medical Society held its regular February meeting on Wednesday evening, February 24, 1915. Dr. H. R. Geyer read a very able paper on "Colds and Their Treatment," which gave rise to a very exhaustive and interesting discussion on the subject.

L. R. Culbertson, Correspondent.

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**Noble County.**—The Noble County Medical Society met Thursday, February 4, for a business session and indorsed the following: House Bills Nos. 64, 142 and 154, and opposed House Bill No. 220. Drs. Geyer and Rambo, of Zanesville, will read papers at our meeting Thursday evening, March 4.

F. R. Dew, Correspondent.

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**Fairfield County.**—The Fairfield County Medical Society met at Lancaster, February 9. Following the reports of some very interesting clinical cases, a review of syphilis was taken up. The subject was one of particular interest and was ably handled by those who had been assigned to the subjects. Dr. H. R. Plum discussed the etiology and history of syphilis. Contagion and immunity was the subject of Dr. Mondhank's discourse. Drs. Hamilton, Bounds and Roller, each gave some very interesting talks on the clinical history of acquired syphilis. Dr. W. J. Reuter, of Royalton, was elected as a member of the society.

At the meeting of February 23, congenital syphilis was taken up by Dr. Hazelton. Dr. Farley gave a very interesting talk on syphilis of the nervous system. A resolution was passed opposing the Chiropractor Bill.

James M. Lantz, Correspondent.

#### TENTH DISTRICT.

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**Knox County.**—The Knox County Medical Society met Wednesday, February 10, in Mt. Vernon Hospital. Dr. H. M. Platter, of Columbus, read a paper on "Eczema in Children." Dr. L. L. Bigelow, of Columbus, presented a paper on "Modern Surgery."

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**Pickaway County.**—The Pickaway County Medical Society met Friday, February 5, at the city cottage in Circleville. Dr. A. G. Helmick, of Columbus, discussed "Intestinal Disturbances of Early Childhood." Dr. R. R. Kahle, of Columbus, presented a paper on "Perineal Repair."

**Ross County.**—The Ross County Academy of Medicine held its regular monthly meeting in the Welfare Home, February 11. Dr. Harry Brown was the essayist for the evening and read a splendid paper on "Acute Intestinal Obstruction." The doctor handled his subject with marked skill, and the discussion which followed was free and spirited. A splendid attendance of Chillicothe physicians was noted; the increasing interest is promising.

Our society is awake to the proposed legislation affecting the practice of medicine, and we are glad to report that our representatives in the legislature are men open to reason, and are glad to hear from us on every subject affecting the profession.

G. E. Robbins, Correspondent.

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**Morrow County.**—Morrow County Medical Society met February 3 at the office of the mayor of Mt. Gilead. Drs. William B. Robinson, of Mt. Gilead and Charles H. Neal, of Cardington, presented papers.

Resolutions were adopted opposing the enactment of a bill to license chiropractors or other alleged practitioners who fail to comply with the proper educational requirements.

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**Crawford County.**—The Crawford County Medical Society held its regular meeting Thursday, January 21, at the Second National Bank parlors. The following program was presented: Pertusis (the general topic). Dr. W. G. Carlisle discussed History, Etiology, and Morbid Anatomy. Dr. E. R. Schoolfield discussed Symptomatology, Complications and Sequellae, and Diagnosis and Prognosis.

Dr. W. L. Yeomans took up the treatment and Dr. C. D. McLeod opened the discussion.

Miss Davison, the public health nurse, addressed the members on a subject of great interest to all—a public health nurse.

R. J. Caton, Correspondent.

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The latter part of January the Industrial Commission appointed a committee of five to meet with representatives of the states of New York and Pennsylvania to arrange a standard code of safety and sanitation laws. In the August issue of The Journal we called attention to the high death rate from accidents and the lack of any definite activity on the part of the state toward their prevention. At that time we asked if it were not very properly within the province of the Industrial Commission to take up this work. We now have our answer in the appointment of this committee. The efficient and satisfactory manner in which the Commission has directed its manifold duties assures us that this important additional work of conserving life and limb will be well done.

# The OHIO STATE MEDICAL JOURNAL

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A study of the reports of the officers and special committees of the State Society, printed in this number in anticipation of the Cincinnati Annual Meeting, brings into strong relief one cardinal need if the various activities of the Society are to be continued on their present scale, or extended. That need is, of course, more money.

The Publication Committee, which has general charge of the preparation and publication of this journal, makes it very clear that its activities must be materially curtailed unless it receives greater annual revenue from the State Society.

The Committee on Public Policy and Legislation, which this year has perhaps the best organization in its history, has demonstrated that this society can get results, in a legislative way, if it spends sufficient money. Almost everyone, we presume, agrees that money spent in this work is well-spent.

The Bureau of Promotion, which has been a factor in helping build up our membership and thereby increasing our collective power as a factor in the state, reports that its work is effective directly in proportion to the money spent.

The Secretary-Treasurer, in his supplemental report, shows us that during the past twelve months the association has spent far more than it has taken in; that we have cut into our surplus, and that unless the annual dues are materially increased we

will have to greatly curtail the Journal, abandon most of our legislative work, and slow down generally.

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During the preceding twelve months the writer has had an opportunity to discuss this matter with many members, from various sections of the state. Men with large special practices in the city and men who ride the rural districts from small villages have, with surprising unanimity, agreed on one point: we must spend money to get results.

It has been the policy of our association for many years to operate within the revenues raised from small annual dues. Where many of the progressive states receive an annual per capita ranging up to five dollars, and even more, our organization in Ohio has held strictly to the \$1.50 assessment.

Until the Cedar Point meeting, when radical changes were decided upon, this was sufficient. Very little was spent. Results, with exceptions, were in proportion.

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Let us face the situation squarely. It is a matter facing the House of Delegates at the Cincinnati session, and we hope that every member of that House will go to Cincinnati prepared to express the wishes of his county society on this matter.

The state dues should be raised from \$1.50 to \$3.00 per year, to continue our



present program and to provide for reasonable development. If the Society decides to add co-operative medical defense this year, as recommended by the special committee, that will of course mean the addition of another dollar.

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It has been suggested that the Society, in view of many immediate necessities which require additional funds, postpone the adoption of co-operative defense for a year or so. Whether or not this is done, it should be distinctly borne in mind, by every member, that a material increase in dues is necessary **in addition** to any special increase that may be made necessary by the medical defense plan.

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Again we assert that, in our opinion, the great majority of the members of the State Society **are willing to spend a little more money to get better results.** Three dollars a year is, in reality, a very small amount to pay for the maintenance of an organization which is equipped to look after the interests of a great profession, to materially advance the standing of its members, and to act as a protection against the increasing number of charlatans and quacks who are seeking to break down its standards and to throw into disrepute the practice of medicine.

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**Just off-hand, and without half trying,** we can think of three splendid reasons why you should be in Cincinnati May 4, 5 and 6:

1. The program. Look it over, carefully, and see how many valuable articles appear thereon. It brings up many matters that you meet in your daily practice. Certainly you may sit at home and later read the papers, but you cannot get from the printed page the inspiration and help that goes with personal contact.

2. You owe it to yourself, after a hard winter, to get away and mingle for a time with your friends from over the state. You know that, so why elaborate?

3. Because the members of the Cincinnati Academy have, for weeks, been planning to insure for you a good time, and they will be really disappointed if you stay at home and prevent them from proving their assertion that the Queen City is the best little convention headquarters in America.

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**Wine of Cardui.**—We want to warn the members of the State Society against unconsciously falling into one of the many traps that are being set by the Chattanooga Medicine Company, the makers of the nostrum, Wine of Cardui. This product of this company was recently exposed by the Journal of the American Medical Association,

which called attention to the high per cent of alcohol found in the "dope" and to the effect that the chief backer of the company, Mr. John H. Patton, of Chattanooga, was chairman of the important book committee of the M. E. Church. The article, like other articles which tell the truth, hurt.

Patton very promptly sued the editor of the Journal of the A. M. A. for \$300,000 damages. The same outfit sued Dr. Dowling, president of the Louisiana state board of health, who addressed our annual meeting in Columbus last year, because of a card carrying similar statements, which was carried in the Louisiana health exhibit train. Still more recently they have sued Harper's Weekly, which is doing this country a splendid service by exposing fake nostrums.

This powerful company is today fighting for its life and is endeavoring to secure the aid of physicians throughout the country, reached through trickery. It has smooth-tongued agents touring the various states, interviewing physicians in isolated towns and trying to secure from them endorsements of their "dope." We are almost certain that no physician in an enlightened state like Ohio could be duped in this manner. Recently, however, they adopted new tactics. They sent a representative over Ohio calling upon registered physicians who operate retail drug stores. He represented himself to be a "detail man" interested in the general market of Wine of Cardui. He gradually maneuvered the conversation until he finally endeavored to commit the druggist-doctor on the value of Wine of Cardui.

Doctors who are connected with the retail drug trade in Ohio, therefore, should be particularly careful to be on the lookout for the soft spoken individuals.

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By the way, let us show Collier's, the Ladies' Home Journal, and Harper's Weekly that the 4,000 members of the Ohio State Medical Association, individually and collectively, greatly appreciate the splendid work they are doing to expose these nostrum fakes. Harper's Weekly is now running a series by Mr. Creel that every physician in Ohio should read, and should recommend to his patients. The other two magazines have done yeoman service. Now, when they are under fire from the sinister influences, let us rally to their support. Write the editor and tell him that you appreciate this work. If you don't now subscribe to these magazines, send in your check at once. Boost their game. Such unselfish work deserves unstinted support from every physician.

It has been a pleasure, this year, to work with the legislative committee of the State Society, for the simple reason that the real legislative work—the so-called “lobbying”—has been done at home. With very few exceptions the members of the House of Representatives and the Senate have heard from their home physicians on the various matters pending at Columbus which affect medical practice and public health.

The chief aim of the state legislative committee, this year, has been to get away from the old idea of lobbying in the legislative halls. Instead, they have directed all of their effort to keeping the legislative committeemen of the county medical societies informed as to the details of the proposed laws—knowing full well that the local committees have a better opportunity to present the matters in a favorable light than could possibly be done by any state committee in Columbus.

Thus far it has worked like a charm. Here is an instance that provides a good illustration:

A bill was introduced which, if enacted, would seriously affect not only medical practice but would be dangerous to public health. It would have permitted a class of people to practice the healing art with little or no qualification, educational or otherwise. In the usual course of procedure it was referred to a committee which was largely controlled by the strong personality of one man. A representative of the state society stationed at Columbus called upon this representative, and endeavored to explain to him wherein lay the danger to the general public. He was courteously received, but he might have addressed with equal effect one of the stone pillars in the capitol facade.

That night the state legislative committee sent a letter to the legislative committeeman of the county in which the Representative resided. The letter merely requested that some of the local physicians call upon the representative, when he returned home for the week-end, and present to him an adequate idea of the dangers lurking in the bill.

On the following Monday evening the representative of the state legislative committee happened to meet the law-maker in the smoking room of the House. “By the way,” the representative said, “I’ve been looking into the provisions of that measure you spoke to me about. It’s thoroughly bad. I am against it. I’ll do my best to have it held in committee.”

And the bill hasn’t emerged yet.

This is only a single instance, given to

illustrate the general plan along which the state legislative committee has this year directed its effort.

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Why wouldn’t it be a good idea for the alumni of the three medical colleges to hold reunions in connection with the annual meetings of the State Society. The suggestion comes to us from a Western Reserve alumnus who points out that the membership of the State Society includes a large number of graduates from Reserve, Ohio State, and the University of Cincinnati. One of the pleasant features of the annual meeting of the American Medical Association is the observance of this custom by several of the larger medical schools. There is no reason why the plan could not be carried out in connection with our State Society and it would certainly serve to bring together at least once a year a large number of men who were bound by a tie that is well worth preserving. The Journal suggests that the movement might easily be started in time for the Cincinnati meeting this year, providing some group of alumni from each school get to work immediately on the matter.

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**City House Cleaning.**—Toledo Commerce Club, co-operating with the city health department and other organizations, has inaugurated a unique “city house cleaning,” April 7 to 24. In the intervening sixteen days all rubbish will be collected at the rate of one ward per day. Boy Scouts are being used most effectively. The city has been divided into 35 sub-districts, and each boy has been made a deputy health officer. A scout-master has one boy to work every five blocks. Their first call will be to locate rubbish on each lot and notify the owner. A subsequent call, five days later, will ascertain if the rubbish has been removed; if not, it will be certified to the health department as a nuisance and will be removed by the city.

The Boy Scouts, in addition, will deliver anti-fly crusade circulars and a printed list of the names and addresses of persons who will cart ashes and rubbish.

Following this general campaign, which ends on April 24, a campaign will be launched against flies and mosquitoes and a general effort in co-operation with the Museum of Art will be launched to make Toledo a city beautiful. The use of the Boy Scouts in this work is an interesting development and will be carefully watched by other communities throughout the state.



Several complaints regarding the new Harrison narcotic act have reached The Journal. We have had requests to give the government a good scolding for enacting a law requiring such extensive red-tape. This we cannot do, for in our opinion the law is a good one.

The chief complaint seems to be the lack of clearness on the part of government officials as to the exact requirements of the measure. In Columbus, Cleveland, Toledo and Cincinnati, where internal revenue offices are located, the time of the federal agents have been completely occupied in registering those entitled to licenses, checking up applicants, and preparing to resist grosser violations of the law. They have had little time to take up the finer points of the measure, which is being construed as rapidly as possible in Washington. The result has been some uncertainty and a lack of clear-cut rulings covering the more involved points. The Journal A. M. A., in commenting on this, advises physicians to keep a record for the present of all preparations containing the specified drugs which they may give to their patients in any form.

The Journal says: "In the meantime, physicians are urged to keep in mind the general principles of the law and the purposes for which it was enacted. The law is not intended to, and does not, prevent the sale or distribution of habit-forming drugs for legitimate purposes. Neither does it undertake to limit the judgment of a physician as to the needs of his patient. It is intended to furnish a method by which all preparations containing opium or cocaine can be traced from the importer to the ultimate consumer and their final disposition determined, and to limit the traffic in these drugs to responsible persons engaged in legitimate occupations. When the physician dispenses (i. e., when he takes the place of the druggist), then he must conform to the regulations for the druggist and must keep a record of all such drugs dispensed. These are the general principles. It is better to be too careful than not careful enough. For the present at least, the physician should make a record of all habit-forming drugs dispensed, whether to the office patient or to the patient at his home to be taken in the absence of the doctor. Modifications of this ruling may be made later, but until the exemptions are definitely determined, the letter of the law should be fully obeyed."

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Convention dates: May 4, 5, and 6.

**Optometrists, chiropractors, faith healers**—in fact every shade and variety of would-be medical practitioners who seek license from the state to practice some limited form of healing, seem to have one end in view. They demand that those in practice or who have been in practice for six months, or two years, or some other period, be licensed by the state without examination. If the state acquiesces in this, they care not how high the restrictions may be placed for those who seek license in the future.

To prove our statement, we have only to quote from an article in the New York Optical Journal and Review, (March 11, 1915, page 640) which is the official organ of the optometrists. This writer, commenting editorially upon the situation says:

"The real optometrists are those who actually examine eyes and supply glasses. The pseudos are those who do not practice, never have, but hope to some day if the chance comes. Both the real optometrists and the pseudos hold licenses to practice. When an optometry law goes through with an exemption clause attached, everybody who has the remotest connection with lenses applies for a licensing certificate and gets it, for he finds no trouble in filling out properly the necessary documents.

The claim has been made that one-third of those who get exemption certificates are shopmen, errand boys and clerks in optical houses, or drug clerks with an eye to the future, or the relatives of real optometrists, who see a chance to put an anchor to windward for some future day of adversity."

If the Ohio legislators come to the serious consideration of any optometry bill, or similar bill, we suggest that they take the optometrists at their word and refuse to exempt any person. Let them all take an examination, and have that examination broad enough to assure the state that the proposed practitioner knows enough of the fundamental subjects of medicine and surgery to make a diagnosis. If he can qualify to that extent, he may practice optometry or any other limited branch which he might care to enter.

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The Toledo Optometric Society has announced a course of lectures to its members on pathology, theoretical and practical optometry and ethics. In view of the persistent claim of the optometrists that theirs was not the practice of medicine, we wonder why they should desire to inform themselves on the pathology of the eye. We might infer that they desire to qualify themselves to prescribe glasses. If so we suggest that they do not stop with pathology, but that they lift themselves to the standard of education required of physicians who prescribe glasses. We suggest that they conform to legal standards based on these

qualifications. In justice to the public who look to the state to safeguard them against inferior practitioners and healers, there should be no double standard among those who fit glasses.

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**Paulding County started the one hundred per cent idea.** "We have every man in the county," they said. "We are one hundred per cent."

This was just what the bureau of promotion of the State Society was looking for. But Paulding had accomplished a feat that few other counties could emulate. The bureau, therefore, fixed a standard for the one hundred per cent club that any society, if not too large, could meet.

"We will call any county society that equals its 1914 membership by March 5 a one hundred per cent society," decided the bureau, "and we will give the president, secretary, treasurer, and one other member of each society that qualifies a dinner at Cincinnati."

The idea immediately became popular, and county after county qualified until, at the close of the contest, twenty-six societies were in the club. This list was published on page 183, of the March Journal.

Every county in this list deserves commendation for its efforts. Some of them merit special mention because of certain features which differentiate them from the others. These counties will be given an opportunity at the one hundred per cent dinner to tell how they did it.

This dinner will be held promptly at 12:00 noon, on Wednesday, May 5, in the Fountain Room of the Gibson. Every representative of every one hundred per cent county, as previously designated, will be given a badge marked, "One Hundred Per Cent Club." This badge will gain admission to the dinner.

The twenty-six counties qualifying had a total membership of 895. These societies had a membership last year (1914) of 812, a net gain of 83, or 10%.

At the close of the contest 880 members outside of the one hundred per cent counties had qualified, bringing the total paid up membership to 1775. As this is approximately one-half of our last year's membership, we have every reason to feel that the association is in a healthy condition.

Last year by March 5 we had 852 members; we doubled this by the same time this year.

A special feature is that about 200 new members were brought in, men who had never been affiliated before.

In dividing the 100 per cent counties by

councilor districts the third lead with six; the ninth came second with four; the fourth, sixth and eighth each had three; the first, seventh and tenth each had two; the second had one; and the fifth had none.

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**A Blind Man's Appeal.**—Dr. Deaton, of Miami, who has introduced into the House of Representatives the bill drafted by the Ohio Commission for the Blind, designed to encourage the use of a prophylactic in cases of ophthalmia neonatorum, has received the following letter from Herschel Reed, a former pupil of the Ohio school for the blind, who is now engaged as a worker in the employ of the state commission:

Columbus, Ohio, March 15, 1915.

"Dear Dr. Deaton:—I hear that you have introduced a bill that will help save sight.

"I have been blind twenty-nine years. I am one of those who might see today if House Bill No. 470 had been in force when I was a baby.

"Will you tell the gentlemen at the State House I hope that they will never know what it means to be blind. What it means to go about in perpetual darkness, what it means to struggle against the handicap that faces us on every side.

"I wonder if you who see have any idea what it means never to have seen the glorious skies at sunset? I have never seen the beautiful colors of the lovely spring flowers. I have never even seen my mother's face.

"Remember, I am deeply grateful to the state for the education it has given me, for the industrial aid I have received from the State Commission for the Blind, and for the pensions that are granted from the county relief funds, but, Dr. Deaton, nothing can make up for the loss of my sight—could anything make up to you if you lost yours?

"Tell the gentlemen who have been so good to the blind of Ohio, that if they can do anything to save the eyes of even one baby, they will have the heart-felt thanks of every blind man and woman of this state."

This is certainly a strong argument in favor of the Deaton bill. If the state of Ohio, through its enactment, can do anything to prevent its future citizens from passing through the experience which has wrecked the life of this man, the legislators who are passing upon this measure will be doing the state a splendid public service by placing it on the statute books.

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**Shifting the Burden to the State.**—In the February number of the Journal of Outdoor Life, Dr. R. H. Bishop, Jr., chief of the bureau of tuberculosis of the Cleveland Department of Health, outlines the anti-tuberculosis work in Cleveland and explains how the Anti-tuberculosis League has gradually shifted the responsibility of tuberculosis prevention from the volunteer organization to the municipality.

This has been the set plan followed by anti-tuberculosis workers of Cleveland and throughout the state in recent years. The



volunteer societies initiate the movements, lay the foundation through educational work, and demonstrate the feasibility of dispensary, day camp, open air schools, visiting nurses, and other features. Gradually as the public is brought to realize the value of this work, the permanent maintenance of the service is then taken over by the public health departments.

This plan has met with marked success in the state at large as well as in Cleveland. In Cleveland it has developed a marked increase in the activities of the city along the methods of control and prevention of tuberculosis. For example, in Cleveland in 1910 there was but one dispensary; the city now supports six, with paid physicians and with a corps of 26 visiting nurses. In 1910,

when the Anti-tuberculosis League started active work, the city sanatorium provision consisted of 89 beds. Today the municipal tuberculosis sanatorium has a capacity of 225, and in other institutions there is provision for the care of more than 100 advanced cases.

This general movement in the state, started by the Ohio Society for the Prevention of Tuberculosis, resulted in the creation of the division of tuberculosis under the state department of health, which has taken over a part of the work formerly carried on by the volunteer state society. This movement deserves commendation. The propaganda to prevent tuberculosis should be a question of state concern, and state funds should be devoted to carrying on the work.

## A NEWSPAPER VIEW OF THE CONTROVERSY



*Original Articles***Exophthalmic Goiter: Symptoms and Diagnosis\***

WILLIAM HOWARD LEWIS, B. A., M. D., NEWARK, OHIO

IN recent years there has been an increased interest in goiter, largely due to its successful treatment by surgical measures and possibly also on account of its apparently increasing prevalence. The adverb "apparently" is used because we have no exact records of the past and present occurrence of the various forms of goiter and also because with additional knowledge cases formerly considered as cardiac or nervous affections are now more correctly designated.

An accurate diagnosis is essential to the application of all surgical procedures and especially is this true of exophthalmic goiter, where operation in cases resembling it may bring unsatisfactory results and where injudicious surgery in an acute case may lead to a fatal termination. Today we have assembled the various features of exophthalmic goiter and instead of an uncertain collection of more or less disconnected data we have accurately correlated facts. We know that exophthalmic goiter is a progressive disease, beginning with certain symptoms and developing toward a certain definite climax and then receding in severity in inverse ratio to its increase, provided its victim does not succumb.

It is the intention of this paper to deal with the appearance, character and sequence of those symptoms together with their significance as a guide toward the application of remedial measures. The material for these observations is derived from the writer's experience at the Mayo clinic, where he was closely associated with the goiter work for several years.

**DIFFERENTIATION**

The term exophthalmic goiter designates those cases of goiter in which there is a hyperplastic or hypertrophic gland along with certain evidences of thyroid intoxication. This distinguishes it from the full symmetrical and symptomless thyroid of adolescence which may persist into later life, and also from the adenomatous thyroid which presents an entirely different pathology and type of intoxication.

The adjective exophthalmic, while probably the most satisfactory as descriptive of the disease, is unfortunate to a certain extent, since the other symptoms may be quite advanced before the eye features appear; a fact which

has doubtless contributed to our confusion in regard to this disease for many years.

The exciting cause of exophthalmic goiter is still a matter of speculation. There are theories based upon various biological, embryological and bacteriological grounds, but all lack conclusive proof. We know that the thyroid gland is the principal anatomic factor, but whether this is or is not associated with other internal glands either primarily or secondarily, has never been satisfactorily demonstrated. Whether the symptoms of exophthalmic goiter are the result of an increase or decrease of thyroid function is also a debated point. We do not know if the changes in the gland are such that it produces of itself the symptoms of exophthalmic goiter or whether in response to some undue stimulus it is unable to meet the demand, even with increased activity, and so the disease is due to the inability of the gland to properly perform its normal but greatly augmented function. The former theory is the most plausible but it requires verification.

**PREGNANCY A FACTOR.**

Exophthalmic goiter occurs at nearly every age of life, in children as young as five years and in adults in the seventh and eighth decade, although these extremes are rare, the majority appearing between the ages of 15 and 40. It is a disease which is practically confined to the Caucasian race, although the writer has seen several extreme cases among negroes. The female sex predominates greatly, although when occurring in males the attack is liable to be very severe. Pregnancy is a definite etiological factor, a great number of cases beginning during, or just following, this condition. Since the thyroid normally has an added burden at this time the appearance of such a disturbance may be somewhat understood. On the contrary we occasionally see a case which is greatly benefited by a pregnancy and following delivery the symptoms may subside entirely. However, conception in the presence of exophthalmic goiter is rare.

Exophthalmic goiter frequently occurs at the age of puberty and these young girls contribute relatively a large share of the most serious cases. Some families furnish more than their portion, while certain geographic areas seem to supply more than others. The administration of thyroid extract and the use of iodine upon the harmless thyroid of adolescence only too often precipitate a typical course

\* Read before the annual meeting of the Medical Society of the Seventh District, Ohio State Medical Association, in session at Bellaire, O., October 22, 1914.



of hyperthyroidism. There is no particularly predisposed type of disposition or nervous system, as the stolid and placid individual is as common among its victims as the neurotic and excitable. In fact, the subjects of this disease have generally been unusually sound previous to its onset. The traditional factors of shock and excitement occur in only a small proportion of cases, and acute infection such as tonsillitis has not been more frequent nor immediate to it than it might be to typhoid or fracture where so common a disease may easily be incidental.

#### WIDELY VARIED TYPES.

The course of exophthalmic goiter in many ways resembles that of appendicitis. There may be only one mild or severe attack with no previous warning which may leave the patient with little or no succeeding trouble. There may be many attacks, with more or less chronic trouble in the interim.

Some periods of hyperthyroidism are of such gradual onset and so moderate in severity that the patient is not able to name any exact time of beginning. Others are of an explosive type which in a few weeks or a month will reach a crisis. Between these two types are all degrees of severity and extent. There are cases which are reported to have succumbed within a few days to acute hyperthyroidism, but it is probable that careful previous observation would have shown premonitory symptoms for some time.

The length of a period of intoxication varies from a few months to several years and one or many recurrences may take place. In the latter instance the patient's condition rarely returns to normal between attacks, but presents more or less evidence of damage in proportion to their number and severity. The intervals vary from a period of months to as much as eight or ten years.

#### SYMPTOMS.

The ordinary case of exophthalmic goiter presents a quite typical appearance and history and "he who runs may read." The patient has become nervous of the stimulation type, restless and energetic beyond her custom. There is never too much to do and she is constantly busied about her work and plans. Little or no time is allowed for rest and even then she is in more or less physical activity. Her period for sleep may be encroached upon so that what sleep she has is brief and interrupted. There is in addition a mental stimulation and the flow of thoughts and ideas is active, but the patient is restless even in this sphere, the mind flitting from subject to subject and grasping new ideas eagerly and dismissing them as quickly. Speech is often quick and jerky in a similar manner. Irrita-

bility is very characteristic, so that the patient is fault finding and annoyed at slight disturbances. Her associates consider her "cranky" as things she would not observe customarily now easily arouse displeasure. A most equable temperament may undergo a great transition.

Coincident with these nervous phenomena the patient tires more easily. This may be noticeable to others long before she herself will admit it, since her nervous stimulation creates a sense of well being which, in addition to an acquired stubbornness, will not permit of surrender or relaxation. Physical activity becomes more difficult, she is capable of less sustained effort; climbing stairs becomes a laborious task and requires the assistance of the hand rail. Often her knees yield unexpectedly and when they do she experiences much difficulty in regaining her feet. Climbing into a vehicle may be impossible without help. Still it is often only after the clearest demonstration of incapacity or upon the insistence of members of her household that she will desist from her customary exertions. Such a patient when seen *at rest* may give little cue to the amount of strength loss—she may even boast of having done the family washing the previous day and without effort. Yet on trial she may be unable to step up off the floor without using her hands; she may be unable to go upstairs without relying upon the balustrade. This disguised strength loss is a very important factor. An intoxication severe enough to so impair the skeletal muscles has acted in like degree upon the heart muscle and, even in the face of slight evidence of cardiac damage, that organ should be accorded the greatest caution. Such a heart after operation may rapidly dilate and collapse.

#### PULSE RATE INCREASE.

Paralleling the nervous and strength symptoms is a gradual increase in the pulse rate. Generally this is not positively noted until the patient is sufficiently ill to consult a physician, when it is found to be from 120 to 160. She has noticed palpitation for some time which is, to her, a distressing feature, at first only upon exertion, but later a symptom of which she is almost continually aware. The characteristic of tachycardia in exophthalmic goiter is its *constancy*. The intoxication is constant, hence the rapid pulse does not decrease below an abnormally high minimum. Such a pulse will not be 110 or 130 during an examination and later be normal when taken by the patient at home or before arising. Excitement or exertion may accelerate it but it will not descend below a certain mean level, which depends upon the amount of intoxication.

During the earlier period of the disease the heart sounds are clear and snappy although a systolic blow over the base, especially the

pulmonary area, is common. Later dilatation occurs. This is gradual but may come on quite suddenly. Some patients go through a moderate attack with marked tachycardia, but no serious degree of dilatation. The earliest subjective evidence of cardiac embarrassment further than the palpitation is dyspnoea, at first mild and only upon exertion as climbing stairs. This increases until present upon the slightest provocation. Oedema then appears in the ankles and as the cardiac incompetency increases, in extreme cases, it may become a general anasarca. At this stage the heart picture dominates the case. Arrhythmia occurs and definite murmurs, but in spite of the cardiac damage the blood pressure is maintained at 130 to 150 or over. A moderately high B. P. is present from the beginning.

As a rule the kidneys are not greatly involved until late when albumen and casts give evidence of renal damage, but it rarely is present to such an extent as the severity of the other symptoms would suggest.

A tremor most noticeable in the fingers is early remarked. It is fine and rapid and attracts attention when sewing, or holding a cup, etc., but slightly upon writing, except when advanced. Then in addition to this tremor there may be a coarse shake of the hand and arm, with an involuntary restless jerking and shifting of the head and limbs, a blinking of the eye lids and twitching of the facial muscles.

By this time the weight, which has been constantly decreasing, is near its ebb in spite of a characteristically voracious appetite. The latter is never surfeited, but lunches between meals together with the capacity of a gourmand do not succeed in maintaining the nutrition in the presence of a perverted metabolism. Emaciation is frequently extreme, the weight being as low as 70 or 80 pounds. In such cases a failing appetite may signify an approaching crisis.

Exophthalmos is a symptom which occurs early or late and there is no constant proportion between the degree of exophthalmos and that of the intoxication. In a definite case of hyperthyroidism before exophthalmos has occurred, there is frequently a suggestive full appearance about the eye, but which of itself cannot be relied upon. The actual exophthalmos is generally preceded by a widening of the palpebral fissure, at times slight, but often of such an extent as to reveal the sclera beyond the iris. This may be the only eye change and should be carefully distinguished from a true exophthalmos where the eye ball protrudes definitely, perhaps not sufficiently to expose the sclera, but in extreme cases being so marked, as to prevent closure of the lids. In estimating the eye symptoms, allow-

ance must always be made for the type of eye normal to the individual. Since exophthalmos may be a late phenomenon the diagnosis should not rest until its appearance as by that time the disease may have produced serious damage. The rapidity and extent of subsidence of the eyes cannot be accurately predicted, although, as a rule it depends upon length of time of the prominence and upon its degree. A slight recent exophthalmos may disappear entirely and a pronounced case may subside to such an extent that it will not be noticeable to strangers. On the other hand one of long standing, of a year or more, may not be much altered, while a mild chronic hyperthyroidism may maintain a slight exophthalmos indefinitely.

#### DIARRHOEA AND VOMITING.

The height of an intoxication is marked first by diarrhoea and later by vomiting. The former consists of loose watery stools accompanied by little abdominal distress. They vary in number from several to 15 or 20 in 24 hours. Some cases will have a mild diarrhoea for several months amounting to no more than three or four frequent bowel movements of about normal consistence. The latter type has no serious significance. The vomiting may be preceded by periods of nausea, but as frequently occurs with little premonition. It comes as a distinct attack extending over a period of a week or ten days, and being toxic in origin medication directed toward the stomach is of little value. It generally is persistent and uninfluenced by diet. The patient may even be able to eat a fair meal on intervening days and often retains ordinary food immediately upon the cessation of the attack.

The diarrhoea and vomiting constitute the crisis of the disease and indicate the very acme of the intoxication. When the latter is sudden in onset and rapid in accumulation, the crisis may occur in the first few weeks, but when the intoxication is more gradual it may not occur for several months, if at all. A great many cases are never severe enough to reach a crisis. After this period of vomiting the intoxication may remain very acute, hovering near the vomiting degree or even returning to it for several weeks or months. As a rule it begins to subside within a short time decreasing in severity about in rate and proportion as its increase.

The thyroid gland in the early stages may show no change in appearance. This is especially true when there was previously present a full symmetrical gland. There is usually an increase in firmness in both lobes which tends to become quite granular in consistency. The enlargement is often pronounced and early noted each lobe attaining a diameter of several inches, but there is no



definite relationship between the size of the gland and the degree of intoxication; the latter may be extreme although accompanied by a gland so small as to be almost insignificant.

#### ABSENCE OF LOCAL DISTRESS.

The exophthalmic rarely complains of pressure in the throat or local distress and paralysis of the vocal cords is very seldom observed. A complaint of pressure in the throat is more suggestive of a neurosis than a hyperthyroidism. The presence of thrills and bruits in the thyroid vessels is always indicative of an active gland and when present they may clinch the diagnosis in an otherwise doubtful case. This activity in the vessels occurs early and is most common in the superior, but occasionally also in the inferior branches. The thrills are best observed by gently holding the thumb and index finger over the upper poles of the gland and the stethoscope will disclose the bruits. They should not be confused with pulsations in the carotids, as they are distinct and need no reinforcement from the imagination. They may be noted one day and be absent the next and may vary with the erect and reclining posture.

All of these features are present in a well marked case of exophthalmic goiter. In mild or irregular cases they vary in severity and proportion, in some the nervous element predominating, in others the cardiac, although one group is never present to any extent without the other. The variation in type may be due to the susceptibility of the individual, one having a less stable nervous system, another a more easily affected cardio-vascular system. It may be more readily explained however by the theory that in exophthalmic goiter two toxins are produced, one of which peculiarly affects the eye, nervous and cerebral tissue and the other which has an affinity for the cardio-vascular structures. This has been a recognized clinical hypothesis for some time and has recently received laboratory corroboration by the isolation of such substances from the thyroid which produce corresponding symptoms upon inoculation. Probably these toxins by their relative amounts regulate the predominance of the various symptoms in exophthalmic goiter.

#### OTHER FEATURES.

There are many other features of lesser prominence. Perspiration is free and in cold weather the lightest clothes suffice, while summer heat produces great discomfort. The body is constantly moist and the clothing saturated. The skin is hyperaemic and in some cases possesses a brownish irregular mottling, while in others the entire complexion may assume a darker hue, a fact which has suggested an adrenal relationship. In

cases with severe damage to the parenchymatous organs, jaundice may appear, at first scleral and later cutaneous. This is a most serious indication and recovery is rarely possible. The nervousness, instead of being the active stimulated type, may be of the depressed melancholic type. The patient is apprehensive, cries easily, forcees and magnifies real or fancied troubles. This is often an apparent exaggeration of the usual disposition and probably indicates a pronounced intoxication.

The tachycardia may be extreme early in the disease without much positive evidence of heart damage, although it must always be borne in mind that such a heart muscle may be about to weaken, and so should be considered in relation to the severity of the other symptoms.

While weight loss is the rule, an occasional case will show steady and marked gain, quite in contrast to the bulging eyes, rapid pulse and irritable nervousness.

The exophthalmos may be the first feature noticed and in many cases is accentuated out of proportion to the other symptoms. On the other hand a case may go to crisis with no eye features. As a rule both eyes are equally involved, although they may vary in extent, or rarely one may remain natural.

Exophthalmic goiter may occur in an individual who has long possessed a simple colloid or adenomatous enlargement, and this means the engrafting of a new process on to the old one. The symptoms are usually distinct, although a degenerating adenoma can so closely simulate an exophthalmic goiter that it may be impossible to decide with which type one is dealing. Exophthalmos or thrills or bruits in such a case always indicate a hyperplastic or hypertrophic process in addition to the adenoma or colloid.

#### SURGERY.

In considering surgery no type of case requires such nice judgment. Few operations for exophthalmic goiter are *per se* dangerous, but many of its victims are so seriously intoxicated that the least surgical interference means the precipitation of a fatal crisis.

*Marked nervousness, especially mental irritability, cardiac decompensation, muscular prostration, and above all the diarrhoea and vomiting of a crisis are positive contra-indications to immediate surgery.* In the presence of any one or all of these features, measures should be taken to tide the patient over into a less critical period when the simplest surgical procedure may be undertaken in reasonable safety. Too much emphasis cannot be laid upon these danger signals since in their neglect lies the secret of many operative fatalities in the past. Rest, mental and

physical, cardiac remedies and time are appropriate measures, and by their employment most critical cases can later be handled safely at operation.

A careful study of the perspective, of the relationship of symptoms, is necessary. Rapidity of development is a point which must be kept carefully in mind. An intoxication which is rapidly developing may not be far from a crisis, while one which is progressing slowly, although of the same present degree of severity, may be a long distance from a crisis.

On the other hand, surgery upon early doubtful cases should be withheld until a reasonable certainty has been established. A nervous girl with a full symmetrical gland is not necessarily a subject of exophthalmic goiter. The more or less normal activity of the thyroid during the second decade of life may closely simulate some of the milder features of hyperthyroidism, but unless the evidence becomes threatening, it is not wise to

mutilate an organ which later in life may be very essential to its owner.

The subsidence of hyperthyroidism after one or several attacks may leave the individual in practically normal condition, after a period of months or years, only unusual strain revealing defect. On the contrary, damage may remain much as in a building after the fire has burned out. The eyes may be prominent, the heart dilated and irregular, and the patient may never be able to resume her normal activities on account of cardiac embarrassment. Renal damage, along with hypertension may be permanent. At best nature's cure is tedious and uncertain and should be hastened whenever possible.

The writer wishes to take this opportunity of expressing his obligation to Dr. Henry S. Plummer, who has disentangled many of the elusive factors in goiter symptomatology and has placed our knowledge of thyroid diseases upon a rational foundation.

607-608-609 Newark Trust Company Building.

## Chronic Pyelitis: Its Cause, Clinical Course and Treatment

FREDERICK C. HERRICK M. D., OF CLEVELAND

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(CONTINUED FROM MARCH NUMBER)

CLINICALLY, certain types of cases are of frequent occurrence. Before the advent of cystoscopy Henry Morris<sup>15</sup> wrote extensively on this subject, described its pathology and dwelt upon its clinical obscurity. From this standpoint these cases are best considered in three groups, i. e. the acute, the chronic and the remittant.

The acute and remittant differ chiefly in the fact that the former is the first attack occurring chiefly in early childhood and pregnant women and if its causes be not removed the remittant type frequently results with acute exacerbations, marked pyuria and a chronic course intervening between the attacks. As showing all grades of chronicity Thompson<sup>16</sup> (Edinburgh) says when the urinary tract is invaded by the bacillus coli we may have four possibilities:

1. Simple bacilluria with acid urine, offensive odor, no pus, possibly only enuresis or increased frequency. This group furnishes a cause of enuresis nocturna and diurna in children.

2. Cystitis, pus and B. coli, increased frequency, acid urine.

3. Pyelitis, acid urine, pyuria, increased frequency, rigors with periodic rise of temperature.

4. Suppurative nephritis, albumin, casts,

pus, severe general symptoms, possibly death from uremia.

### SYMPTOMS.

The symptoms of acute pyelitis are *chilliness* or actual rigor. Thompson says he never saw a child under two years of age that had a distinct chill and did not have pus in the urine. This from such an authority as chief of the children's clinic of the Edinburgh Infirmary must carry great weight. Fever often to 104°; urine scanty, high colored, acid, may contain but very little pus in the first 24-48 hours and unless repeatedly taken this may be overlooked, a varying amount of albumin from a trace to one to three-tenths per cent, a few red cells, possibly a few casts, is of acid reaction. If the urine is found alkaline the prognosis is not so favorable. Koll<sup>17</sup> showed that the colon bacillus lives best in the alkaline medium of the large intestine and that alkaline urine is favorable to its growth in pyelitis. Koll and Betz both report the best results by keeping the urine acid.

*Bladder irritability*: this is one of the most important signs of surgical renal disease. "Cases of renal calculus and other renal diseases are often erroneously subjected to prolonged and repeated treatment for cystitis. Bladders are frequently sounded, irrigated, injected with solutions of silver nitrate and



otherwise actively treated without apparently the least suspicion that the trouble is due to disease in the kidney." (Morris). I have found bladder irritability, when not due to some obvious gynecologic or pelvic condition and not relieved by two weeks treatment, or when recurrent without a definite discoverable cause, to be due to renal disease. It was present in twenty-one of my twenty-two cases of pyelitis and in fifty of fifty-six cases of surgical disease of the kidney.

*Pain.* In the acute pyelitis lumbar pain is often severe, extending around to the pelvis or down the thigh, though rarely amounting to renal colic. The pain sometimes extends across the epigastrium or to the gall bladder region suggesting duodenal ulcer (Eaton) or cholecystitis, or felt chiefly in the appendiceal region when the appendix has been removed on a wrong diagnosis. The skin is dry, headache is often troublesome, the tongue heavily coated, the pulse may be of high tension and rapid. A trial for hypersensitiveness of the skin in Head's 11th and 12th zones located two inches below the navel and extending up diagonally around to the spine of the 1st or 2nd lumbar vertebra may point to the kidney. When markedly positive, especially on the left side, and on the right when appendicitis can be eliminated, I have found this of some value. Even as a differential point from appendicitis it will be found that the kidney zone extends lower than that for appendiceal disease, and a point of maximum skin sensitiveness just to the right of the 2nd lumbar spine has added weight towards indicating kidney disease. The diagnosis of acute pyelitis may be mistaken for other conditions chiefly because in the absence of pyuria this possibility is not considered. Hunner<sup>18</sup> reports a case diagnosed as typhoid, the chart being triumphantly brought to him to prove it, so closely did the temperature curve simulate that of typhoid fever. Pelvic disease, appendicitis, cholecystitis, chronic ulcer perforation, malaria, ectopic gestation, acute gastritis, acute nephritis, stone, and tuberculosis of the kidney, seem to comprise the most common errors in diagnosis. Positively speaking, bladder irritability with increased frequency, pyuria and a variable temperature must always be considered with suspicion, and the diagnosis is certain after exclusion of the above conditions, finding no tubercle bacilli and obtaining a culture of *B. coli* or other organism on ureteral catheterization. Muscular rigidity, and tenderness of the affected kidney is often marked. Murphy's sign which consists in placing the flat palm over the kidney posteriorly and gently striking the back of the hand thus placed with the other fist often elicits sharp pain, whereas

above or below the kidney area or over the opposite kidney it will not do so. Such an acute attack is commonly only an incident in the course of chronic pyelitis.

The frequency of colon bacilluria, possibly a factor in interstitial nephritis as it is seen to be in fibrosis of other parenchymatous organs and the frequent occurrence of chronic pyelitis have been given but little clinical attention. Chronic pyelitis is recognized by varying degrees of and periodic bladder irritability, possibly the only symptom, a varying amount of pyuria, a positive culture of colon bacilli from the ureter. In both the chronic process and its acute exacerbations the diagnosis is not complete without a cystoscopic examination and a complete understanding of the condition of the urinary tract as shown by bladder inspection, ureteral catheterization, X-Ray, and measuring the functional capacity of the kidneys, otherwise we would be unable to discover a stone, a ureteral stricture or kink, a slight hydronephrosis, a renal ptosis, any one of which would absolutely prevent our permanently relieving the patient of her present suffering and danger of future serious complications. Cystoscopy renders accurate renal diagnosis possible and in the disease under discussion furnishes a most valuable means of treatment.

#### TREATMENT.

The foregoing, I have no doubt, has born the ear marks of a medical discussion of a medical subject but I assure you it is not so. Possibly the surgical spirit of the time is all for making surgery a purely technical art but there are those who believe strongly that the ideal surgeon is the ideal internist who has mastered surgical technique. He must know the cause, clinical course, diagnosis, pathology, and the history of the disease to which he seeks to give surgical treatment, otherwise he will miss many points in pre and post operative care and fail to add to the progress of his science. To what extent is pyelitis a surgical disease?

1. An acute exacerbation whether a first attack or a recurrent one in a chronic course should be treated by medical means, i. e. rest, opening the excretions with calomel and salines, free use of water, if anuria threatens hot packs; cardiac stimulants especially nitroglycerene may be necessary, for past middle life especially pyelitis may cause death. Experiences differ as to the value of urotropin and salol. Lindeman and Hunner have seen no results. The latter quotes Burnam who found sufficient formalin excreted for definite germicidal effect in only two of ten cases. He advises a trial of urotropin for ten days only. By administering the acid phosphate of soda and urotropin in alternate separate doses

every 3 hours free formalin is present in the urine thus made acid. Creosote in one to three minim doses is greatly lauded by some, but it cannot be considered a permanent benefit when one of the mechanical or traumatic factors above described is present.

Alkaline diuretics are contra-indicated in colon infection. The colon bacillus thrives in such a medium. Vaccines have proven of little permanent value.

2. An acute attack having passed, the treatment of pyelitis is entirely surgical, or an acute exacerbation on the other hand going on to pyonephrosis or perinephric abscess is surgical. In treatment of the chronic condition—First, determine the source of the infection. A pus tube, troublesome, prostate, fibroid uterus, diverticulitis, inflamed appendix lying on the ureter, must be removed, a cholecystitis drained; a cystocele or involvement of the lower ureter in a pelvic scar must be corrected. This is ordinary surgery and yet the true relation of these conditions to pyelitis is often overlooked. Catheterization cystitis must be guarded against. Careless catheterizing after pelvic or perineal operations is a source of troublesome cystitis. Second—correct any mechanical obstruction along the urinary tract from urethral stricture to renal ptosis. Special attention must be paid to hydronephrosis of however small capacity. The normal renal pelvis will hold two to five cc. and if shown by the ureteral catheter to contain residual urine the cause of such retention must be sought and corrected, whether it be a ptosis, an accessory vessel or constricting band. Pyelography as developed by Braasch, Voelker and others adds to our knowledge of these small departures from the normal function of the kidney and may be used with caution in certain cases. Collargol injection when properly carried out by gravity flow of but six to twelve inches elevation, a quick X-Ray and allowing the collargol to flow out by the ureteral catheter has been shown to cause no injury to the kidney. It is by the surgical corrections of such conditions that many cases of pyelitis can be cured. Third—there remains a large group of cases

due to an ascending infection from a more or less badly infected bladder which requires local treatment for their cure. Therapeutic injections into the renal pelvis have been used for about ten years but only more recently have their real value been recognized. The passage of a ureteral catheter and irrigating the pelvis with some solution of a silver salt, silver nitrate 1-500 to 3000; protargol 5%, argyrol 25% (Pilcher) has given splendid results. Koll advises liquor aluminum acetatis 2% since the acid radical of this drug is especially deliterious to the colon bacillus. One or two such treatments a week for a short time produce a marked change in any pyelitis, and a cure, if conditions be favorable for such. A procedure which I have found of great value is continuous bladder irrigation for eight to ten hours at a time with warm one per cent boric acid solution in sterile filtered water. Such a procedure carried on for a few days often rids the bladder of all bacteria. Kelley and Burnam mention the same irrigation of a badly infected renal pelvis as very effective. I have used this in a few cases with rapid disappearance of the colon organism. Fourth—if such treatment is not effective, the acute attacks are recurrent and the disease unilateral, nephrectomy is justified, as several cases which I might report will attest.

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Annual report of the Springfield health department by Dr. J. R. McDowell, covering its first year's operation under the re-organized plan which provides for full-time health officers, shows that the plan has met with splendid success. One of the distinct innovations is the use of regular and motorcycle patrolmen as sanitary officers. All complaints of insanitary conditions are referred to and investigated by the police. The report shows that the plan has worked

excellently and that the policemen make splendid health guardians. It is a system which might be developed with profit in other cities.

Doctor, have you noticed the many new advertisements we are carrying in The Journal? We have added new ones every month this year. You should read them regularly or you will lose an opportunity that will mean a loss to you.



## "Twilight Sleep," In a Series of Twenty Private Cases

JOHN GARDINER, M. D., TOLEDO, OHIO

KRONIG, before the Chicago Gynecological Society in November 1913, described a method which he termed "Dammerschlaf" or "Twilight Sleep" by which the shock of childbirth is prevented and the memory of the event obliterated. The technic was worked out by Gauss at the Freiburg Gynecological Clinic. It consists of inducing a state of analgesia and amnesia by the administration of morphin and by successive small doses of scopolamin. Gauss begins the treatment, by an injection of morphin 0.01 gram and scopolamin 0.00045 gram, and, at determined intervals the scopolamin is repeated. Since Kronig's paper, a number of articles have appeared in America reporting series of cases in which this technic has been successfully employed. The experience of most of these writers coincides with that of Gauss, in that, as they become more proficient in the use of the technic, the better were their results. In the second 500 cases Gauss was able to reduce, by one-half, the number of children born in oligopnea.

The memory test is the crux of the method and upon its accuracy depends the success of the treatment. By this test the patient's susceptibility to scopolamin is determined and as this is the guide by which the successive amounts are to be given, obviously, it is important that it be determined early. The test is performed by requiring the patient to recognize objects at intervals of twenty to forty minutes during the progress of labor. I have found it convenient to show two objects at a time, one for recognition and the other to be recognized at the subsequent test. A few different objects should be at hand for the purpose. If the patient remembers the object previously shown, the dose of scopolamin should be repeated, if she fails to remember it, she has reached or is still in the condition of twilight sleep. When morphin and scopolamin have been used according to the patient's susceptibility, as determined by the memory test, the contractions of the uterus are not interfered with, and the child will be born crying normally. If the memory test is neglected and the reaction, due to the labor pains is taken as the guide, overdosing is liable to occur and the child may be born in apnea or asphyxia. Gauss warns that during the treatment the cessation of pain is, in itself, a sign of overdosing. It must be borne in mind, that in twilight sleep, when successful, the patient is not free from pain; the pains are felt, though

much lessened in severity, and she reacts to them but does not remember them.

It is not possible to use twilight sleep in all multipara, because labor may be of so short duration that the child is born before the treatment is well begun. It requires from one and a half to two hours, sometimes longer, to bring the patient under the influence of the drugs. The technic must not start until labor has begun. Favorable surroundings materially assist in the treatment, therefore the method is best carried out in a hospital. All noises should be reduced to a minimum and the patient protected from external stimulæ by having the eyes and ears covered. The accoucher must be in constant attendance from the beginning to the end of the treatment, for he must himself make the memory test in order that the patient's susceptibility to the drugs be rightly interpreted. It is essential that a stable or fresh scopolamin solution be used, for the drug decomposes readily and might act as a poison to the mother and child.

Before the Northwestern Ohio District Society in October, 1913, the writer read a paper on this same subject and cited the good effect of blocking, during the second stage of labor, the nerves of the perineum with a solution of quinine urea. The results have been so satisfactory, that he still uses the method; and where a general anesthetic is given it limits the amount necessary. A further advantage is, that the quinine urea puts off for several hours the pain from the perineal stitches.

The following is an analysis of twenty private cases in which a stable scopolamin was used. The average duration of the first stage in primipara was  $11\frac{3}{4}$  hours; in multipara  $2\frac{1}{2}$  hours. This does not include one multipara, who had spurious pains for four days. The duration of the second stage in primipara was  $2\frac{1}{2}$  hours, in multipara  $\frac{3}{4}$  hour. In this series, it is seen that there is no prolongation of the duration of labor.

The primipara were under the influence of the drugs; the longest 16 hours; the average  $6\frac{1}{2}$  hours; the shortest 3 hours; in multipara, the longest 8 hours; the average  $3\frac{1}{2}$  hours, the shortest 2 hours.

In primipara the greatest amount of scopolamin given was 0.0015 gram, the average 0.001 gram, the least 0.0009 gram. In multipara the greatest amount was 0.001 gram, the average 0.0009 gram, the least 0.0006 gram. The greatest amount of morphin given was

0.02 gram, the average 0.01 gram, the least 0.01 gram. The greatest amount of narco-phlin given was 0.06 gram, the average 0.03 gram, the least 0.03 gram.

There was analgesia and amnesia in 85 per cent of the primipara, and in 75 per cent of the multipara; analgesia in 10 per cent of the primipara and 15 per cent of the multipara. There was slight analgesia in 5 per cent of the primipara and 10 per cent of the multipara. It was found to be very beneficial in the last group to supplement with a little gas or ether. One patient developed marked restlessness, flushing of the face, increase in pulse rate, and when the pains came on, she made several attempts to get out of bed, of this she remembered nothing. One other patient was delirious, but returned to normal shortly after the birth of the child. Two women were nauseated. One complained of frequent micturition. Another had 4 grains per liter of albumin in urine. The puerperium was normal in all.

Two of the children were born in oligopnea and two were born in asphyxia. Of the latter, the cord was wrapped tightly about the neck of one, and in the other instance, scopolamin 0.00015 gram had been administered 15 minutes, and pituitrin 1 cm. solution, 8 minutes, before birth. The marked showing of the child's heart rate, which occurred a few seconds after birth, prompted active mechanical means to establish respiration. This may have been due to the action of the scopolamin, as Hocheisen believes, or it may have been due to the combined action of the scopolamin and the pituitrin, as some state.

Crede was necessary to express the placenta in 55 per cent of the primipara and in 20 per cent of the multipara. Manual extraction was performed in one primipara.

Experience with this technic leads the writer to the conclusion that, in properly selected cases, the memory of the event is obliterated and the pain and shock of childbirth are reduced to a minimum.

## Pyloric Stenosis in Infancy\*

ANDRE CROTTI, M. D., F. A. C. S., OF COLUMBUS, OHIO

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ON October 30, 1914, I had in my service at the Children's Hospital a little patient, William Paul Murday, an infant three months old. History of the family was negative. The child had enjoyed health up to the sixth week after birth; then he began to regurgitate his food once in a while. Soon this condition grew worse and finally vomiting took place after each meal. The baby became very constipated, lost flesh. Vomiting was of the propulsive type. Had no temperature. The urine became diminished and, according to the parents, odoriferous.

The baby had a shrunken appearance and looked like a little "old man." The heart and lungs were normal. A marked distension of the two upper thirds of the abdomen was present, while the hypogastric region was decidedly flattened. The distended area was tympanitic, tense, elastic; this distension corresponded to the stomach, its greater curvature could be easily outlined; over it peristaltic waves could be clearly seen running from the left to the right; at times, however, anti-peristaltic waves from the right to left could be noticed.

On the right and above the umbilicus, a

tumor, hard, easily movable, about  $1\frac{1}{2}$  inches long and 1 inch in thickness, could be felt. This tumor was considered as being the pylorus. On account of the character of the vomiting, of the constipation, of the loss of flesh, of the distended stomach, of the pyloric tumor, of the visible peristalsis, and of the age of the little patient, a diagnosis of congenital pyloric stenosis was made. An operation was deemed necessary.

The baby was wrapped up in warm gauze and surrounded by hot water bottles. A stomach tube was used in order to collapse the distended stomach and thus facilitate the various operative steps. The operation confirmed exactly the clinical findings; the tumor felt before the operation proved to be the pylorus; it was hard, freely movable, and measured 1 inch in length and  $\frac{3}{4}$  inch in thickness. A posterior gastro-enterostomy was performed. Ether was used during the first stage of the operation, then discontinued during the gastro-enterostomy. The operation all told lasted 35 minutes.

The post-operative course was very simple. The little patient vomited two or three times the first two days and never since. Thanks to the careful diet outlined by Dr. Dickson L. Moore and the minute and conscientious nurs-

\* Read before Columbus Academy of Medicine on January 18, 1915.



ing by Miss Atkinson, Superintendent of the Children's Hospital, the little baby made a brilliant recovery.

In my experience in this country and abroad, I have seen six similar cases.

Pyloric stenosis in infancy is more frequent than is generally supposed. Dr. F. X. Walls in a dispensary clinic of over 5,000 patients annually has seen only 5 cases of acute appendicitis in five years, whereas, he came across 30 cases of pyloric stenosis. I have no doubt but that many of the children who die supposedly of chronic indigestion or gastritis, are really patients who have had pyloric obstruction.

Stenosis of the pylorus may be either spasmodic or mechanical; in the first place it is due to a spasmodic contraction of the normal pyloric musculature following hypochlorhydria; in the second place, it is due to a marked hyperplasia of the circular fibers of the pyloric muscle causing a blocking of the pyloric canal, hence, mechanical obstruction.

From a clinical point of view, the picture of the disease is that of pyloric stenosis seen in adults, but far more rapid in its course. There is no symptom-complex more striking than the one of congenital pyloric stenosis. In a great many cases at a single examination the pyloric syndrome is so marked that a diagnosis can be readily made.

The cardinal symptoms of the disease are: (1) vomiting, (2) constipation, (3) rapid loss of flesh, (4) pyloric tumor.

The condition, although called congenital, rarely gives symptoms at birth. The children are usually born of healthy parents; nothing in their heredity, except that this pyloric stenosis is apt to be found in other children of the same family. Usually these little patients get along very nicely for a few weeks; they do not vomit nor do they show any evidence of gastro-intestinal disturbances. They grow right along. After this short interval of good health lasting from two to six weeks, the little patient begins to regurgitate his food once in a while; this soon degenerates into a regular vomiting which may often become excessive. The vomiting is usually of a peculiar, propulsive type; it is separated at first by intervals of rest, occurring only after two or three meals have been taken; in that case the amount of vomitus exceeds in quantity the amount of food taken at the last feeding. When, however, the disease is well developed, it occurs after each feeding.

The constipation is in direct proportion with the intensity of the vomiting. This is to be expected; food can no longer go through the pylorus easily, or can hardly go through at all on account of the narrowed pyloric

canal, consequently, there is no waste material to form stools. In advanced cases of pyloric stenosis the constipation may become absolute; there are no more spontaneous stools; enemas are expelled clear or possibly stained with bile, but they do not contain fecal matter; flatus is suppressed.

Vomiting combined with constipation is of excellent diagnostic value for pyloric stenosis. Indeed in ordinary digestive disturbances in infants, diarrhoea is usually present; it is due to abnormal fermentations and intestinal secretions caused by the infectious irritant. Furthermore, in the latter condition, temperature may be present, whereas, there is no reason for a rise of temperature in pyloric stenosis; the little child is simply starved.

Naturally, hand in hand with the vomiting and constipation goes the loss of flesh which is rapid and may amount to one or two ounces a day. As there is scarcely any food and little fluid going out of the stomach into the bowels, the little baby shrinks; its tissues undergo dehydration. The urine becomes rare and sandy.

Another symptom of great importance is given by the physical examination. The upper part of the abdomen is markedly distended, whereas the hypogastric region is more or less retracted; in other words, we have about the same clinical picture as the one seen in acute dilatation of the stomach, although less accentuated. Palpation reveals a tympanitic, tense, but elastic bulging mass which is nothing else but the distended stomach, made more evident by the fact that the intestines are empty and collapsed. Peristaltic waves can be easily seen moving from left to right of the epigastric region; not infrequently, antiperistaltic waves are seen moving from right to left. When distension of the stomach is only moderate, palpation will generally reveal a small, solid and freely movable tumor lying above and to the right of the umbilicus. If distension of the stomach interferes with palpation, a stomach tube will soon collapse the stomach and allow free palpation. There should be no trouble in detecting the tumor when present, provided the stomach has been emptied beforehand with a rubber catheter.

The post-operative course in the case of true pyloric stenosis is generally exceedingly simple; the little baby from the start retains its food; he may vomit once in a while for two or three days after, but this soon ceases. The bowels become regular, the child loses its shrunk appearance and gains in weight very rapidly.

It is now a generally well accepted fact that the pyloric tumor is made by an abnormal hypertrophy of the circular fibers of the

pylorus. The longitudinal fibers do not participate in the formation of the tumor; the mucous membrane is normal. As the lumen of the pylorus becomes materially reduced, the mucous membrane becomes redundant and lies folded longitudinally. Obstruction of the pyloric canal in the specimens I have seen in London was so marked that a small probe could hardly go through. Clinically, the degree of hypertrophy does not always govern the degree of obstruction; some cases with large pyloric hyperplasia show less symptoms than others with far less hypertrophy. The real etiology of this pyloric hypertrophy is still unknown.

#### TREATMENT.

In the spasmodic type of pyloric stenosis, the pylorus is, of course, more or less normal; such a condition should be treated medically and became justifiable for surgical interference only when medical attention has failed to give satisfactory results, and when the life of the little patient is threatened.

But when we have to deal with a true congenital pyloric stenosis, I do not see why we should wait until the little patient is starved to death before sending him to operation. The mortality being in direct proportion with the lowered vitality of the patient, why then wait until he is moribund? Let us be logical; if a pylorus is thick and stenosed, if it is felt like a tumor, if the little patient is rapidly going down hill, what can we expect from the medical treatment? Nothing, except starvation and death. Then why not turn him over to the surgeon who can immediately change the condition of starvation of the little patient into one in which the little baby can grow and gain one, two, or three ounces a day, whereas, the abatement of vomiting, wasting and discomfort under medical measures is delayed for weeks and months? To be sure, there are cases where the obstruction is only partial, where food goes partially through the pylorus. Such cases, of course, are medical cases, provided, they are holding their own and are not gradually sinking; if such cases can be kept alive for weeks and months until the pylorus again becomes permeable on account of the natural growth of the child, all well and good; if not, they should be operated.

Of course, mortality with surgical treatment will be high as long as the little patients are sent to operation in extremis; but even at that, there is no choice; the little patient must digest his food or die.

When once surgery is regarded as the last resort, shall we give the preference to divulsion, pyloroplasty or gastro-enterostomy? So far as I am personally concerned, there is no hesitation; I prefer the posterior gastro-enterostomy. Divulsion, which at first seems to be a very simple procedure, may be either insufficient because the pylorus is not stretched enough, or dangerous because if the pylorus is over-stretched, it may mean a break throughout the entire pyloric walls. Insufficient stretching will mean a relapse, over-stretching will mean general diffuse peritonitis. Pyloroplasty is far from being as simple and safe as gastro-enterostomy as the pylorus is hard and not pliable thus rendering the operation difficult. Gastro-enterostomy is the safest, simplest and quickest procedure, and its ultimate results are exceedingly satisfactory. We must not forget that in the great majority of cases, the little patient is in a very precarious condition and the aim of the surgeon should be to inflict upon him the minimum of traumatic shock. Every precaution should be taken for a speedy operation; his little body and limbs should be wrapped up in gauze and surrounded with hot-water bottles, and ether should be administered with extreme care. In the case reported above, ether was stopped as soon as the peritoneum was opened; the entire operation was performed without a further drop of ether, only before closing up, a few drops of ether were again given. As the distended stomach comes in the way during the various surgical manipulations, in order to avoid undue traumatism to the abdominal organs and to facilitate the operative procedures, a rubber catheter should be passed into the stomach for the purpose of obtaining a complete collapse of that organ. After operation proctoclysis should be used. A few hours after, the little patient can be fed cautiously, its food being reduced in quantity and strength. Gradually, however, it can be brought to its normal quantity and quality.

151 East Broad Street.

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"Am Attending the State Meeting at Cincinnati. Will be back Thursday Night."



## Obstructions at the Outlet of the Urinary Bladder

E. O. SMITH, M. D., OF CINCINNATI

Professor Genito-Urinary Surgery, Medical Department, University of Cincinnati.

**O**BSTRUCTIONS to the outflow of urine at the internal meatus are either acute or chronic, partial or complete, and may occur at any time of life. Among the causes are congenital deformities, calculi, acute inflammations, prostatic bar, sometimes referred to as "contracture at the neck of the bladder" or as "obstructive prostatitis," and an abnormal development of the subcervical glands. Large prostatic adenomata will not be included in this discussion.

*Congenital constriction* at the internal meatus is exceedingly rare. When present there is usually an absence of the urethra, atresia. Such a condition demands immediate attention. Suprapubic puncture of the bladder will give relief until the urethral deformity can be dealt with according to the condition present.

A *calculus* may become lodged in the internal meatus, causing partial or complete obstruction. The symptoms come on suddenly without warning and grow rapidly worse until the patient is given relief from his over-distended bladder. Diagnosis can be made with the sound, urethroscope or X-ray. Sometimes temporary relief can be produced by the introduction of a sound through the urethra thus dislodging the stone. If the retention cannot be relieved in this manner the bladder should be aspirated suprapubically, and the patient made comfortable until the stone can be removed surgically.

In case the stone has been pushed back into the bladder it should be removed by litholapaxy. If it remains lodged in the urethra after suprapubic aspiration, it cannot be crushed but can be removed suprapubically under local anesthesia.

*Acute inflammations* about the cervical neck sufficient to cause interference with the outflow of urine are due to either gonorrheal infection, acute prostatitis, or acute seminal vesiculitis.

Gonorrheal infection in some cases extends from the posterior urethra to the mucous membrane about the internal meatus, causing a congestion and swelling that interferes with the urinary outflow. With this condition the patient suffers much from tenesmus and strangury. There is a history of urethritis, and the symptoms develop rapidly.

The patient should sit in a bath of as hot water as he can endure for one-half hour. Rectal irrigations of hot water are often helpful. If it is possible to irrigate the urethra and bladder with a warm solution of boric acid

after the method of Janet, great relief will follow. No instrument should be introduced into the urethra under these conditions



Fig. 1. Showing normal trigone, ureteral orifice and internal meatus.

unless it is impossible to relieve the retention otherwise, and then only a soft rubber catheter should be used.

An acute inflammation, with or without abscess formation, in the prostate not infre-

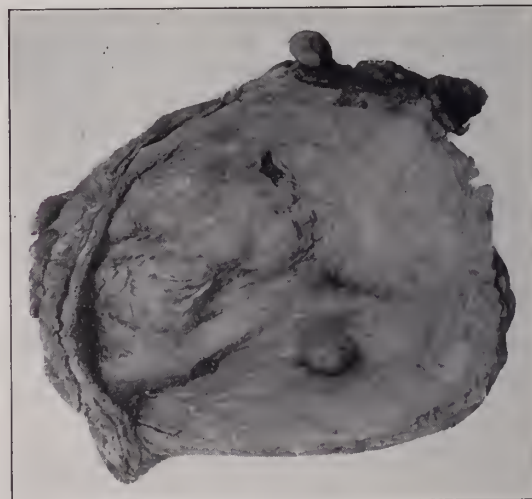


Fig. 2. Distorted trigone, U-shaped internal meatus with growth from sub-cervical glands.

quently interferes with the passage of the urine, and there may be complete retention. This is caused by the swollen gland pressing against the urethra, thus producing either a partial or complete closure. There is marked

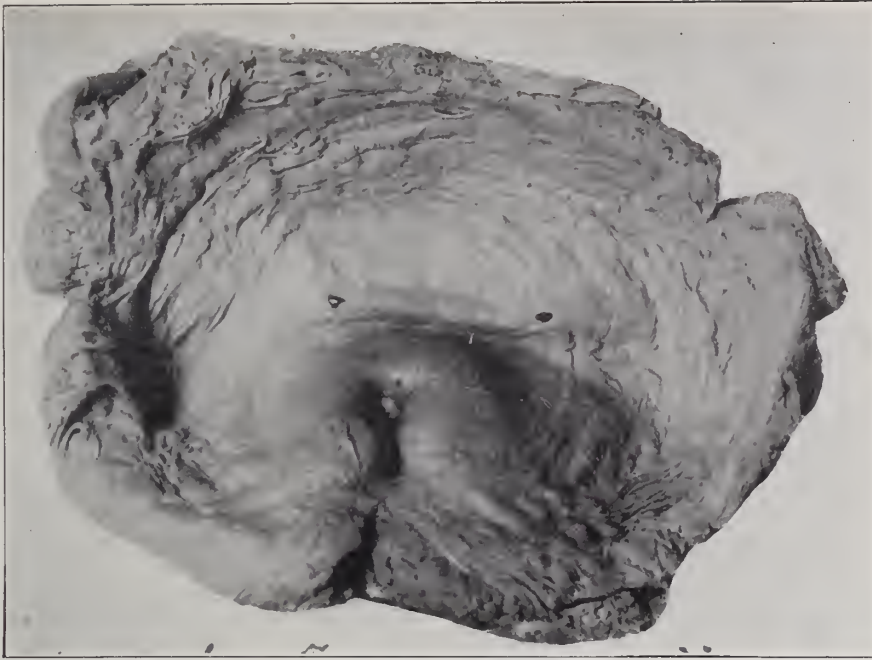


Fig. 3. Prostatic protraction into bladder about internal meatus, with sub-cervical gland at meatal opening.

pain either in the hypogastrium, perineum or rectum.

If hot baths and rectal irrigations do not give relief a soft rubber catheter can be introduced through the urethra. Abscess of the prostate that does not rupture spontaneously into the urethra or rectum must be drained either through perineal or rectal incision.

*Acute seminal vesiculitis* may cause obstructive symptoms very similar to those due to acute prostatitis. The treatment is practically the same as for prostatitis. The diagnosis between prostatitis and vesiculitis can readily be made by one with much experience in the digital examination of these parts.

The *prostatic bar*, or persistent contracture at the neck of the bladder, is due to a long continued inflammation in the prostate resulting in an increase of fibrous tissue at the vesical neck. This pathological change usually occurs earlier in life than does prostatic hypertrophy, and is accompanied by many of the symptoms of prostatic enlargement. Digital examination per rectum is negative as no abnormality in size or shape of the prostate can be detected. By the introduction of a soft catheter it is determined that the posterior urethra is not unusually long as is so frequently the case in the presence of prostatic hypertrophy. There may be, and usually is, some residual urine varying in amount from a few drams to many ounces. Cystoscopic examination may show nothing abnormal in the bladder except trabeculations varying in size and number in proportion to the degree of obstruction and the time it has existed. The trabeculations in the

bladder wall have been formed by the oft-repeated and increased effort on the part of the bladder to force the urine through the partially obstructed urethral orifice.

The contracture at the vesical neck is best observed through the cysto-urethroscope by

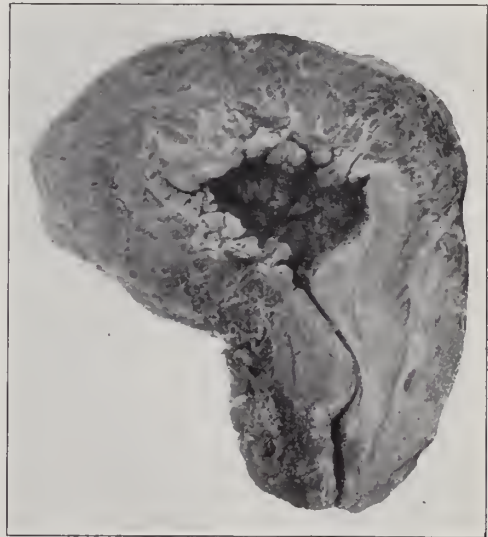


Fig. 4. Antero-posterior section through prostate, posterior urethra and bladder. Hypertrophy with contraction of bladder as a result of a small obstruction of internal meatus.

means of which the bar can be seen as a rather sharp margin separating the urethra from the vesical trigone, while normally the urethra is seen gradually merging with the trigone and bladder wall. (Fig. 1.) Occasionally there are adenomatous changes in the entire prostatic



ring, involving all of the glandular group except the posterior, forming what has been termed the "prostatic collar" or "horseshoe." This is usually found later in life than is the fibroid obstruction, and through the cysto-urethroscope it can be seen encircling the entire meatus. It is important that the true pathological condition be recognized, otherwise proper treatment cannot be applied.

Albarran was the first to call attention to the *subcervical glands*, located beneath the mucous membrane about the internal meatus. These are independent of the prostatic glandular groups. It so happens occasionally that this glandular structure becomes abnormally large. Situated as it is at the meatus, a small degree of enlargement causes very marked disturbances in urination. The patient has many of the symptoms of prostatic hypertrophy, such as increased frequency of urination, difficulty in starting the flow, and incomplete emptying of the bladder. One of our patients with this condition could pass urine only when walking. The relation of the obstruction to the urethra was so altered from the movements of walking that he was able to force out some urine. Digital examination seldom gives any information as nothing abnormal can be felt per rectum.

The ordinary cystoscope shows no deformity because the lesion is so located that it cannot be seen through this instrument. It may be seen with the cysto-urethroscope. Fig. 2 is from such an obstruction removed post-mortem, showing the relation of this small growth to the urethra and to the trigone of the bladder. This illustration very graphically demonstrates the importance of this glandular enlargement as an obstructive agent. It is possible to have both an enlargement of the prostate and the subcervical glands simultaneously in the same individual, as is shown in Fig. 3.

The earlier surgeons attempted to give relief to patients suffering from obstruction at the vesical neck, whether the obstruction was due to prostate hypertrophy or to something else, by making a perineal bladder drainage. Necessarily the results were generally not satisfactory inasmuch as the real cause of the trouble could not, at that time, be accurately diagnosed. With the development of the electrically lighted instruments for viewing the bladder and posterior urethra came a better knowledge of the varied pathological conditions found in this region, and there soon followed definite plans and methods of treating such conditions. The attempts to relieve vesical neck obstructions by means of the electro-cautery applied through urethro-vesical instruments were not satisfactory. The failures were due to the fact that the cases

were not properly selected, the cautery was applied blindly and often not where really indicated. Too much was attempted at each treatment. Hemorrhage and later sepsis frequently followed.

Many years ago Mercier designed an instrument which he called the prostatome to be used in cutting off small prostatic growths located at the vesical neck. This instrument fell short of the hopes of its inventor, principally because it had to be operated blindly, the operator guessing at the location of the offending obstruction. This instrument was modified by Young, and it is now made so that sections can be cut out of the prostatic bar, or contracting band at the vesical neck with a fair degree of accuracy. The alarming, even fatal, hemorrhage that sometimes attend the use of this instrument, together with the distressing strictures that have followed its use, have kept this method of treating vesical neck contraction from a more general adoption.

The median line perineal section, with wide dilatation of the constricting band after it has been incised, is safe and will give relief to most cases. This operation should be done under local Novocain anesthesia if a general anesthetic is contraindicated.

Chetwood's method of applying the electro-cautery to the obstruction through perineal incision is to be preferred to Bottini's intra-urethral cauterization. Yet many of the objections that apply to Bottini's method also apply to Chetwood's method.

Of all methods of *surgical* procedure in attempting to deal with vesical neck obstructions, the author has found the suprapubic approach the most satisfactory. If it need be the bladder can be opened suprapubically, and the conditions treated under local anesthesia. The suprapubic route has the advantage of bringing the whole interior of the bladder into direct view, which is a decided advantage. If a small nodule has developed from the subcervical glands it can readily be removed. A prostatic collar can certainly best be dissected out from the vesical side. A protruding enlargement of the middle lobe of the prostate can also be removed. The fibrous contraction can be incised in one or more places and dilated, or a section of it removed from its most prominent part, where it will give the patient the greatest relief.

The simplest, most conservative and what promises to be the most satisfactory method of treating many of the chronic vesical neck obstructions is by means of the Oudin or d'Arsonval high frequency current. For this treatment a strong hot spark is necessary which is not produced by the small, cheap, so-called high frequency outfits. The spark is applied to the obstruction by means of an in-

sulated copper wire through a cysto-urethroscope after having anesthetised the parts with alypin. The current is applied for a few seconds, and at intervals of about one minute, five to fifteen contacts being made at each treatment. This treatment is repeated at intervals of ten days to three weeks until noticeable reduction has taken place and the symptoms have been relieved. From three to eight treatments will usually be sufficient. The high frequency current is particularly indicated in subcervical gland enlargements, small middle

lobe prostatic hypertrophy, prostatic bars, and contracture at the vesical neck.

The fibrous prostatic bars and contractures yield more reluctantly and require more treatments than the glandular enlargements. Yet in these fibroid conditions marked improvement attends the proper application of this method of treatment. It has the advantage of being office treatment and the patient is detained from his business but a short time at each treatment. Hemorrhage and sepsis do not follow.

## “The Co-operation of Physicians and Dentists in the Conservation of Health”\*

J. H. J. UPHAM, M. D., OF COLUMBUS, OHIO

President of the Ohio State Medical Association.

IT gives me great pleasure to have this opportunity of extending to you the heartiest greetings and best wishes from your sister society, the Ohio State Medical Association.

In these stirring times of mobilization of forces and concentration of energies it is fitting that we who are engaged along similar lines of fighting disease should hold a council together and see if we cannot ally ourselves to the better accomplishment of our purposes.

There has been an extraordinary sociologic and economic awakening in this country in recent years which has led to new standards of thought and action. Efficiency in work and broad general results are the ends sought; the minimum of waste with the maximum of out-put not only for the individual but for all industrial combinations, as a whole. This tendency has extended from the industrial world to the professional. For centuries the followers of the healing art sought to relieve the pains and suffering of the sick; they fought disease in the individual; with the modern awakening referred to came the idea that the best results to the individual could be secured by the protection of the mass; that prevention is better than cure, and today at the bar of public opinion our professions are being judged as to their efficiency and value to our communities, not by what we may accomplish in individual cases of illness, but what are we doing along broad lines of prevention of disease and the conservation of the health of our fellow citizens as a whole!

Is it right that we be judged on these grounds? I believe so without any question.

### Standards Are Being Raised.

“Unto whomsoever much is given, of him much shall be required.” The essential justice of this

scriptural pronouncement is accepted, and its marked application to the professional man of today is obvious. Never in the history of the world has so much been offered to the candidate for the various professional careers, especially in medicine and dentistry, as today. Education is a national pride with us—almost a national dissipation! Richly endowed institutions or those supported by state and even municipal funds are scattered broadcast over the land. The treasures of the ages have been gathered together; the secrets of nature have been wrested from their hidings places; cyclopean forces have been tamed to do man's biddings, and perform their wonders in our class rooms; impenetrable matter has been made transparent for our students to gaze through.

And yet the student often feels that his tuition fees are burdensome—not knowing, or realizing how small a part the tuition fees play in the maintenance of a modern school! This is so true that, nowadays, a college education is relatively a pure gift as far as monetary consideration is concerned, but with the tacit understanding that there will be indirect returns to the municipality, the state or the nation commensurate with the value given.

Some graduates of our professional schools undoubtedly consider their scholastic training merely a means to an end, i. e. a means of obtaining a livelihood. To the thinking student and to the practitioner who is at all imbued with the professional spirit, there soon arises the realization of greater opportunities and responsibilities, of obligations to others than ourselves, the spirit of *noblesse oblige*, which must actuate us in the practice of our professions if we are true to the present high conception of all for which they stand.

Dentistry and medicine are closely allied professions. Students in both often share the same class-rooms, up to a certain point when the ex-

\* Read December 1, 1914, at the forty-ninth annual meeting of the Ohio State Dental Society, in Columbus, as a part of the program devoted to “Allied Forces in Health Conservation.” Printed through courtesy of The Dental Summary.



agencies of modern education demand that they separate in order to give special study along their respective lines. After they graduate they have similar aims and obligations; if their professions mean nothing more than a means of livelihood, as it seems to do to some, they are merely the holders of jobs, tradesman, not professional men at all. As Ruskin says. "If your fee is first with you then fee is your master, and the lord of all fee, who is the devil; but if your work is first with you and your fee second, then work is your master, and the Lord of all work, who is God."

#### A Place For All.

We cannot all be investigators; to explore new paths and devise new methods require a special type of mind which may be given to but few, but we can help, individually and collectively, in the new propaganda, and so help keep bright our professional escutcheons, and prove to our critics and judges that economically dentistry and medicine make good returns for value received, and are entitled to respect and honor in our communities.

The sick individual no matter what part of the body is affected primarily wants relief and is entitled to our very best services, but nowadays, whether he knows it or not, he should want more, and in the light of modern knowledge he is entitled to more. He should have protection from disease, before it attacks him, and the protection of the rest of his body from diseases arising in single localities.

The growth of specialism in recent years constituted a certain menace to our sciences as a whole, until there arose a growing appreciation of the inter-dependence of the various portions of the body. Apparently minor ailments of one locality may cause relatively surprising disorders elsewhere. It is amazing to consider how long the medical profession has been indifferent to the relation many obscure systemic disturbances have borne to morbid states in the oral cavity and particularly to dental diseases. It has long been known that systemic diseases might affect deleteriously the teeth but the converse has only but recently been appreciated anywhere near sufficiently. Almost ever since the science of bacteriology has been studied, it has been known that the mouth was a hot bed for bacteria of all kinds. Pathogenic germs it was discovered, grew and flourished in decayed teeth, but their possible relation to systemic disturbance did not appear to attract attention. The frequent coincidence of pyorrhoea alveolaris and pernicious anemia was noted but little attention paid the treatment of the former as a possible prophylactic or remedial measure.

I remember nearly twenty years ago hearing your distinguished Dr. Miller lecture at Johns Hopkins, on one of his visits to this country, along these very lines, and it struck us all as a very new and original departure. Following his pioneer work, other investigators both from your profes-

sion and my own have blazed a trail so plain and startling that we can no longer be blind to the need of our frequent co-operation for conserving not only the health of our individual patients, but also on more general lines, the health of our communities.

#### Importance of the Mouth.

I must confess that we physicians are often still derelict in these matters. We recognize the contaminated conditions of many mouths; that the latter are almost the main avenues for infection, and yet many of our surgeons, though they may be most strict in boiling their instruments, sterilizing their sponges, attiring themselves in aseptic gowns and the like, proceed to remove tonsils or do other operations in the mouth without a thought as to the possible presence of foci of infection in decayed teeth which may be present. It may not be possible to sterilize the field of operation when it is in the mouth or throat, but that is no excuse for not removing every possible focus of infection which may be there. I should like to see it become a routine procedure preparatory to such operations, for example, as tonsillectomy, cleft palate, hare-lip, and enlarged cervical glands, to have a preliminary examination by a dentist and preliminary dental treatment when such examination shows the necessity. And further I cannot see why this plan should not be extended to abdominal operations, especially upon the gastro-intestinal tract. We know that the intestinal tract contains innumerable micro-organisms; we also know that that tract in the new born animal is sterile. These bacteria find their entrance almost entirely through the mouth. Surely it is logical before a surgical operation to render the mouth as aseptic as possible, and so prevent fresh invasions of often very virulent germs which perhaps have been flourishing in decayed teeth in the mouth of the patient.

The gastro-enterologists have long recognized the bad results in their patients of faulty mastication from defective dentition, and the bad effects of infected food from filthy mouths, and today I believe we physicians should consider it our duty to our patients to advise in all cases where insanitary or defective conditions in the mouth exist, the prompt correction of the same. Undoubtedly many chronic obscure toxic conditions are the results of absorption of toxins so generated, but the role played by the allowing of such breeding places for micro-organisms to remain undisturbed may be much greater than is at all commonly appreciated.

For example, the diphtheria bacillus, the staphylo and streptococcus, the pneumococcus and the tubercle bacillus are often found in the mouths of healthy individuals, not necessarily in decayed teeth, but undoubtedly the presence of the latter favors their likelihood of being on hand and gives them hiding places. Then follows exposure to cold or wet, partial chilling of the surface from the deadly draught, fatigue, under-nutrition or some

other of the many factors which are popularly supposed to cause disease, but which do not *per se*, but simply predispose or favor the invasion of micro-organisms by lowering the vital resistance, and the disease breaks out in all its deadly fury. Too often the patients blame the exposure, the draught, and what not, even Providence, when the real fault lies in their own ignorance or carelessness in maintaining insanitary conditions, which occurring in relative proportions in any modern community would have been condemned as a nuisance.

#### Prophylactic Dentistry.

This may seem rather trite and obvious to many of you, but the fact remains that this subject is not sufficiently appreciated by many of both of our professions and but little by the public at large. While the prophylactic care of the teeth is a growing custom, still too frequently the dentist is called upon because the patient is in pain, or for cosmetic reasons, mechanical comfort and the like. And in fact too often the main argument for the prophylactic treatment is the **preservation** of the teeth.

I believe that we should take a broader view, and that while good teeth unquestionably are cosmetically most attractive and great additions to our ease and comfort, they are still more to be desired as a factor in the prevention of disease and the maintenance of health.

Herein lies a great field for our co-operation; herein lies our great opportunity.

The time is ripe; the public interest in health matters and disease prevention has never been so great as at present, and the attention drawn to your share in the health problem by the appointment by our fore-sighted chief-executive, of a member of your profession on our state board of health is a great asset. And I may say in passing that that appointment met with the utmost approval of our Association, and excited favorable comment all over the country. Your profession and my own are both on record, it only remains for us to co-operate to tremendously increase our working force and efficiency.

There are two fields of endeavor open to us at once: education and legislation. The former is already under way; the splendid traveling exhibit of the state board of health has attracted wide attention and is arousing great interest. It only remains for us to extend the propaganda and direct it. It is not the pleasantest of tasks. Grown people are often like children, they do not always take kindly to new ideas, especially if they seem to in-

fringe on their personal liberty or comfort. Who does not remember the ridicule which met at first the "Sane Fourth of July," and "Swat the Fly" campaigns? But the dearth of accidents in the papers in the mornings of the last few fifths of July and the reduction of typhoid fever have been sufficient answer to bring about a quick change of front.

We can show the same results, and it will only be a short time before we shall have the co-operation of intelligent laymen and the various lay health organizations already active in parallel lines. Our Association is doing what it can; we have a committee on education which is endeavoring to reach the public by public meetings and health talks all over the state. We would welcome your co-operation; you have special knowledge on this subject to give weight to your arguments, and the importance in results cannot be over-estimated.

Secondly, legislation. The most important law for us to seek at present in health conservation, of interest to both our professions, is compulsory dental inspection of school children. If defects and diseased dental structures are detected and corrected in school children, and proper hygienic habits established, our battle against disease along this line will be more than half won. There is no need for me to emphasize the importance of such a law—it is obvious to almost everyone except the average lay members of the legislature whose attitude toward members of our profession when seeking health measures solely for the benefit of the public, and really altruistic to a degree, inasmuch as they invariably threaten to hurt our own means of livelihood, is that of Laocoon of old with his "Timeo Danaos et dona ferentes!" They usually look for ulterior motives of some sort, and if none appear, grow all the more suspicious. However, we pledge you our support in this and wherever possible along similar lines. As I have said the time is ripe, the harvest is ready, with our united efforts we can accomplish great good, far-reaching and wide-spread. As I look around and see the great preparations for your meeting this week, and witness this most auspicious opening night, a splendid promise of a most successful session, I congratulate you and feel proud to be with you, and shall always consider it a happy memory, especially if it leads to a closer association of our professions, an alliance for warfare not *on* but *for* mankind; a union in a movement so pregnant with possibilities of good to our fellow citizens.

Time flies, doesn't it? In less than three weeks another State Meeting will be in session in Cincinnati. Of course you will be there.



## CINCINNATI, WHERE STATE SOCIETY MEETS NEXT MONTH, IS CITY OF MANY AND VARIED ATTRACTIONS

With the warm hospitality of the South, to which it is a natural gateway; combining all the facilities of a modern municipality with the charm of an old-world city, picturesque, progressive and interesting always; with ample hotels, meeting places and exhibit halls, Cincinnati approaches the ideal as a convention city.

And Cincinnati, as a city, is preparing to welcome the members of the Ohio State Medical Association when they gather there on May 4 for the seventieth annual meeting.

The hotel and convention arrangements are superb. The various meetings of the society will be held in the magnificent new Hotel Gibson. Other hotels are:

### Hotel Rates

Place	Location	One person With Bath	One person Without Bath
Alms—McMillan and Alms			
Place .....		\$4.00 Up	\$3.00 Up
Emery—421 Vine Street....		2.00 Up	1.00 Up
Gibson—413 Walnut Street..		2.00 Up	
Grand—Fourth and Central			
Avenue .....		2.00 Up	1.00 Up
Havlin—Vine and Opera			
Place .....		2.00 Up	1.50 Up
Metropole—609 Vine Street..		2.50 Up	1.50 Up
Munro—Seventh, near Vine..		1.50 Up	1.00 Up
Palace—Sixth and Vine....		2.00 Up	1.00 Up
Savoy—515 East Sixth.....		2.00 Up	1.00 Up
Sinton—Fourth and Vine....		2.50 Up	2.00 Up
Bristol—Sixth and Walnut...		.50 to \$1.25	
Dennison—Fifth and Main...			
L. B. Harrison Hotel for young men, 540 West Sev- enth St. Rates—\$4.00 to \$8.00 weekly.			
Oxford—Sixth and Race.....		.50 to 1.25	
Princeton—431 Elm Street...		.75 to 1.50	
Rand—20 West Fifth.....		1.50 to \$2	.50 to \$1
Stag—420 Vine Street.....		.50 to 1.25	

In this connection we desire to call your attention to the fact that the Hotel Gibson and the Hotel Munro carry special advertisements in this number of The Journal. We hope that they will be given special consideration by our members.

### Many Amusement Places

Cincinnati has a great many places and things of interest to the visitor, including the world-famous Zoological Garden, with its beautiful grounds and wonderful collection of wild animals; Coney Island, on the Ohio River, reached by steamer over a most picturesque route; Chester Park, with every amusement facility, and other amusement places. There is the famous Rookwood Pottery, the Art Museum and Art Academy; great systems of public parks, driveways, playground, and athletic fields, totaling over 2,000 acres; Fort Thomas military reservation; Symphony Orchestra; many institutions of higher learning, music, etc.; a great public school system and many other places and things of interest to the visitor.

Around the city in both Ohio and Kentucky are miles of beautiful drives, through valleys, over wooded hills, with many a quiet garden at the road's end where, amid Nature's surroundings, the visitor finds food and other refreshments served in a way for which Cincinnati is world-famed. In and near the city are several country clubs, golf links, numerous clubs, gymnasiums, fishing clubs, boat clubs and other facilities.

Cincinnati is a metropolitan and cosmopolitan city, with an atmosphere full of color and charm, believes in hard work when work is on the program and in wholesome recreation when there is time to play. Back of it all is a people whose



ROOKWOOD POTTERY



OHIO RIVER LOOKING FROM EDEN PARK

hospitality has always been of the most open-hearted kind.

Of course, in mentioning Cincinnati's many attractions it is not necessary to emphasize, in this magazine, the magnificent new General Hospital, recently completed, which will be a special object of interest to almost every convention visitor.

We mention here only a few of the interesting points of interest in and around Cincinnati:

**ART MUSEUM AND ACADEMY**—Eden Park. Cost \$330,000. Art Academy in separate building. Academy has 400 students in drawing, painting and decorative art. Famous paintings and art treasures are housed there.

**BURNET WOODS**—Adjoining grounds of Cincinnati University, directly north of and two miles from Fountain Square. Contains over 163 acres, and is covered with grand old forest trees. Lake of about three acres.

**CINCINNATI COLLEGE OF MUSIC.**

**CINCINNATI CONSERVATORY OF MUSIC.**

**CINCINNATI UNIVERSITY**—In Burnet Woods. Comprises McMicken, Cunningham and Hanna Halls and the Technical School Building, providing quarters for Graduate School, Colleges of Liberal Arts, Engineering and College of Teachers.

**CITY HALL**—Constructed of granite and Amherst stone; cost over \$2,000,000.

**COLLEGE HILL**—One of Cincinnati's most picturesque suburbs. Contains one of the finest private residences in the country, the Thompson home, an exact reproduction of the French palace, the Trianon, also the Ohio Military Institute. Also the homestead of Phoebe and Alice Cary.

**EDEN PARK**—One of the city's largest and most beautiful parks. Located in Walnut Hills on the crest of Mt. Adams. Commands fine views of the city and several of its suburbs and the Ohio River for several miles.

**FERNBANK DAM**—Largest moveable dam in the world. In the Ohio River below Cincinnati. Cost \$1,300,000.

**FORT THOMAS**—A reservation of the United States, in the Highlands of Kentucky. Used as an infantry army post. Area 111 acres, 59 buildings.

**GLENDALE FARM FOR DELINQUENT BOYS**—Springfield Pike. The most modern methods for reclaiming delinquent boys.

**IVORYDALE**—Devoted to the manufacture of soap. Many large industries nearby.

**THE LLOYD MUSEUM** with herbarium of dried plants of 30,000 specimens and Mycological department with many specimens of dried fungi, particularly of the Gastromycetes, there being a collection of these plants larger than in all other museums in the world combined. One-half block west is the Lloyd Library with 20,000 volumes on botany, pharmacy, materia medica and allied science.

**MUSIC HALL**—Built in 1877. Has one of the finest pipe organs in the country. Size of hall, 112 feet wide and 192 feet long. Seating capacity, 4,000.

**OAKLEY FACTORY COLONY**—Group of large machine-tool, electrical and other industries, which have a co-operative plan for procuring water, heat, foundry castings and other facilities. Very interesting to any one who cares for a fine example of modern industrial development.

**OBSERVATORY**—Of the University of Cincinnati at Mount Lookout, six miles northeast of the center of city.

**ROOKWOOD POTTERY**—Known all over the world for exquisite specimens of ceramic art. On the brow of Mt. Adams, overlooking downtown district.

**UNION CENTRAL BUILDING**—Fourth and Vine, 34 stories high, 495 feet; tallest building in any inland city in the world. Cost \$2,000,000.

**WATER WORKS**—Cincinnati now has one of the finest pumping and filtration plants in existence. Engineers from all parts of the world have visited the plant at California, a Cincinnati suburb.

**ZOOLOGICAL GARDEN**—Area over 63 acres. Has largest animal collection in the United States, and its reputation extends around the world, not only on this account, but also for its scenic beauty; fine club-house on the grounds. Has 2,000 birds, beasts and reptiles. Grounds and animal houses open every day in the year.



ART MUSEUM AND ART ACADEMY



MUSIC HALL



## ANNUAL REPORT OF THE PUBLICATION COMMITTEE

The Publication Committee feels that a detailed report is not necessary. Every member of the State Society has received The Journal. It is our report to you. What we have accomplished and what we have failed to do appear there in black and white.

We desire to take up just one feature of our work—the financial side. If the publication committee is to continue the issuance of a journal equal to that now published we must receive a greater annual revenue from the State Society. That means an increase in dues. If we receive sufficient additional money, we can very greatly improve The Journal and can make it more valuable to every member of the State Society. If no increase is granted by this House of Delegates, it will be absolutely necessary to immediately curtail our present work and to very materially modify our present plan of publication.

We do not desire to confuse you with an elaborate auditor's statement dealing with the expenses of The Journal during 1914. The same has been prepared by an expert accountant and submitted to the auditing committee; but we desire to give these few figures which show our problem in a nut shell.

### Receipts.

Amount received from State Society on subscriptions, at the rate of 75 cents per member .....	\$2866 25
Other paid subscriptions.....	10 30
	\$2876 55
Amount received from general advertisers .....	\$3406 85
Bureau of Promotion, membership campaign .....	495 88
Ohio State Med. Ass'n, advertising .....	740 34
Net on Exhibits, 1914 meeting..	349 85
	4992 92
Total receipts .....	\$7869 47

### Expenditures.

Cash discount allowed.....	\$ 111 19
Commissions .....	79 37
Salaries (Editor and Stenographers) .....	2285 00
Special Reporters, annual meeting .....	84 55
Interest .....	40 00
Journal postage .....	178 36
Journal printing .....	4484 39
Misc. expense .....	636 78
Misc. postage .....	226 00
Stationery and printing.....	194 40
Traveling expense.....	268 20
Rent and telephone.....	90 00
	\$8678 24
Total expenses .....	\$8678 24

Loss for year..... \$ 808 77

As a matter of fact, the real loss for the year was much greater than \$808.77. To this amount

should be added the \$349.85 received from the exhibit, as this was merely a temporary matter on which we profited through the courtesy of the Columbus Academy of Medicine in permitting us to handle the exhibits. This revenue will be lacking this year. The amount received from the Bureau of Promotion is merely an instance of "robbing Peter to pay Paul". We were forced to raise money and presented this plan to the auditing committee. It was eventually approved by the Secretary of the American Medical Association who recommended that other state journals follow the same course. But it has made serious inroads upon the state treasury.

Eliminating these items, it will readily be seen that the actual receipts from sources entirely outside the State Society for the year were \$3406.85 while the actual expenses were \$8678.24.

But the annual need for increased funds for The Journal is even greater than this. We have, during the past year, kept expenses to an absolute minimum—in other words, we have tried to "operate The Journal on a shoe string." If more funds were available, so that we could employ more help we could take up a large number of new subjects; give more through investigation to important state matters; and could deliver a Journal that would be more valuable to each member each issue.

During the past year the advertising handicap has been heavy. Early in the year, in response to a general demand from our members, we instituted a radical change in our advertising system. We arbitrarily barred advertising products not sanctioned by the Council on Pharmacy of the A. M. A. This lost at one stroke a large number of highly profitable accounts. Immediately thereafter the war came on and national advertisers curtailed their appropriations. Despite this, however, the wide recognition secured by The Journal attracted many new advertisers and our accounts are continually growing.

We trust that this House of Delegates will fix the annual per capita assessment of members, at \$3.00 per year instead of \$1.50, and that \$1.50 of this be devoted to The Journal. We can assure you that if this is done, effective January 1, 1916, we can develop and build up a state journal that will be worth many dollars a year to each member, whether he be in special practice in the city or in general practice in the smallest rural community. We feel that a good, active, progressive journal is the greatest possible factor in safeguarding the interests and welfare of the public. Through journal cooperation, every department of activity in the association is materially strengthened.

A not unimportant work has been our cooperation with the newspapers of this state along the line followed by the American Medical Association. We have, through the Journal office, throughout the year, furnished matter for lay publications, and the records of our clipping service show that

a surprisingly large amount of it has been used throughout the state, thereby aiding in moulding public opinion.

A good journal costs money. The more money you put into it the better the result. Therefore the future of the Ohio State Medical Journal rests solely with the House of Delegates.

C. D. Selby, M. D., Chairman,  
Leslie L. Bigelow, M. D.,  
Fred Fletcher, M. D.  
G. V. Sheridan, Secretary,  
Publication Committee,  
Ohio State Medical Association.

## ANNUAL REPORT OF STATE COMMITTEE ON LEGISLATION

It is impossible at this time for the committee on Public Policy and Legislation of the Ohio State Medical Association to submit a complete report dealing with our experience in the 81st General Assembly which convened Monday, January 4, 1915, and was in full operation at the time this report was prepared. (March 20) We want, however, to give the members of the State Society an idea of the general plan on which we are basing this work.

It is really unnecessary for this committee to make a report to the Society. During the past twelve months, through The Journal and through special bulletins sent to our legislative committeemen in each county, and by them transmitted to the county society, we have made complete statements of every action.

The 81st has been the most difficult General Assembly, from a medical standpoint, within the experience of any members of the present committee. It is made up largely of inexperienced legislators who, lacking definite organization, seemed to introduce bills at random. With nearly 500 measures in the legislative hopper, it followed, of course, that a large number of them affected questions pertaining to medical practice and public health.

With these, the legislative committee has kept in closest possible touch through its secretary in our Columbus office. We have carefully scanned every bill introduced to ascertain its possible effect upon the profession and upon the administration of public health. We have followed each measure through the maze of committee procedure and have attempted to secure the united support of the profession for those bills which, in the opinion of the committee, were in accord with the highest principles of medical practice and the most advanced of public health administration.

To do this most effectually, we have entirely revised our system of handling legislation. Realizing that there are in Ohio a number of organizations directly interested in public health legislation, this committee took the initiative in September, 1914, of bringing these various elements together in the Ohio Public Health Federation. Conferences were held in Columbus late in 1914 with representatives of the various medical societies and public health organizations and by January 1 the organization was completed and ready to deal with the incoming legislators. This federation has been explained at various times in The Journal and includes these various organizations: Ohio Society for the Prevention of Tuberculosis; Ohio State Medical Association; Homeopathic Medical Society of Ohio; Ohio Eclectic Medical Association; Ohio State Dental Society; Ohio Veterinary Medical Association; and Ohio State Pharmaceutical Association. The joint membership is 8000.

It is designed to do effective work through an executive council which meets in Columbus at the call of the chairman, and which has to date held eleven meetings and passed upon every public health measure introduced. Each of the component societies has a representative in each county, who is kept fully informed of the work of the executive council through bulletins which are issued from our Columbus office—which is the office of the Ohio State Medical Journal. This plan has worked out admirably.

The legislative committee of our State Society, through its delegated representative on the executive council, Dr. J. H. J. Upham, has brought to the attention of the council those measures in which our society was particularly interested. It has secured the support of those we favored, of the united effort of the 800 committeemen and the lay organizations, and the combined weight of the allied forces. For those measures which we regard as detrimental to public health, such as the cult practice bills, Christian Science amendment, etc., it has secured the opposition of this really powerful organization.

In turn, through our legislative committeemen, we have loaned the support of our Society to bills in which we were not directly interested, but which we deemed were designed to promote public health. An instance of this sort was the support of the measure drafted by the Ohio Society for the Prevention of Tuberculosis, which materially changes the administration of the Mt. Vernon Tuberculosis sanatorium. With combined support it passed the House easily and will pass the Senate.

Leaders in medical legislation throughout the United States are watching carefully the Ohio plan. Dr. Frederick R. Green, secretary of the Council on Legislation of the American Medical Association, has informed us that he believes



every state society will in time resort to the plan adopted by your committee.

This has taken money. The society's proportion of the expense of the Federation work will alone cost \$600. In the past, however, it will be remembered that this organization has spent a like amount for attorney's fees, with very little tangible results. This year, without doubt, the medical profession in Ohio would have been seriously menaced by the cults, the various healers and the optometrists had it not been for the united front presented by the medical profession in connection with the Ohio Public Health Federation.

Since the Columbus annual meeting, this committee has considered a large number of propositions bearing upon legislation. We have lent our support to the special committee on workmen's compensation and were instrumental in securing the introduction of a bill modifying the \$200 limit for surgical attention. We have, and are, keeping close watch upon the various proposed narcotic regulations and are in a position to assure the members of this Society that their interests will be carefully looked after.

As stated previously, we do not think it necessary at this time to give a complete review of pending legislation, because complete reports on this matter have appeared in The Journal since the present General Assembly convened.

In closing, we want to impress upon the members of the State Society the absolute need of continuing our alliance with the Ohio Public Health Federation. We believe that every person familiar with the legislative situation will agree that it has proven the most effective plan ever worked out by any medical organization to deal with legislative problems. We feel sure that it can be strengthened, in another year or so, through profiting with our experience this season.

Like other committees of this Society, we have spent a seemingly large amount of money, but we can assure you that no money has been spent unnecessarily and no money has been wasted. We feel that the Society has secured results and that it will continue securing results if the present plan is continued.

The committee desires to thank, and to give unlimited credit to the county auxiliary committeemen who have cooperated with our Columbus office so willingly in every step taken. These committeemen have kept us informed as to the attitude of their legislative representatives and have almost without exception carried out the work at home, which is always the most effective legislative lobbying.

The committee desires to thank Dr. George H. Matson, secretary of the Ohio State Medical Board, who has been untiring in his efforts to protect the best interests of the profession and has cooperated in every manner with this committee. We desire to thank Dr. E. F. McCampbell, secretary of the

State Board of Health, who has rendered similar help.

Respectfully submitted,

Ben R. McClellan, M. D., Chairman,  
George V. Sheridan, Secretary,  
J. A. Thompson, M. D.,  
R. H. Bishop, Jr., M. D.,  
J. H. J. Upham, M. D.,  
C. D. Selby, M. D.,  
William E. Lower, M. D.

Committee on Public Policy and Legislation, Ohio  
State Medical Association.

## FIRST ANNUAL REPORT OF THE BUREAU OF PROMOTION

The Bureau of Promotion was established following a recommendation by President George A. Fackler, of Cincinnati, at the sixty-ninth annual meeting of the Ohio State Medical Association, held in Columbus, May 5, 6, and 7, 1914. It will be remembered that Dr. Fackler in his presidential address suggested that such a bureau be added to the Association's activities. A committee was appointed to work out a plan for carrying the suggestion into effect. This was returned at the final session of the 1914 meeting, in a report recommending that the bureau be administered by a board consisting of the president, the councilor of the district in which the president resides, and the members of the Publication Committee. This committee, the report provided, was to have headquarters in the Journal office, and was to be empowered to employ clerical assistance and to have an allowance for postage, etc. (See Journal O. S. M. A., May 1914, Page 290.)

This report was adopted unanimously by the House of Delegates and the suggestion was immediately put into effect. Mr. Sheridan, News Editor of The Journal, was made executive secretary. The Bureau immediately launched a statewide membership campaign with two aims in view: First, to secure the retention of all resident members, and secondly, to secure new members, particularly among those physicians residing in the smaller and more detached communities. Letters were sent to all county secretaries asking for complete lists of the desirable physicians in the county who were not affiliated with the county society. We secured responses from about two-thirds of the secretaries and secured a "prospect" list of 683. A systematic membership campaign was at once instituted. We first wrote the "prospect" assuring him that the society was anxious to have him affiliate with the county units. We then placed him on the complimentary mailing list of The Journal for three months. At the end of that period we wrote a second letter.

Other means of strengthening this plan were followed. While an exact check was impossible, it

is of the opinion that the 600 new members acquired last year by the State Society were either directly or indirectly secured by this method.

In the campaign, we sent out 1366 letters and mailed 2049 Journals, and carried on various other work, at a complete expense of \$495.88. If the money is available to extend this work, it can be profitably carried on in other fields.

At a meeting of the Bureau, held September 24, 1914, attended by all the members, a general checking up on the work was made and the situation in several of the weaker counties was taken up in detail. Throughout the entire year, the secretary of the Bureau continued constant correspondence with a view of assisting county secretaries in their membership work. Circular letters were addressed from time to time to secretaries, members of council, and others.

At the meeting in July, it was decided that the Bureau should compensate The Journal for the advertising it carried in its campaign to promote membership. Since that time, the Bureau has supervised the Association's advertising pages in The Journal and in this manner has materially aided The Journal in a financial way.

Our latest plan is the installation of a complete system to notify county secretaries of the location of physicians in their respective districts. Printed forms have been prepared for this purpose. Information gathered from all sources at the central office of the Bureau is in turn transmitted to the secretaries. This is done to notify them of the location of new men in their communities with the suggestion that they ascertain their desirability as members of the county society.

During the present year, the Bureau is extending its membership campaigns and immediately after the state meeting, will start upon a canvass by which we hope to increase the present membership by at least 500. The aim of the bureau in reality is 5,000 members by 1916.

Bureau of Promotion, Ohio State Medical Ass'n.

J. H. J. Upham, President  
Wells Teachnor, L. L. Bigelow,  
C. D. Selby, Fred Fletcher,  
Per, G. V. Sheridan, Secretary.

## SPECIAL COMMITTEE ON WORKMEN'S COMPENSATION

The committee appointed by your president to investigate the relationship existing between the Industrial Commission of Ohio and the medical profession, with reference to its administration of the Workmen's Compensation Act, met and organized on June 8, 1914, in the Chittenden hotel, Columbus, Ohio. Dr. C. F. Bowen was elected chairman and Dr. Clarence D. Selby secretary of the committee.

The committee met again on July 17, 1914, and again March 22, 1915, at the Chittenden hotel, Columbus. In all of these meetings the Workmen's Compensation Law and its administration by the Industrial Commission of Ohio were entered into and thoroughly discussed.

The committee also sent invitations through your Medical Journal to all physicians of the state to file complaints about the suggestions for the betterment of this law and its administration. The committee also met with Dr. Binckley, the Chief Examiner, and Mr. Yapple, Chairman of the Industrial Commission, and had a very frank and free discussion of the entire subject with them.

Aside from the meetings, the chairman and other members of the committee have been in frequent conferences with the officials of the Industrial Commission and have threshed out a large number of important questions.

The committee found that on a whole the law was satisfactory to the medical profession, but that its administration was not. We found that this was due largely to the difficulties in establishing and finding clerks and subordinates suitable to carry on such an enormous business as was thrust upon the Industrial Commission. Your committee found, or believed, that if certain changes were made in the administration of the law, it would materially benefit all concerned. It therefore adopted resolutions and presented them to the Industrial Commission. This was done on a number of occasions and we might say that they were cheerfully received and, in every instance, they were adopted.

The practice of cutting the physician's bill was entered into on numerous occasions and the practice almost done away with. There are still isolated cases, but as a general rule this is more the fault of the attending physician than the fault of the Industrial Commission. At the request of the committee the fee bill was practically abolished and in its stead the Commission approves or disapproves of the medical bills entirely upon the written statement as to the amount and kind of services rendered. The amount paid out by the Industrial Commission for medical services in accident cases, averaged \$6.47 per case; but at the present time, fees are being allowed which has brought the total to an average of \$10.00 per case.

The members of the committee believe that they have accomplished considerable in bringing the Industrial Commission and the medical profession closer together, and they further believe that a great deal more can be accomplished along the same lines, and they therefore earnestly request that the committee be continued so that it can work along the same lines as before.

This report is respectfully submitted by the Committee on Workmen's Compensation.

Chas. F. Bowen, Chairman.  
Clarence Selby, Secretary.



## PROGRAM FOR DINNER OF 100 PER CENT CLUB

The following program has been arranged for the "Booster Luncheon" which will be given Wednesday, May 5, at 12 o'clock, noon, in the Fountain Room Annex, of the Hotel Gibson, by the Bureau of Promotion of the State Society, in honor of those who qualified for membership in the One Hundred Per Cent Club:

12:00: Lunch served.

12:15-12:20: "Why We Are Here," by Dr. J. H. J. Upham, president of the State Society.

12:20-12:25: "Five Thousand by 1916," Dr. C. D. Selby, secretary-treasurer of the State Society.

12:25-12:30: "Paulding, First County In," by Dr. R. J. Dillery, the secretary.

12:30-12:35: "Smashing Records," by Dr. A. S. McCormick, secretary of the Summit County Society.

12:35-12:40: "How The Journal Can Help," by George V. Sheridan, news editor of the Ohio State Medical Journal.

12:40-12:45: "How We Doubled the Harrison County Membership," by Dr. A. P. Rusk, secretary.

12:45-1:15: Ten snappy, three-minute talks by ten live wires.

Acceptances of the invitations to attend this luncheon are coming in rapidly and promises to be one of the "live" features of the state meeting. Those invited are presidents and secretaries of county societies which qualified in the One Hundred Per Cent Club class, and any member of the society who was particularly active in membership work, and whose name is certified to The Journal by the president and secretary of that society.

## SANITATION MADE POSSIBLE OUR GREAT CANAL, ENGINEER SAYS

"By spending \$18,000,000 to improve the sanitary conditions of Panama, the United States was enabled to build the canal. Neglect of sanitary condition caused the French to fail."

This is what Mr. J. L. Aznoe, an engineer, recently of Panama, told members of the Toledo Physicians and Surgeons Club, March 10, 1915.

Mr. Aznoe cited the conditions on the isthmus before and after Col. Gorgas took charge. He cited the conditions in Toledo, and asked the physicians why they did not do the same for their city. It can be done, he insisted, and the doctors are the ones to do it.

The ensuing discussion brought out the fact that the Toledo doctors are on the job, and that they are back of a live movement to better the health conditions of their city.

## INTERSTATE ANESTHETISTS ASSOCIATION PROGRAM

The following additional details regarding the meeting of the Interstate Association of Anesthetists, in Cincinnati, May 4-5, have developed since the preliminary announcement of the scientific program in the March issue of The Journal.

Robert Carothers, Councilor of the First District, Ohio State Medical Association, will welcome the visitors in behalf of the local professions, and among those who will open the discussions of the various papers may be mentioned, H. H. Roberts, Lexington, Ky.; A. J. Skeel and Roland E. Skeel, Cleveland, O.; John H. Evans, Buffalo, N. Y.; C. D. Collins, Chicago, Ills.; W. N. Lynn, Knoxville, Tenn.; Martin Ware, New York City; R. B. East, Detroit, Mich.; W. I. Jones, Columbus, O.; F. C. Mann, Indianapolis, Ind.; F. G. Dubose, Selma, Ala.; and Paul Cassidy, Moses Salzer, S. Iglauer, J. H. Wilms, Henry Stanberry, and J. Edward Pirrung, of Cincinnati, O.

The papers of Hugh W. MacMillan, Charles T. Souther, Edward S. Barber, B. Merrill Ricketts, and D. D. DeNeen will be accompanied by lantern-slide demonstrations, with Lester D. Collier, Curator of the Cincinnati Society of Natural History at the ballopticon.

The organization dinner, which will be held on the evening of May 4, in the Annex of the Fountain Room, New Hotel Gibson, at 6 o'clock, promises to be not only a delectable repast, but will also be enlivened by the wit and humor of such postprandial celebrities as W. D. Haines, toastmaster; J. Louis Ransohoff, "The Anestheasiest Way;" E. S. McKee, "Anesthetic Anecdotes;" Otto Juettner, "Woman—The Eternal Narcotic;" and W. H. Long, "Anesthesia, a Fullfledged Specialty." The Hotel Gibson orchestra will render the musical interludes and there will be appropriate Victrola selections. Reservations will be \$1.50 a plate, and the ladies are especially desired as guests to lend charm to the occasion. For further information and dinner reservations, address F. H. McMechan, M. D., Secretary, 1044 Wesley Ave., Cincinnati, Ohio.

## MEDICAL DEFENSE REPORT

The report of the special committee on Medical Defense, of which Dr. J. E. Tuckerman, of Cleveland, is chairman, was presented to Council of the State Society on October 12, 1914, and was published in full in the Journal of November, 1914, page 686.

The Journal will be glad to print interesting case reports submitted to us by members of the State Society. Reports which bring out unusual features or new or unusual methods of treatment and which are presented briefly will be received with thanks.

## PROGRAM FOR THE ANNUAL MEETING IS SPLENDID COMBINATION OF SCIENTIFIC AND SOCIAL FEATURES

The Journal presents herewith the program of the seventieth annual meeting of the Ohio State Medical Association, which will be held in Cincinnati May 4th, 5th and 6th. Read it carefully. We believe that it is one of the best scientific programs ever presented by the State Society.

In the main, the plan of centralizing the work of the various sections, which was successfully tried at the Columbus meeting, has been carried out. All sections will have meetings Tuesday afternoon. The eye, ear, nose and throat section will hold a meeting Wednesday morning, and will then adjourn to Cincinnati General Hospital for clinical work. The medical and surgical sections will hold a splendid joint session on Wednesday morning, to which we desire to call your particular attention.

The committee on arrangements of the Cincinnati Academy is preparing to make this a most enjoyable occasion from a social standpoint. Exceptional arrangements are being made to provide entertainment for the visiting ladies.

One pleasant feature of this year's meeting will be the centralization of all convention activities, excepting clinical work, under one roof. The convention facilities of the new Hotel Gibson, where all sections will meet and where headquarters will be established, are unsurpassed.

### Many Societies Meet.

Various collateral activities will add to the interest of this year's meeting. The Ohio State Clinical Association holds its annual meeting in Cincinnati Monday and Tuesday morning. The One Hundred Per Cent Club will hold a "boosters' luncheon" Wednesday noon, and in an adjoining room there will be a conference of those interested in school medical inspection. The meeting of the Interstate Association of Anesthetists will be in session Tuesday and Wednesday.

An innovation this year will be the program for the preceding Sunday, May 2. The Federation of Churches of Cincinnati have thrown open the pulpits of the city to visiting medical men, for public health lectures. Requests have been made for one hundred speakers for as many churches, and the local committee is now busily engaged in arranging the details. This follows the plan adopted some years ago by the American Medical Association in connection with its annual meetings.

The sessions of the House of Delegates will be unusually important this year, as there are several vital matters up for consideration. Every delegate should read carefully the various annual reports in this issue, and should arrange to attend every session of the House of Delegates.

Go to Cincinnati. It will be a big, splendid meeting, and will put new life into our association.

The detailed program was issued March 23 by the Program Committee of the Council—President Upham, Dr. Wells Teachnor and Dr. Robert Carothers. On March 14, together with Secretary Selby and News Editor Sheridan, this committee met with the local committee in Cincinnati to consider local details.

## THE PROGRAM

### OPENING SESSION

Tuesday, May 4, 10:00 A. M.

(Second Floor of Hotel Gibson)

1. Call to order by President of the State Society, J. H. J. Upham, M. D., of Columbus.
2. Address of welcome on behalf of the City of Cincinnati, by Hon. Frederick Spiegel, the Mayor.
3. Address of welcome on behalf the Academy of Medicine of Cincinnati, by J. W. Murphy, M. D., the President.
4. Annual address of the President of the Ohio State Medical Association.
5. Announcement of the general details of the program by E. O. Smith, M. D., chairman of the local committee on arrangements.

## HOUSE OF DELEGATES

### OPENING SESSION

All meetings of the House will be held on the second floor of the Hotel Gibson.

Tuesday, May 4, at 11:00 A. M.

1. Call to order by the President.
2. Miscellaneous business.
3. Nomination and election of the nominating committee.
4. Reports of officers:
  - (a) Secretary-Treasurer.
5. Reports of special and standing committees:
  - (a) Public Policy and Legislation, Ben R. McClellan, M. D., of Xenia, Chairman.
  - (b) Publication, C. D. Selby, M. D., of Toledo, Chairman.
  - (c) Public Health Education, E. M. Huston, M. D., Dayton, Chairman.
  - (d) National Legislation, Ben R. McClellan, M. D., Xenia, national auxiliary committeeman for the American Medical Association.



- (e) Bureau of Promotion, J. H. J. Upham, M. D., of Columbus, Chairman.  
 (f) Committee on Medical Defense, J. E. Tuckerman, M. D., of Cleveland, Chairman.  
 (g) Workmen's Compensation (Special), C. F. Bowen, M. D., Columbus, Chairman.

### SECOND SESSION

**Tuesday Evening, May 4, at 7:00 P. M.**

(Second Floor, Hotel Gibson.)

1. Reports from the councilors as to conditions in the counties of their districts.
2. Proposed amendments to the Constitution and By-laws.
3. Miscellaneous business, including fixing of per capita assessment.

### THIRD SESSION

**Wednesday, May 5, at 1:00 P. M.**

(Second Floor, Hotel Gibson.)

1. Report of nominating committee.
2. Election of officers:
  - (a) President-elect.
  - (b) Chairman and two members of the Committee on Public Policy and Legislation.
  - (c) Managing Editor of The Journal.
  - (d) Three members of Publication Committee.
  - (e) Chairman and two members Committee on Public Health Education.
  - (f) Member National Legislative Council.
  - (g) Councilor, Second District.
  - (h) Councilor, Seventh District.
  - (i) Councilor, Sixth District.
 (Owing to resignation of Dr. T. Clarke Miller.)
3. Miscellaneous business.

## MEDICAL SECTION

C. O. Probst, M. D., Columbus.....Chairman  
 W. H. Peters, M. D., Cincinnati.....Secretary  
 Meets on the second floor of the Hotel Gibson

**TUESDAY, MAY 4, AT 2:00 P. M.**

1. Amoebic bowel infection in Ohio, by W. H. Lewis, M. D. Newark.
2. Heart affections from appendix and gall bladder disease, by M. J. Lichty, M. D., Cleveland.  
Discussion, G. F. Zininger, M. D., Canton.
3. Anaemia—Diagnosis of underlying causes: Treatment, by A. E. Osmond, M. D., Cincinnati.  
Discussion, F. W. Langdon, M. D., Cincinnati.
4. The treatment of enuresis by psycho-therapy, by W. Ravine, M. D., Cincinnati.  
Discussion, F. W. Langdon, M. D., Cincinnati.
5. The recognition and management of threatening diabetic coma, by L. A. Levison, M. D., Toledo.  
Discussion, F. P. Anzinger, M. D., Springfield.
6. The relation of industry to medicine, by S. M. McCurdy, M. D., Youngstown.  
Discussion, E. R. Hayhurst, M. D., Columbus.

**WEDNESDAY, MAY 5, AT 9:00 A. M.**

This will be a joint session of the Medical and Surgical Sections, with the following joint program:

1. Medical and surgical considerations in the diagnosis and treatment of gastric and duodenal ulcer.
  - (a) Medical paper—John Dudley Dunham, M. D., Columbus.
  - (b) Surgical paper—Frank Emory Bunts, M. D., Cleveland.  
Medical discussion, Henry Wald Bettmann, M. D., Cincinnati.  
Surgical discussion, W. D. Haines, M. D., Cincinnati, and Charles Locke Scudder, M. D., Boston, Mass.
2. Arthritis deformans from the medical and surgical standpoint.
  - (a) Medical paper—John Phillips, M. D., Cleveland.
  - (b) Surgical paper, Robert Carothers, M. D., Cincinnati.  
Medical discussion, Weston A. Price, M. D., D. D. S., Cleveland.  
Surgical discussion, Gordon Niles Morrill, M. D., Cleveland.

**WEDNESDAY, MAY 5, AT 3:00 P. M.**

1. The treatment of intestinal intoxication, by J. Henry Schroeder, M. D., Cincinnati.  
Discussion.
2. The usefulness of gastric lavage in diabetes mellitus, by John P. Sawyer, M. D., Cleveland.  
Discussion.
3. Emotions and medicine, by Howard Jones, M. D., Circleville.  
Discussion, Park L. Myers, M. D., Toledo.
4. Climatology of the Ohio Valley, by Charles S. Rockhill, M. D., Cincinnati.  
Discussion, S. O. Barkhurst, M. D., Steubenville.
5. The result of two and one-half years' experience with intraspinal treatment of cerebrospinal syphilis, by Clyde L. Cummer, M. D., Cleveland.  
Discussion, W. J. Stone, M. D., Toledo.
6. The luetin reaction, by Harold Feil, M. D., Cleveland.  
Discussion.

## SURGICAL SECTION

Charles E. Briggs, M. D., Cleveland.....Chairman  
 C. W. Moots, M. D., Toledo.....Secretary  
 Meets on the second floor of the Hotel Gibson

**TUESDAY, MAY 4, AT 2:00 P. M.**

1. Intra-abdominal traumatism, by Frederick Cowles Herrick, M. D., Cleveland.  
Discussion.

2. The end results of gall-bladder surgery, by Joseph Edward Pirrung, M. D., Cincinnati. Discussion, William Drake Hamilton, M. D., Columbus.
3. Suppurative pericarditis, by Goodrich Barbour Rhodes, M. D., Cincinnati. Discussion.
4. The use of an autogenous rib graft in reconstructive skull surgery, by Roscoe R. Kahle, M. D., Columbus. Discussion.
5. Resection of the posterior roots of the spinal cord for the cure of spastic paraplegias, by Emmett M. Bland, M. D., Cleveland. Discussion.

#### WEDNESDAY, MAY 5, AT 9:00 A. M.

**Important.**—This will be a joint session with the Medical Section (second floor of Hotel Gibson). For joint program see Medical Section program for Wednesday morning.

#### WEDNESDAY, MAY 5, AT 3:00 P. M.

1. Surgical shibboleths, by Joseph Ransohoff, M. D., Cincinnati. Discussion, Roland Edward Skeel, M. D., Cleveland.
2. The indications for operation, by John Chadwick Oliver, M. D., Cincinnati. Discussion.
3. Fractures in the neighborhood of joints, by Charles Edward Caldwell, M. D., Cincinnati. Discussion.
4. Surgical conditions of the great omentum, by Carl A. Hamann, M. D., Cleveland. Discussion, Martin Stamm, M. D., Fremont.
5. The present status of the goitre problem, by Julius H. Jacobson, M. D., Toledo. Discussion, John Pascal Sawyer, M. D., Cleveland.

### EYE, EAR, NOSE, THROAT SECTION

Charles Lukens, M. D., Toledo.....Chairman  
Charles L. Minor, M. D., Springfield....Secretary

The first two sessions will be held on the second floor, Hotel Gibson.

#### TUESDAY, MAY 4, AT 2:00 P. M.

1. Trephining for glaucoma. Report of cases, by Andrew Timberman, M. D., Columbus.
2. Luxation of the crystalline lens as a cause of muscle imbalance, by Horace Bonner, M. D., Dayton.
3. Some reminiscences of the treatment of the eye, by S. C. Ayers, M. D., Cincinnati.
4. Extraction of the lens as observed in the various European clinics, by Charles C. Stuart, M. D., Cleveland.
5. Present-day facts in ophthalmology of essential advantage to the general practitioner, by Robert Sattler, M. D., Cincinnati.

6. Tumors of the lachrymal gland. Report of case with operation, by John L. Washburn, M. D., Youngstown.

#### WEDNESDAY, MAY 5, AT 9:00 A. M.

1. Short business session. Election of officers. Reports of committees.
2. The responsibility assumed by those doing nose and throat surgery, by John Edwin Brown, M. D., Columbus.
3. Annual address: The educational factor in the treatment of deafness, by Philip D. Kerrison, M. D., New York.
4. Focal infections, by Weston A. Price, M. D., D. D. S., Cleveland. (By invitation.) Will be illustrated with stereoptican and motion pictures.

#### Important Notice

Adjournment to roof garden of Nurses' Home, new Cincinnati General Hospital, for luncheon immediately at the close of the morning session. Only those registered with this section expected at the luncheon or the afternoon clinics.

#### WEDNESDAY, MAY 5, AT 2:30 P. M.

Clinical session at the new Cincinnati General Hospital—eye, ear, nose and throat pavilion. Clinics will be in charge of John W. Murphy, M. D., of Cincinnati. Dr. Kerrison will participate. Five operating rooms with plenty of room for all.

### HYGIENE AND SANITATION

A. L. Light, M. D., Dayton.....Chairman  
Gertrude Felker, M. D., Dayton.....Secretary

The single session of this section will be held in Hotel Gibson, second floor.

#### TUESDAY, MAY 4, AT 2:00 P. M.

1. The present status of preventive inoculation against disease, by E. F. McCampbell, Ph. D., M. D., Sec'y and Executive Officer Ohio State Board of Health, Columbus. Discussion, F. G. Boudreau, M. D., C. M., Director Division of Communicable Diseases, Ohio State Board of Health, Columbus.
2. The physician in relation to industry as a factor in public health work, by O. P. Geier, M. D., Cincinnati, Sec'y Section on Preventive Medicine and Public Health of the A. M. A. Discussion, Sidney McCurdy, M. D., Youngstown.
3. The education of the public in preventive medicine, by Mazyck P. Ravenel, M. D., Director of Department of Preventive Medicine, University of Missouri.
4. The negro health problem in large cities, by John H. Landis, M. D., Health Officer, Cincinnati Board of Health.
5. The negro health problem in small cities, by J. R. McDowell, M. D., Director Department of Public Health and Sanitation, Springfield. Discussion, A. C. Messenger, M. D., Health Officer, Xenia.



6. The doctor and the practical application of public health measures, by C. E. Ford, M. D., Commissioner of Health, Cleveland.
7. The disinfection of water supplies, by W. H. Dittoe, Cer. Engr., Chief Engr. Division of Sanitary Engineering, Columbus.
8. Election of Section Chairman and Section Secretary, and other business.

### DERMATOLOGY, G. U. SURGERY AND PROCTOLOGY

Henry L. Sanford, M. D., Cleveland.....Chairman  
Charles J. Shepard, M. D., Columbus.....Secretary  
Single session of this section meets at Hotel Gibson, second floor.

**TUESDAY, MAY 4, AT 2:00 P. M.**

#### Dermatology.

1. Some factors in connection with the contraction of syphilis, H. N. Cole, M. D., Cleveland.
2. Cutaneous manifestations of pellagra, A. Ravogli, M. D., of Cincinnati.

#### Genito-urinary Diseases.

3. Observations on the pathology, diagnosis and treatment of tuberculosis of the kidneys, C. A. Coleman, M. D., of Dayton.
4. Pyelitis, by M. B. McGonigle, M. D., of Toledo.
5. Treatment of rupture of the male urethra, with case reports, E. O. Smith, M. D., of Cincinnati.
6. Paper, subject to be announced, W. E. Lower, M. D., of Cleveland.

#### Proctology.

7. The diagnosis of cancer of the rectum and sigmoid, Wells Teachnor, M. D., of Columbus.
8. The conservation of the sphincter muscles in proctological operations, John M. Frick, M. D., of Toledo.

**Note.**—Drs. Braeman and Ravogli will have a skin clinic at City Hospital, Wednesday, May 5, at 9 a. m.

### OBSTETRICS AND PEDIATRICS

S. J. Goodman, M. D., Columbus.....Chairman  
Andrews Rogers, M. D., Columbus.....Secretary

Only meeting of this section will be held second floor, Hotel Gibson.

**TUESDAY, MAY 4, AT 2:00 P. M.**

1. A few practical points in obstetrics, by J. F. Baldwin, M. D., Columbus.
2. Anæsthetics and anaesthetics in labor—Their indications and contra-indications, by Wm. G. Gillespie, M. D., Cincinnati.
3. Tuberculosis as a complication of pregnancy, by J. J. Thomas, M. D., Cleveland.
4. Care of the new-born, by H. J. Morgan, M. D., Toledo.
5. Recent results in X-Ray treatment of menorrhagia and uterine fibroids, by Sidney Lange, Cincinnati.

6. Election of Section Chairman and Section Secretary.

### GENERAL SESSION

This meeting will be held in the main auditorium on the second floor of the Hotel Gibson. It will be the only general session of the meeting.

**THURSDAY, MAY 6, 9:30 A. M.**

1. Call to order, by the President of the Association.
2. Oration on Medicine: The thymus gland, Geo. Dock, M. D., Dean and Professor of Medicine, Washington University Medical School, St. Louis, Mo.
3. Oration on Surgery: The operative treatment of fracture of bone, by Charles Locke Scudder, M. D., of Boston, Mass.

It has been suggested that Thursday afternoon be devoted to a visit to the new Cincinnati General Hospital, easily reached by street cars from the convention headquarters. The local committee has made arrangements to show visitors through the institution. Late afternoon trains leave Cincinnati for almost every section of the state, which make it possible to devote several hours after the close of the morning session to this inspection.

### FACTS OF INTEREST

#### REGISTRATION

General registration for all visitors and guests will be conducted on the mezzanine floor, Hotel Gibson, just off the main lobby. A badge will be issued on registration to every member and guest, and admission to all section and general meetings and to the special entertainments in connection with the meeting will be by badge only. This year there will be door-keepers at every meeting of every section, and those failing to show membership or guest badges will be excluded. In years past members who were in arrears with their dues—and were no longer members, in consequence—have been admitted to the various sessions. It has been decided to strictly enforce the provisions of the constitution on this point this year, so it behooves every member to see that dues for 1915 are paid in advance of the meeting.

#### PAPERS

All papers presented at any section or general meeting shall be deposited with the secretary of that section immediately after the reading. This is absolutely necessary if the paper is to be considered for publication in The Journal. All papers read before any section of the meeting are property of the Association, and must first be submitted for publication in the official journal of the Association. Immediately after delivery they should be handed to the secretary of the section.

No address or paper, except those of the presi-

dent and orators shall require more than twenty minutes in its delivery; and no member shall speak for longer than five minutes in discussion, nor, except by unanimous consent, more than once on one subject.

#### EVENING ENTERTAINMENT

Tuesday evening, May 4, all members and guests will be the guests of the Cincinnati Academy at a Smoker to be given in the ball room of the Hotel Gibson, second floor, commencing at 8:30 p. m. Many unusual "stunts" are being prepared.

Wednesday evening, May 5, all members and guests are invited to a banquet to be served in the ball room, Hotel Gibson, at 7:00 p. m. A "surprise" entertainment will follow immediately thereafter. Visiting ladies are included in the invitation. Tickets: Two dollars.

#### PROGRAM FOR LADIES

General committee for ladies representing the Cincinnati Academy: Dr. Nora Crotty, chairman, Dr. Elizabeth Campbell, and Dr. Bertha Lietze.

This program was arranged to care for wives and daughters of members and for women members of the Association.

**Tuesday, May 4, at 3:00 P. M.**—General reception for all visiting ladies at the Women's Club, in Walnut Hills. Autos will transport the party. Those accepting this invitation should meet on the mezzanine floor, Hotel Gibson, at 2:45 p. m. The reception and tea will be over by 5:00 p. m.

**Tuesday, May 4, 7:45 P. M.**—A theater party will be given for all visiting ladies. Meet on mezzanine floor of Hotel Gibson at 7:45 p. m. Following the theater a buffet luncheon will be served by the local committee at the Hotel Gibson.

**Wednesday, May 5, at 2:00 P. M.**—Autos will be provided to take visiting ladies on an all-afternoon tour of the city—through the beautiful hill-top suburbs and to the many points of special interest which make Cincinnati an attractive convention city. Guests should assemble at the ladies' entrance, Hotel Gibson, at 2 p. m.

#### COMMITTEES FROM THE CINCINNATI ACADEMY

The following committees representing the Academy of Medicine of Cincinnati have charge of the arrangements for the annual meeting:

General Chairman.....E. O. Smith, M. D.  
Treasurer.....W. S. Keller, M. D.  
Publicity.....Frank B. Cross, M. D.  
Entertainment.....Mark A. Brown, M. D.  
Hotels and Places of Meeting..Frank Lamb, M. D.  
Badges and Buttons.....Chas. T. Souther, M. D.  
Finance and Exhibits....J. Louis Ransohoff, M. D.  
Reception.....G. A. Fackler, M. D.

#### CONDENSED SUMMARY OF THE PROGRAM

##### Tuesday, May 4—Morning.

10:00 A. M.—Opening session, annual address of the President, at Hotel Gibson.

11:00 A. M.—House of delegates, opening session for annual reports, Hotel Gibson.

##### Tuesday Afternoon.

2:00 P. M.—Medical section, Hotel Gibson.

2:00 P. M.—Surgical section, Hotel Gibson.

2:00 P. M.—Eye, ear, nose, and throat section, Hotel Gibson.

2:00 P. M.—Obstetrics and pediatrics section, Hotel Gibson.

2:00 P. M.—Hygiene and sanitary science section, Hotel Gibson.

2:00 P. M.—Dermatology, G. U., and proctological section, Hotel Gibson.

3:00 P. M.—General reception for all visiting ladies at Women's Club.

##### Tuesday, May 4—Evening.

7:00 P. M.—House of Delegates.

8:30 P. M.—General smoker, Hotel Gibson.

7:45 P. M.—Theater party for ladies, followed by buffet lunch.

##### Wednesday, May 5—Morning.

9:00 A. M.—Joint session of the medical and surgical sections, Hotel Gibson.

9:00 A. M.—Eye, ear, nose and throat section, Hotel Gibson.

##### Wednesday Noon.

12:00 M.—One Hundred Per Cent Club, first annual luncheon-conference, Fountain Room Annex, Hotel Gibson.

12:00 M.—School Medical Inspectors' luncheon-conference, Fountain Room Annex No. 2, Hotel Gibson.

12:00 M.—Lunch, Nurses' Home, City Hospital, to members of eye, ear, etc., section.

##### Wednesday Afternoon.

1:00 P. M.—House of Delegates.

2:00 P. M.—Auto drive over city for ladies.

3:00 P. M.—Medical section, Hotel Gibson.

3:00 P. M.—Surgical section, Hotel Gibson.

3:00 P. M.—Clinic, City Hospital, eye, ear, etc., section.

##### Wednesday Evening.

7:30 P. M.—Banquet, Hotel Gibson, for all.

##### Thursday, May 6—Morning.

9:30 A. M.—General session, with orations in medicine and surgery, Hotel Gibson.



## NEWS OF INTEREST

### FROM OHIO HOSPITALS

Out of sixteen internes appointed for Cleveland City hospital service by the department of public welfare, twelve are graduates of Western Reserve, two are graduates of the University of Texas, and two of Rush medical school, Chicago. Ninety-one men took the examination. For service of one year, commencing July 1, these were appointed: Roy P. Forbes, P. S. Murphy, Francis C. Tying, Manly H. Shipley, Stephen W. Boesel, H. E. Woodbury, F. O. Calaway, R. Eugene Dyer. These were named for one year, commencing October 1, 1915: J. L. Reycraft, L. Wallace Potts, Richard Gregg, C. W. Burhans, William Markus, Leonard J. Bernstein, Albert Vanderkloot, George N. Robbins.

Medical men in Columbus and a number of the larger cities of the state appear to have been swindled by two women who represented themselves to be representatives of a company which for \$10.00 a year (in some cases, \$5.00) offered to supply subscribers with reprints of any selected medical articles appearing in this country or abroad. The Journal A. M. A., March 20, brands the scheme as a swindle. It is known that several physicians in Columbus parted with their money.

Newark Sanatorium has filed with Newark city council a request that it receive one-half of the money raised by taxation for the support of the new Newark City Hospital. In a formal communication to council it is pointed out that in the past six years it has performed charity service amounting to \$6,835, without remuneration from the city, and that in the future it should be recompensed by the city. A large number of Newark physicians signed a petition asking that the request be granted.

In the March number of Modern Hospital, Rev. C. Golden and Dr. William Gillespie describe the new maternity department of Bethesda Hospital, Cincinnati, which was completed a year ago at a cost of \$125,000. In the same number, Dr. A. R. Warner, superintendent of Lakeside Hospital, Cleveland, presents a paper dealing with the manufacture of nitrous oxid for anesthesia in hospitals. He describes the plant installed at Lakeside.

Cincinnati Sanitarium, Dr. F. W. Langdon, medical director, has issued its forty-first annual report in the form of an attractive pamphlet, giving many views of the institution and its attractive surroundings. By July 1 the institution will have ready for occupancy a new "rest cottage" for

nutritional and hygienic treatments, built on the plan of a comfortable home and designed to appeal to purely nervous patients.

Dr. John H. Hornsby, Chicago, who is acting as advisor in the planning of the new Cleveland Hospital group, in a recent address before the City Club stated that in his opinion Cleveland will have the finest hospital group in the world when present plans are carried out. The contemplated group will cost about \$3,000,000.

The Harvard unit for service in the American Ambulance Service in Paris, sailed for Europe March 17. Dr. Philip D. Wilson, of Columbus, is a member of the surgical staff. This unit on March 31 relieved the Western Reserve staff, which sailed early in the year.

The third conference of Ohio Tuberculosis Hospital Superintendents was held in Columbus Friday, March 26, at the Franklin County Tuberculosis Hospital. Uniform rules for the control of tuberculosis hospitals and uniform report cards were determined upon at this meeting.

Under the will of Ada Coover the city of London receives a twelve-acre tract, located on North Main street, for the erection of a Madison county hospital. The county has three years in which to accept the site.

Lancaster municipal hospital commission, of which Dr. A. L. Guthrie is a member, recently inspected Cincinnati General Hospital to secure ideas for incorporation in their new \$50,000 plant, plans for which have been drawn.

Reports from the new Cincinnati General Hospital indicate that the number of applications for admission is nearly twice as large as the number made for admission to the old institution. About thirty patients are admitted daily.

Commissioners of Springfield Lake Five-county Tuberculosis sanatorium have decided to add 24 new beds, raising the capacity of the institution to 120 beds.

Dr. John H. Berry, assistant physician at Longview State Hospital, Cincinnati, has been appointed first assistant physician at the new Lima State Hospital.

The Bryan Press states that a general movement is under way in that city to build a municipal hospital.

Dr. T. L. Ramsey has assumed charge of the laboratory at Flower Hospital, Toledo.

# COUNCIL HOLDS AN INTERESTING SESSION

(Minutes by Wells Teachnor, M. D., the Secretary)

Council of the Ohio State Medical Association met in regular session at the Chittenden Hotel, Columbus, Ohio, March 22, 1915, with President Upham in the chair. Members present: Drs. Carothers, Grube, Weeks, Ford, Miller, Groves, Wright, Rardin, and Teachnor. Dr. Ben R. McClellan, chairman of the Committee on Public Policy and Legislation, Dr. Selby, secretary-treasurer, and Mr. Sheridan, of The Journal, were present.

The minutes of the previous meeting were read and approved after the word "final" had been stricken from the last line of the second paragraph of the letter sent by the secretary to the component societies for instructions on the Medical Defense proposition.

Dr. McClellan submitted the annual report of the Committee on Public Policy and Legislation which was approved by council and ordered printed in The Journal. Dr. McClellan commented that the encouraging feature of this report was the willingness of the auxiliary legislative committee to lend their support and cooperation in all legislative matters.

The president reported for the Promotion Committee, giving in detail the results accomplished during the past year, and advised its continuance. The report was received and ordered printed.

Dr. Selby reported informally for the committee appointed to confer with the Industrial Commission. The report was received by Council and the committee continued.

Dr. Selby submitted the annual report of the Publication Committee, which was discussed by Drs. Wright, Miller and Ford. It was the sense of Council that the report of the advertising department be elaborated on more in detail for the benefit of the profession. On motion the report was accepted by Council and ordered printed in The Journal.

## Pay Dues Promptly.

Dr. Selby presented the annual report of the Secretary-Treasurer, which was approved by council and ordered printed. One of the significant features of this report is the promptness shown by members in paying their annual dues. A comparison for the past three years is as follows:

Dues paid by March 31, 1913.....	516
Dues paid by March 31, 1914.....	2130
Dues paid by March 31, 1915.....	2522

On motion the special reports of councilors were dispensed with this meeting.

The Secretary presented the program for the annual meeting which was approved by council

with the exception that the Section on Hygiene and Sanitary Science be limited to one session, and that Dr. Carothers be authorized to arrange with the local committee at Cincinnati for Dr. Ravenel to speak at one of the social functions, if possible.

The report of the Secretary of the Section on Nervous and Mental Diseases was referred to the program committee with power to act.

The resignation of Dr. T. Clarke Miller of the Sixth District was received and accepted to take effect at the first meeting of the next House of Delegates.

## In Memory of Dr. Bain.

The following resolution was offered and unanimously adopted:

"Whereas, In the midst of an active and useful life, death has taken from us Dr. Frank D. Bain, a former president of the Ohio State Medical Association and member of its council; be it

"Resolved, That the Council of the Ohio State Medical Association feels that the state organization has lost a most useful member.

"That the medical profession of Ohio has lost a member of ability and more than ordinary popularity, and that this Council, on behalf of the members of the Ohio State Medical Association, records its appreciation of his long and devoted service for the best interests of the medical profession and extends its deep-felt sympathy to his family."

It was the sense of council that the Medical Defense proposition be postponed to the next meeting of council.

On motion of Dr. Ford council authorized the Secretary-Treasurer to pay the actual expenses of the members of the committee appointed to confer with the State Industrial Commission.

On motion of the Secretary, council adjourned to meet in the Hotel Gibson, Cincinnati, on Monday evening, May 3, at 8 o'clock.

## OSTEOPATHS AND DRUG USERS DENIED NARCOTIC LICENSES

Internal revenue collectors throughout Ohio were notified March 20 from Washington, not to issue narcotic licenses to osteopaths. A large number of osteopathic practitioners in Ohio abandoned their theory of "drugless healing" long enough to apply for narcotic licenses under the new federal restrictions.

Physicians who are themselves habitual users of the proscribed narcotics will be denied licenses when same are renewed by the Federal agents in June. This was made plain in a supplementary ruling issued late in March.

Secretaries of county societies are requested and urged to forward to their councilor programs of each meeting. This is exceedingly helpful to the councilor and keeps him in close touch with the activities in his district.



## INTERESTED IN SCHOOL MEDICAL INSPECTION WORK? ATTEND THIS LUNCHEON CONFERENCE AT CINCINNATI

During the meeting of the State Society at Cincinnati, there will be a luncheon hour period devoted to the consideration of health supervision of school children, in the Fountain Room Annex of the Hotel Gibson at 12 o'clock, Wednesday, May 5th. The menu will appeal to all epicures.

This luncheon and meeting should be attended by all doctors and dentists who are particularly interested in the basic principles of child health. This meeting will, also, give an opportunity for the getting together of the group of workers who are particularly interested in the problem of the dull and backward child in the public school. It is realized that children with a mental disability must receive care different from those really physically handicapped, so it would seem that at this meeting there might be a getting together of teachers, doctors and psychologists, in order that there will result an organization that will plan for the care and education of these mentally deficient children throughout the state.

The medical inspectors find that these backward children who do not become normal even after all the physical conditions are treated, such as removing adenoids, filling teeth, defective sight repaired and hearing restored. Here it is that he brings to bear his knowledge of the defective child and recognizes that he may be dealing with mental deficiency, and prescribes treatment for this condition—not with the view of curing it but to see that the child receives the kind of treatment that is adapted to his condition.

### May Become Paupers.

The importance of this special care, treatment and training for the backward child, who has been looked upon by many teachers as a child of evil propensities, laziness or maliciousness, is shown by the now demonstrated fact that unless cared for, he grows up to become a pauper, a delinquent, or dependent.

The recognition of this fact places a great civic duty upon our school authorities. If the school accepts the problem and does its duty, these children may to a great extent be saved from a life of dependency and crime, made happy and useful altho they never may be made normal. Since this condition has been recognized in the larger cities of our state, school-boards and superintendents are taking active steps toward solving the problem, not only for the relief of their own difficulties in the school management of these children, but also in order to help the community. It is recognized that if these children are selected early and placed in small groups under the charge of an experienced trained teacher, a great deal can be done for them.

Cincinnati, Dayton, Cleveland and Toledo now

have the special classes for these children and pronounce them a success, not only for the defective child, but for the relief of the regular classes by the removal of these defectives. The grade teacher is able to carry on her work with satisfaction. She is able to give her best to the normal child without feeling she is neglecting the weaker ones—a feeling which weakens her efficiency. The problem of truancy and incorrigibility is largely solved, for it is the defective child who is the usual truant and incorrigible.

### Work in Toledo.

In the twenty-one special classes now organized in Toledo, for instance, about 350 boys and girls who are three years backward are now being trained. Their mentality is ascertained by the application of the Binet measuring scale of intelligence. The special class children need considerable attention concerning their physical condition. They need training in co-ordination and general movement; they need a great deal of play and much of the work must be given in form of games, such as physical training, marching and folk-dancing. Manual training is recognized as one of the most important helps in these classes and wood-work, basketry, chair-making, brush-making, weaving and sewing are taught.

There is a growing realization that these children need to be taught the rudiments of living, therefore the course in practical housekeeping is of great importance.

It is surely possible to secure some legislation which would enable us to do more for this class of children in our state? New Jersey requires its school department to discover all those children who are three years backward and establish special classes in every system where there are as many as ten such children. The State of Washington allows fifty cents a day, per capita, for the education of these children.

**What can be done in Ohio to further the work?** Is it not possible to have a state organization of those engaged in the work, and derive great help from an annual meeting?

Therefore, let all interested in the school period of child life plan to be present at this meeting and aid in formulating a plan that will improve the situation throughout the State of Ohio, as regards the training of children who are mentally deficient. There is a law which aids the education of the crippled child, also the child that is blind or deaf, and it would seem that the child who is of so-called normal mentality is deserving of freedom from contact with the pupil mentally deficient.

The luncheon arrangements have been made by Dr. P. B. Brockway, 341 12th St., Toledo, Ohio, to whom any correspondence may be addressed.

## CORRESPONDENCE

Editor The Journal: On page 35, of the January number, Dr. G. E. Robbins reported a case presenting an interesting group of symptoms that I believe were improperly weighed and therefore lead the doctor into an incorrect diagnosis, which was inconsistent with his probably correct prognosis.

His diagnosis of "trauma to the cord with hemorrhage" is entirely unwarranted. A "numb feeling" or a "markedly blunted sensation" that had **gradually** ascended until the third day from the feet to the abdomen as far as "the level of the third lumbar vertebra," and associated with no greater impairment of the motor functions of the affected extremities than a difficult and "ataxic gait," and with no loss of control of the bowel and bladder, cannot point to an injury of the cord with or without hemorrhage. A trauma causing a lesion ultimately extending as high as the tenth dorsal segment of the cord would take less time to produce well marked loss of motor and sensory functions than it takes to describe the symptoms. Nor would there be possible any such mere disturbance of consciousness in relation to the bladder and rectum as the doctor has so nicely described.

If I seem unjustified in ruling out the injury to the lumbar cord extending upward or downward because the symptoms developed too slowly, and too insufficiently, then let me call attention to the presence of "markedly exaggerated reflexes" (knee-jerks presumably included), and an "ankle clonus," and the retained control of the bladder and rectal functions. These facts show that no damage had been done to important reflex centers from the second lumbar to the third sacral segments of the cord, and I might add to the related afferent and efferent fibers which are important constituents of the cauda equina.

No mention of evidences of any complete paralysis, of qualitative alterations in the electrical reactions, and of atrophy of the muscles of the affected parts further justifies me in disputing the doctor's diagnosis.

From the lack of evidence of organic disease of the nervous system, I do not believe there was injury to the cord nor to the cauda, nor that there was hemorrhage either within or without the cord, whether subdural or extradural.

Because a "well marked" Romberg's sign, and a diminished sensibility in all the parts related to the lumbar segments of the cord are inconsistent with markedly exaggerated knee-joint, I am compelled to look for impaired functioning of higher centers in the brain to explain the altered sensation in the legs and the ataxia. Because no Babinski's toe-sign was mentioned, I am of the opinion that a spurious ankle clonus, such as may

often be elicited in hysterical and neurasthenic subjects, was observed. An hysterical anaesthesia alone could explain the disturbance of sensation in the bladder and rectum of this case.

Since there were no indications of organic brain disease in the case, more effort should have been made to determine whether or not the physical shock of the accident and certain unrevealed psychic factors had contributed to the development of a psychoneurosis.

The report would have been of more value to the readers of The Journal if the doctor had told us how scared the patient had been by the fall and initial pain and shock, how much anxiety and sympathy had been shown by her fellow public employees, what suggestions had been made to her, how much accident benefits might accrue to the patient from industrial and private insurance, how much solicitude had been shown her by her family as the result of the grave diagnosis, and finally how much evidence of introspection, and self-concentration had been observed.

I have taken this matter up at some length because of the importance of awakening the medical profession to the possibilities of psychic factors entering into disturbances of function following injuries in those protected by industrial insurance. A more thorough understanding of this possibility will lead, I hope, to a more rational handling of such patients to the end that all such injured members of society may be more efficiently treated by the profession.

Respectfully yours,

G. T. Harding, Jr.

Columbus, Ohio, March 12.

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Dr. George Strohbach, secretary of the Cincinnati Academy of Medicine and the efficient business manager of the Cincinnati Lancet-Clinic, has resigned both connections and has accepted a position as publicity director of the William H. Merrell Chemical Company of Cincinnati. Dr. Strohbach's wide acquaintance in the profession and his known ability makes him an important acquisition to the staff of this large company.

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A dozen medical men on February 19 took the state civil service examination for appointment as assistant medical examiner under the industrial commission. The following successfully passed the examination: Drs. George Walsh, Hugh H. Door, William F. Bay, and C. J. Altmaier, of Columbus; W. H. Vorban, Athens State Hospital, and Thurman R. Fletcher, Bidwell.

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A formal order has been issued by the Federal government against the Oxyopath Company, of Buffalo, New York, which has had branch offices in Columbus and a number of other Ohio cities. Thousands of these machines, marketed at \$35.00, have been unloaded upon dupes in this state.



## NEWS NOTES FROM THE INDUSTRIAL COMMISSION

Editor, The Journal.—On and after March 23, it will be necessary for the injured employe to sign personally form C-1. This form C-1 is what has been known as the first notice of injury report and preliminary application. According to the Supreme Court, this is also held to be the injured person's application. If this report indicates that the disability will be one week or less, or in other words will involve the payment of medical expenses only, the claims department will not require the filing of form C-3 which has been known as the final application, but the physician's report and fee bill will be sent immediately upon receipt of the first notice of injury and preliminary application and should therefore be returned immediately by the attending physician. If the report and fee bill are returned immediately by the attending physician, there will be practically no delay in the physician having his fee bill paid at once. In the past our procedure has occasioned a delay of three months for these kinds of cases. In the future there will be no such delay, other than that occasioned by the physician himself in not promptly returning this report and fee bill for these minor cases, or cases in which the disability is one week or less and involves the payment of medical expenses only.

The rules of procedure have also been changed so as to permit the hearing of cases known as Rule 8, Rule 9 and Rule 12 within one month after date of injury, instead of three months as heretofore, so that there will be less delay in the hearing of cases where the disability lasts more than a week and physicians should aid in facilitating the handling of these cases by promptly sending in their physician's report immediately and the fee bill immediately after treatment is completed.

Another matter of importance, not directly concerning the physician, but in which the physician can be of great aid, is another rule which has been changed so as to provide for the reporting of all injuries within two weeks instead of one week, and this rule will be rigidly enforced in the future. The Commission, in the past, has not strictly enforced the rule as to the reporting of injuries within one week. The time is now lengthened and all injuries must be reported within two weeks. The physician treating the case can aid the injured man to keep an apparent injustice from being done him by reminding him that he must, from now on, absolutely report his injury within two weeks after the same has been occasioned.

The above is of extreme importance to physicians doing industrial accident work under the Compensation Act, and we know of no one that

this change in rules of procedure benefits more than the physicians and those rendering medical aid. We solicit your active co-operation.

Faternally,

A. W. Binckley,  
Chief Medical Examiner.

March 25, 1915.

Dr. William Roush, Lima, has resigned as local medical examiner for the State Industrial Commission. Dr. G. N. Wenger, of Canton, has resigned as local examiner for Stark county.

So far the larger academies have not taken advantage of the offer made by the medical department of the Industrial Commission, several weeks ago, to give public hearing to any case in which a member of the academy might feel that he had not been dealt with fairly.

### DR. BALDWIN ASKS FOR NITROUS OXID-OXYGEN DATA

In the Journal A. M. A. of March 20, Dr. J. F. Baldwin, Columbus, states that he is preparing a paper on deaths from nitrous oxid-oxygen anesthesia and requests reports of same. In his letter Dr. Baldwin says:

"I have already obtained a considerable number, and have thus far found that these deaths have not taken place as the result of asphyxia, as so positively claimed by enthusiastic writers on this anesthetic, but they have occurred from cessation of the heart's action and with the startling suddenness which we are accustomed to expect in deaths from chloroform.

"I would like to learn:

"1. When possible, the sex and age of the patient, the character of the operation, and the condition of the patient immediately preceding dissolution.

"2. The approximate number of patients to whom the anesthetist had previously administered this combination without mortality.

"Sufficient data for identification should accompany each report so that there may be no duplication of cases. Names of reporters will not be published without their consent. Facts are wanted, not theories."

### CORONERS ORGANIZE.

Coroners of the state met in Columbus, March 11, and formed the Ohio Coroners Congress for the purpose of exchanging information and co-operating for their joint interests. Coroners from about 20 counties were present. Dr. C. J. Henzler, of Toledo, was elected president; Dr. A. W. Foertmeyer, of Cincinnati, treasurer; and Dr. A. L. Benkert, Columbus, secretary. The immediate object of the meeting was the consideration of the bill introduced by Senator Myers providing for the abolition of the office of coroner. (See Legislative Notes.)

## NEWS NOTES OF OHIO

Dr. J. Q. Garner, formerly of Logan, Ohio, is now located at Aiken, South Carolina.

Dr. F. H. Williams, Portsmouth, is spending a very pleasant winter vacation at Daytona, Fla.

Dr. J. E. Monger, Greenville, has been appointed physician and surgeon for the Darke county infirmary.

Drs. G. E. Robbins and H. R. Brown, of Chillicothe, are attending the Panama-Pacific exposition.

Dr. W. E. Shottstaedt, formerly of Toledo, is now located at 710 Mildred Avenue, Fresno, California.

Mrs. Olive Blakeley, wife of Dr. G. W. Blakeley, Washington C. H., has been under a physician's care for some weeks.

Dr. Henry J. Pool, Port Clinton, suffered the loss of his left eye on March 5, when a gas tank exploded in his hospital.

Dr. L. S. Holcomb, Pennsville, president of the Morgan County Medical Society, has been seriously ill with lobar pneumonia.

The Chamber of Commerce of Cleveland plans to invite the American Medical Association to hold its 1916 meeting in the Forest City.

Dr. Lewis R. Mundhenk, Middletown, lost his right leg on March 2 Gangrene following an attack of pneumonia made necessary the operation.

Dr. H. F. Biggar, Cleveland, accompanied Mr. John D. Rockefeller on his annual winter vacation trip to Ormond, Florida, prior to the death of Mrs. Rockefeller.

Dr. Howard Jones, Circleville, recently presented a paper on "Some Conclusions Reached from the Study of Ornithology," before the Columbus Audubon Society.

Dr. and Mrs. S. S. Halderman and daughters, Laura and Katherine, of Portsmouth, left April 12th for San Francisco, and other points of interest on the Pacific coast.

Dr. and Mrs. K. G. Parker, Mansfield, have returned from Bermuda where they spent the past five weeks for the benefit of the doctor's health. He has greatly improved.

H. C. Brown, D. D. S., of Columbus, has been named one of the honorary presidents of the Panama Pacific Dental Congress which convenes this year in San Francisco.

Dr. J. S. McClelland has been retained by the Sandusky board of health, salary, \$300 per month, to care for the city's smallpox patients while the present epidemic continues.

Dr. H. H. Snively, Columbus, sailed March 20 for Kiev, Russia, where he will be in charge of a Red Cross hospital unit. Dr. Snively has had considerable experience in field relief work as a major in the medical corps of the Ohio National Guard. He will be gone at least six months.

Dr. Walter Rittman, New York, chemical engineer of the bureau of mines who recently worked out a process by which gasoline may be produced from the cheaper petroleum so that the production of fuel oil will be increased about 200 per cent, is a native of Sandusky, Ohio, and a former student of Ada University.

Dr. A. C. Holland, for four years state registrar of the bureau of vital statistics under the direction of the secretary of state, resigned April 1. Dr. Morton W. Bland, of Bellevue, Huron county, was appointed to succeed him, by Secretary of State Hildebrandt. Dr. Holland was appointed from Marion county. The position pays \$2,000 per annum, and fees.

For Sale.—Block of \$2,000 preferred stock, tax free, six per cent guaranteed, payable semi-annually, in first-class Ohio public utility. Present holder has owned it for nearly 20 years. It has never missed a full dividend in that time. Immediate need of money to build only reason for selling. Write G. V. Sheridan, business manager of this Journal. Splendid investment for person who demands absolute safety and is contented with six per cent net.

Springfield health department has issued blanks for a sanitary survey of the city in order to locate all outside privy vaults. The survey will be made by the regular city patrolmen, who are doing the sanitary work for the health department. It is the aim of the department to do away with all outside vaults on properties available to the sewer.

Dr. Harvey W. Wiley, former chief of the Federal Bureau of Chemistry, spent March 21 in Cleveland as the guest of the Cleveland auxiliary of the National Mouth Hygiene Association. During the day he delivered talks in the high schools, before the women's clubs, and in the evening spoke at a dinner, and later at a mass meeting in Gray's armory.



## TOLEDO DISTRICT NURSES SHOW SPLENDID RESULTS

The Toledo District Nurses Association had a busy year in 1914. The annual report shows an increase of 1432 patients over 1913. The association took care of 3963 patients, and each of the ten nurses made 2018 visits.

A gratifying feature of their work was a reduction in typhoid fever cases, which were 91 less than the previous year. Protective vaccines were used when possible, and much good educational work was accomplished.

There was an increase of 75 in the number of maternity and infant welfare cases, showing the growing tendency among uninformed mothers to lean upon the efficient arms of the district nurses.

The work in the dispensary was effective, there being an increase of 1093 ambulant cases.

During the year two radical changes were made. The dental division was turned over to the board of education, which opened a dispensary in the Jefferson school for children of the school age. The scope of the eye department was broadened to include the fitting of glasses, and the change has proven effective.

The social service worker has continued her splendid work readjusting social misfits, in the interest of whom 2071 visits were made.

The functions of a district nurse are well expressed by an excerpt from the report:

"She is not only a nurse to these people; she



is as well their health officer, their policeman, their truant officer, advisor and comforter. Most of all, she is just a woman upon whom they can depend to do what is best for them."

## ACTIVITIES OF OHIO CITIES IN PUBLIC HEALTH WORK HOW ABOUT YOUR CITY?

Public health leagues have been organized in Delphos and St. Marys.

A permanent public health nurse has been employed by the Xenia Social Service League.

The Cincinnati Anti-Tuberculosis League cared for a total of 1615 patients at its free dispensary during the past year, according to report issued March 12.

At the February meeting of the Toledo board of health, the city council was recommended in making up the budget for 1916 to provide for a full time health officer at \$3000 a year.

Dr. P. E. Bethards, health officer of Toledo, announces the opening of a fourth baby clinic and welfare station at 611 Madison avenue. Patients will be received on Saturday mornings at 10 o'clock.

Cincinnati board of health is securing support throughout the city for a movement to daily flush sidewalks and gutters. Many large firms have promised to comply with the board's suggestions.

The state bureau of vital statistics is now engaged in a compilation of the causes of death in each county for 1914. By April 1 reports had been received from about fifteen of the larger counties. The report will not be completed for several weeks.

A recent bulletin issued by the Youngstown board of health warned consumptives against the widely advertised cures, specifics and special methods for the treatment of consumption. It further urges an increase in the number of hospital beds for the treatment of the disease in Mahoning county.

Dr. C. E. Ford, health commissioner of Cleveland, where child welfare work is far advanced, is planning an extensive campaign for the coming summer. A corps of 33 visiting nurses care for the 23,000 babies born annually in Cleveland. The persistent campaign of education in the work of the nurses has materially lowered the infant mortality rate.

# NEWS OF STATE MEDICAL BOARD

## OFFICIAL BOARD

LEE HUMPHREY, M. D., Vice President, Malta, March 17, 1917  
 S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921  
 A. RAVOGGI, M. D., Cincinnati, March 17, 1915  
 LESTER E. SIEMON, M. D., Cleveland, March 17, 1918  
 J. H. J. UPHAM, M. D., Columbus, March 17, 1920  
 T. A. McCANN, M. D., Dayton, March 17, 1916  
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919

GEO. H. MATSON, M. D., Secretary,  
 Office, State House, Columbus.

Examiner in Preliminary Education,  
 K. D. SWARTZEL, M. Sc., Columbus.

At the meeting of the Board on January 5, 1915, the following resolution, concerning the practice of interns in hospitals, was unanimously adopted:

"Recognizing the importance and value of internship in hospitals in the training of prospective practitioners of medicine, and desiring to encourage the general tendency of medical colleges to require a fifth year as an intern year before granting diplomas; be it

"Resolved, That the Ohio State Medical Board will not require examinations and registration of hospital interns before such service in this state provided they are certified to by the proper hospital or college authorities as having satisfactorily completed the four years' course in a recognized medical college, and that they are of good moral character.

"Such interns shall not be permitted to sign death certificates nor receive compensation for medical services rendered."

The Cincinnati Lancet-Clinic, March 20, in an editorial commenting upon this recognition by the board of the five-year medical course, points out that under our present system of medical education the graduate who finishes high school at 18, takes a two-year pre-medical course, four years in college, and a year as an intern, is well on toward thirty years of age before he has established himself in practice and made himself a home. The Lancet-Clinic adds the following interesting suggestion:

"The remedy lies not in the shortening of the pre-medical or medical courses of the present curriculum, but in reforming our period and course of preliminary education. Some two or three years ago a committee of eminent educators, appointed to investigate this most important subject, submitted the results of an exhaustive investigation. They found that it would not only be feasible, but also eminently beneficial to condense the curriculum of the primary grades and to shorten the course from the first grade to the high school by two full years. The experiences of most in-

telligent parents confirm this finding of the experts, and members of the medical profession, whose opinions always command respect when educational matters are under discussion in a community, should do their best to impress upon boards of education that valuable time is being wasted in our primary and intermediate schools and that this waste imposes upon our young professional men a handicap that is at once an educational injustice and an unnecessary financial burden."

## RECIPROCITY PROVISION.

Reciprocity provisions with Pennsylvania have been modified by the Ohio board. Pennsylvania has adopted a rule extending reciprocity to the older practitioners who have been graduated from defunct schools or who were registered in other states by diploma, whereby they shall be required to take a bed-side examination only. Ohio will in the future extend similar provisions to practitioners coming from Pennsylvania under like conditions.

## DR. SCUDDER APPOINTED

### TO BOARD, WITH DR. SHERMAN

Governor Willis on March 18 appointed Dr. John K. Scudder of Cincinnati, secretary and treasurer of the Eclectic Medical College, Cincinnati, to membership on the State Medical Board. Dr. Scudder succeeds Dr. Silas Schiller, of Youngstown, who, prior to March 17 was president of the board. On the same day, Governor Willis re-appointed Dr. S. M. Sherman of Columbus, to succeed himself. Dr. Scudder's term expires March 18, 1919, while Dr. Sherman's will expire March 18, 1921. The term of Dr. A. Ravogli, of Cincinnati expired March 17. It is understood that the governor will make an appointment in the near future.

## PRESTON APPEALS.

Louis F. Preston, of Cincinnati, promoter of a secret tuberculosis cure, whose license to practice medicine in Ohio was revoked by the board on February 9, has appealed his case to the governor and attorney general, who, under the provisions of the state medical practice act, are the final court of review on such cases.

E. E. Grim, charged by the board with practicing medicine without a license, in Mt. Vernon, managed to escape conviction because the jury was confused by the evidence presented. Grim is charged with treating eye troubles. For the past few years he has conducted an active business in optical goods in Springfield, Lancaster and Mt. Vernon.



### THIRTEEN APPLY FOR LICENSES TO PRACTICE, THROUGH RECIPROCITY

#### Board Has Applications from Physicians in Several States.

The following are applicants for reciprocity certificates to practice medicine in Ohio, under the reciprocity arrangements maintained by the board:

Rey V. Luce, Akron, Ohio; was graduated from Rush Medical College, Chicago, 1913. Practiced in Chicago from 1913 to 1915. **Intended residence, Akron.**

Henry A. Black, New York City; was graduated Jefferson Medical College, Philadelphia. Intern in New York City Hospital from 1912 to 1914; General Memorial Hospital, six months; New York Orthopedic Hospital, one month.

Abraham Strauss, New York City; was graduated from Johns Hopkins, 1912. Practiced two years in New York. **Intended residence, Cleveland.**

Bernice A. Fleek, Chicago; was graduated from Hahnemann Medical College, 1913. Interne in Hahnemann Hospital one year. **Intended residence, Ashtabula.**

James A. Craig, Gary, Ind.; graduated from Baltimore Medical College, University of Maryland, 1908. Practiced in Gary, Ind., from 1908 to 1914. **Intended residence, Toledo.**

H. L. Brehmer, Washington, Pa.; graduated from College of Physicians and Surgeons, Baltimore, 1910. Interne in Mercy Hospital, Baltimore, one year. Practiced in Washington, Pa., four years. **Intended residence, Chillicothe.**

Maud Loeber, New Orleans; graduated from Cornell University, 1910. Practiced five years in New Orleans. **Intended residence, Cincinnati.**

G. E. Robinson, Philadelphia; graduated from Medico-Chirurgical College, Philadelphia, 1913. Interne in Douglas Hospital, Philadelphia. **Intended residence, Cleveland.**

T. B. Hass, Columbus, Ohio; graduated from Jefferson Medical College, 1913. Interne in Mercer Hospital, New Jersey, one year; Columbus Hospital, Milwaukee, three months. **Intended residence, Rockbridge, Ohio.**

Frank E. Deeds, Newark, New Jersey; graduated from Albany Medical College, New York, 1914. Practiced in Newark, New Jersey, one year. **Intended residence, Cleveland.**

R. E. Wells, Wexford, Mich.; graduated from the University of Michigan, Ann Arbor, 1907. Practiced in Traverse City, Mich., 1907-1913; Wexford, Mich., 1913-1915. **Intended residence, Nashport.**

P. P. McClain, Cincinnati; graduated from Howard University, Washington, D. C., 1913. Interne one year in Freedman's Hospital, Washington, D. C. **Intended residence, Cincinnati.**

Geo. M. Dutt, Mason, Mich.; graduated from Bennett Medical College, Chicago. Practiced in Michigan from 1887 to 1893; Indiana, from 1893 to 1897; Michigan, 1897 to 1914. **Intended residence, Delta, Ohio.**

### COLLEGE SHOWING IN DECEMBER EXAMINATION REPORT

The following is the report showing the record of the colleges represented in the state board examination held December 8-10, 1914, when 32 candidates were examined and but one failed:

#### Passed.

Georgetown University (year grad. 1913), 83.9 per cent; Northwestern University (1914), 84.7, 85.3; College of P. and S., Balt. (1914), 82.9; University of Maryland (1914), 88.5; Columbia University (1914), 87.2; Syracuse University (1912), 84.2; Bellevue Hosp. Med. College (1914), 84.9; Cleveland-Pulte Medical College (1913), 80.9; Eclectic Medical, Cincinnati (1914), 75, 78.5, 79.7, 80.7, 81.5, 85; Starling-Ohio (1914), 75, 75, 77, 78.1, 79.2, 81.2; Western Reserve (1914), 78.4, 80.1, 83.6, 85.9; Jefferson Medical College (1914), 81.4, 88.8; Medico-Chirurgical of Philadelphia (1914), 84; University of Pennsylvania (1914), 85.1, 88.9; University of Vermont (1914), 77.7.

#### Failed.

Chicago College Med. and Surg. (1913), 72.6.

### PAYS TRIBUTE TO THE MEMORY OF DR. BROOKS FORD BEEBE.

#### Ohio Valley Medical Association Committee Expresses Sorrow Caused by His Loss.

The Committee on Necrology, Ohio Valley Medical Association, in their resolutions commemorating the death of Brooks F. Beebe, A. M., M. D., late of Cincinnati, said in part:

"Dr. Beebe possessed an unusual and charming personality, was a man of most ready wit and fluent tongue, and when he desired to be, his wit could be keen and his sarcasm biting, but to his friends he was ever the same, a true friend. Possessing as he did a strong personality, he had strong likes and dislikes, but there never was at any time a failure to appreciate even the good points of those who were opposed to him. His fluency was not limited to his speech, but his pen was constantly active and he has made many contributions along medical and psychological lines. For a number of years he had successfully conducted his sanitarium, and was contentedly at work when the harbinger of death summoned him in his office on the 30th day of May, 1914.

"His friends will miss him and many a meeting will be less bright, less cheerful by the absence of the brilliant contributions Dr. Beebe could make, both in scientific discussion and an after-dinner speech. Dr. Beebe was perhaps happiest amidst his friends where he could match his ready and subtle wit with his brother physicians.

"I knew him well, Horatio; a fellow of infinite jest, and his absence will leave one of the aching voids that are hard to fill. Requiescat in pace."

## PRESIDENTS OF LARGER COUNTY UNITS

NUMBER 3



John Dudley Dunham, M. D., new president of the Columbus Academy of Medicine, which is "booming" this year.

## SECRETEARS

Putnam had 18 last year; this year 21. That's good for 100%.

At the last minute Logan county boosted their record to 31, a gain of 8 over 1914.

Harrison county qualified for the 100% Club March 5th, with double its last year's membership. Fine work.

We regret to note that Clark county missed the 100% Club by 2. They had 59 last year; 57, on March 5 this year.

March 4th, Clermont and Highland counties boosted their last year's records. Clermont went to 14; Highland to 19.

Just see how the Summit County Society has grown: 1912, 96 members; 1913, 110; 1914, 130; 1915, (March 4th), 151.

Active societies may take pointers from Putnam county. Turn to the one hundred per list and see what they have been doing.

Scioto county surprised us. We did not expect them to become 100%. Mytinger did not think they could do it—but they did. Good for Scioto.

Stark county came into the 100% class on the home stretch. They telegraphed it—good spirit, that. They had 119 members last year and 121 this year.

March 16 Darke county became a one hundred per cent county; 50 members last year, 54 this. We are sorry, Dr. Hunter, you did not get this in by March 5.

And here is Ross, a 100% county! We are delighted, Ross. You have not only made 100% but you have exceeded your last year list. Robbins is the secretary this year.

Just to cinch its record in the 100% Club, Morgan county, which is number six in the honor list, sent in two more names March 4th. Morgan has 14 now, more than any other year except 1908.

When Putnam county qualified at 100% Dr. C. F. Douglas said, "We hope to get all in line in a few weeks, and surely wish you to reach the 5000 goal." We will, Doctor, and you are the men that are going to do it. You have already gained 5 over last year.

Allen county was placed on the honor roll (number 19) March 4th. Dr. Geo. R. Clayton, the secretary, sent in a list of 76 members, one more than last year. He said there were more to come. That's fine Dr. Clayton, we are glad to have you in the 100% Club.

Fairfield made good. On March 4th, Dr. J. M. Lantz brought his membership up to 40; it was 39 last year. He said, "We have about 14 active eligible physicians in the county who are not members. We expect to make a big effort to get them." You are number 20 in the honor roll, Fairfield.

Summit county finished strong in the 100% contest. March 4th, Dr. McCormick came in with enough names to put Summit 21 ahead of their last year membership, and said there were more to be elected. With a boom spirit like this our association is bound to be the biggest and best in the U. S.!



## HERE IS THE CULT PRACTICE SUBSTITUTE BILL NOW PENDING BEFORE THE OHIO GENERAL ASSEMBLY

The following is an exact copy of Substitute House Bill No. 220—Platt-Ellis, as reported by the Public Health Committee of the House, March 26, and passed by the House April 6, 104 to 0.

"Section 1. That Section 1274 of the General Code of Ohio be supplemented by sections to be known and designated as Sections 1274-1 to Section 1274-7, both inclusive, as follows:

"Sec. 1274-1. The State Medical Board shall also examine and register persons desiring to

be required to comply with the preliminary educational qualifications provided for in Section 1274-5 of the General Code. The examination of all other applicants shall be conducted under rules prescribed by the board and at such times and places as the board may determine. Such examination shall be given in anatomy, physiology, chemistry, bacteriology, pathology, hygiene, diagnosis, and such other subjects appropriate to the limited branches of medicine or surgery, certificate to practice which is applied for, as the board may require; provided, however, that applicants for certificates to practice massage or Swedish movements shall not be examined in pathology and diagnosis.

"Sec. 1274-3. For the purpose of conducting such examinations the State Medical Board shall call to its aid any person or persons of established reputation and known ability in the particular limited branch in which the examination is being held; and in the event that there is in existence a state association or society of practitioners of any such limited branch of medicine or surgery, such association or society shall recommend the person or persons to be designated for this service by the board. Any person called by the State Medical Board to its aid, as provided in this section, shall receive for his services not more than ten dollars per day and his actual and necessary expenses to be fixed and allowed by the State Medical Board.

"If the applicant passes such examination and has paid the fee of twenty-five dollars as required by law, the State Medical Board shall issue its certificate to that effect. Such certificate shall authorize the holder thereof to practice such limited branch or branches of medicine or surgery as may be specified therein, but shall not permit him to practice any other branch or branches of medicine or surgery nor shall it permit him to treat infectious, contagious or venereal diseases, nor to prescribe or administer drugs or to perform major surgery.

"Sec. 1274-4. The State Medical Board may dispense with the examination of applicants for such limited certificates upon the same reciprocal terms and conditions with respect to such limited branches as are provided in Section 1282 of the General Code with respect to physicians and surgeons generally.

"Sec. 1274-5. The State Medical Board shall determine the standing of the schools, colleges, institutions or individuals giving instruction in such limited branches. If there shall at any time be such schools, colleges, institutions, or individuals giving instruction in such limited branches, the applicant for such certificate shall, as a condition

### THIS IS IMPORTANT.

Please read this bill carefully, as it has the support of the state legislative committee—its provisions having been agreed to on March 9 at the conference with county auxiliary committeemen.

It will pass the Senate, despite the crowded condition of the legislative calendar, if members of every county society which has indorsed the measure will make certain that the senator from your district is fully informed as to the attitude of the medical profession, and that we favor this bill as it stands.

Remember this point: This bill has the name and calendar number of the original Chiropractic bill, which we fought, and which many physicians asked their representatives to kill.

Therefore, to avoid confusion, it is absolutely necessary to again write your senator, stating that while you were originally opposed to this measure, you now approve of it in its amended form.

practice any limited branch or branches of medicine or surgery, and shall establish rules and regulations governing such limited practice. Such limited branches of medicine or surgery shall include chiropractic, naprapathy, spondylotherapy, mechano-therapy, neuropathy, electro-therapy, hydro-therapy, suggestive-therapy, psycho-therapy, magnetic healing, optometry, chiropody, Swedish movements, massage, and such other branches of medicine or surgery as the same are defined in Section 1286 of the General Code that may now or hereafter exist, except midwifery and osteopathy.

"Sec. 1274-2. For the purpose of establishing the practice of such limited branches the State Medical Board shall call to its aid the designated persons as provided in Section 1274-3 of the General Code, and examine any person who has practiced any such branch in Ohio for a period of at least one year prior to June 1, 1915, and who makes application prior to October 1, 1915, on a form prescribed by the board, in those subjects only which are appropriate to the limited branch of medicine or surgery, for a certificate to practice which his application is made. No such applicant shall

of admission to the examination, produce a diploma or certificate from such a school, college, institution, or individual in good standing, as determined by the board, showing the completion of the required courses of instruction.

"The entrance examiner of the State Medical Board shall determine the sufficiency of the preliminary education of applicants for such limited certificate as is provided in Section 1270 of the General Code; provided, however, that the State Medical Board may adopt rules defining and establishing for any limited branch of medicine or surgery such preliminary educational requirements, less exacting than those prescribed by said section, as the nature of the case may require.

"Sec. 1274-6. The provisions of Sections 1268, 1269, and 1274 to 1281, both inclusive, of the General Code, shall in all respects, in so far as the same may be applicable, govern the State Medical Board, all of the officers mentioned therein, and the applicants for and recipients of such limited certificates; provided, however, that in addition to the power of the board to revoke and suspend certificates provided for in Section 1275 of the General Code it may also revoke or suspend the certificate of any one to whom a limited certificate has been issued upon proof of violation of the rules or requirements established by the board regulating such limited practice.

"Sec. 1274-7. Nothing in Sections 1274-1 to 1274-6, both inclusive, of the General Code, shall be so construed as in any way amending Sections 1286, 1287 and 1269-4 of the General Code, or as in any way limiting the application of said sections or any other provision of the laws of the state to practitioners of such limited branches of medicine or surgery save as hereinbefore specifically provided."

#### COUNTY REPRESENTATIVES MEET TO CONSIDER LEGISLATION

##### Pending Matters, Particularly Cult Practice, Given Careful Consideration at Columbus Conference.

The Committee on Public Policy and Legislation of the State Society met with legislative representatives of the component county societies, in Columbus Public Library, Tuesday, March 9, 1915 at 1:30 p. m.

The conference was called by Dr. McClellan because of an acute situation in Columbus, brought about by the activities of the cults in urging the legislature to enact special bills creating boards to license chiropractors and other "natural healers."

Dr. McClellan called the conference to order. There were about 40 delegates present, representing thirty counties.

Mr. Sheridan, secretary of the Committee, reviewed legislation now pending before the General

Assembly, briefly taking up each bill which effects public health or medical practice, and explained the action taken by the state committee on each measure.

The chairman requested that any measure requiring special consideration be thoroughly discussed.

The first bill taken up was H. B. 142, by Dr. Hoy, which strengthens the Medical board's power to deal with quacks and prohibits secret fee splitting. Dr. George H. Matson, secretary of the board, was requested to explain in detail the provisions of the bill. It was discussed at length by Drs. Crane, of Marion; Johnson, of Lima; Barker, of Piqua; Strohbach, of Cincinnati; McDougall, of Athens; Cherrington, of Logan; Jackson, of Edison; Axline, of Lancaster; Dew, of Belle Valley; and Dr. Upham, president of the State Society. All favored the bill and particularly the prohibition of secret fee splitting. On motion of Dr. C. O. Beardsley, of Ottawa, seconded by Dr. McCollum, of Uhrichsville, a motion strongly endorsing the bill, and particularly endorsing the anti fee splitting clause, and recommending that it be strengthened if possible, was adopted unanimously.

Other measures were briefly discussed.

The chief part of the afternoon was devoted to the consideration of the cult practice question. Drs. Upham, Matson, and McClellan presented the situation in detail. Dr. J. W. Clemmer, of Columbus, was invited to speak on this bill, owing to his long acquaintance and familiarity with the matter. The plan of presenting a substitute bill was agreed upon, and each delegate promised to immediately present the matter to his society. The conference was one of the most enthusiastic legislative gatherings ever held. A partial list of those in attendance follows:

Allen County, T. M. Johnson, of Lima; Champaign, D. C. Houser, of Urbana; Clark, John J. Moore, of So. Charleston; Coshocton, D. M. Criswell, of Plainfield (Member of the General Assembly); Crawford, Chas. A. Ulmer, of Bucyrus; Darke, J. E. Hunter, of Greenville; Erie, W. D. Hoyer, of Sandusky; Fairfield, H. M. Hazleton, J. H. Axline, of Lancaster; Franklin, F. F. Lawrence, J. W. Clemmer, of Columbus.

Greene, D. E. Spahr, J. O. Stewart, of Xenia; Hamilton, G. Strohbach, Cincinnati; Harrison, W. A. Zellers, of Freeport; Hocking, M. H. Cherrington, of Logan; Knox, Ernest V. Ackerman, of Fredericktown; Jefferson, J. C. M. Floyd, of Steubenville; Mahoning, S. M. McCurdy, of Youngstown; Marion, A. M. Crane, of Marion; Medina, E. L. Crum, of Lodi; Miami, J. B. Barker, of Piqua; Montgomery, E. R. Arn, of Dayton; Morrow, J. H. Jackson, of Edison; Noble, F. R. Dew, of Belle Valley; Portage, John F. Hill, of Ravenna; Putnam, C. O. Beardsley, of Ottawa; Seneca, E. H. Porter, Tiffin; Summit, F. C. Reed, of Akron; Tuscarawas, J. A. McCollam, of Uhrichsville; Vinton, W. H. Henry, of Camden.



# Public Policy and Legislation Committee

General Offices: 25 Ruggery Building, East Gay St., Columbus, Ohio

## Members of State Committee

Ben R. McClellan, M. D., Chairman.....Xenia  
 J. A. Thompson, M. D.....Cincinnati  
 R. H. Bishop, Jr., M. D.....Cleveland  
 J. H. J. Upham, M. D.....Columbus  
 C. D. Selby, M. D.....Toledo  
 William E. Lower, M. D.....Cleveland

## Public Health Federation

This Committee co-operates with the Ohio Public Health Federation in dealing with General Legislative matters. Its delegated representative on the executive board of the Federation is Dr. Upham.

Secretary: George V. Sheridan, Columbus, Ohio

## The State Auxiliary Committee on Legislation

### FIRST DISTRICT

Adams.....Samuel J. Ellison, West Union  
 Brown.....Albert W. Francis, Ripley  
 Butler.....W. E. Griffith, Hamilton  
 Clermont.....F. A. Ireton, Newtonsville  
 Clinton.....E. C. Briggs, Wilmington  
 Fayette.....R. M. Hughey, Washington C. H.  
 Hamilton.....J. A. Thompson, Cincinnati  
 Highland.....J. C. Larkin, Hillsboro  
 Warren.....Mary L. Cook, Waynesville

### SECOND DISTRICT

Champaign.....D. C. Houser, Urbana  
 Clark.....J. R. McDowell, Springfield  
 Darke.....J. E. Hunter, Greenville  
 Greene.....D. E. Spahr, Xenia  
 Logan.....A. J. McCracken, Bellefontaine  
 Miami.....R. D. Spencer, Piqua  
 Montgomery...Webster Smith, Dayton (2706 E. 3d St.)  
 Preble.....J. W. Coombs, Camden  
 Shelby.....Arthur Silver, Sidney

### THIRD DISTRICT

Allen.....Edgar J. Curtis, Lima  
 Auglaize.....C. C. Berlin, Wapakoneta  
 Hancock.....Nelia B. Kennedy, Findlay  
 Hardin.....Frank D. Bain, Kenton  
 Marion.....Carl W. Sawyer, Marion  
 Mercer.....D. H. Richardson, Celina  
 Seneca.....E. H. Porter, Tiffin  
 Van Wert.....R. J. Morgan, Van Wert  
 Wyandot.....J. Craig, Bowman, Upper Sandusky

### FOURTH DISTRICT

Defiance.....J. B. Ury, Defiance  
 Fulton.....William H. Maddox, Wauseon  
 Henry.....Charles Mowery, Napoleon  
 Lucas.....James A. Duncan  
 Ottawa.....S. T. Dromgold, Elmore  
 Paulding.....L. R. Fast, Paulding  
 Putnam.....Frank Light, Ottawa  
 Sandusky.....E. N. Ickes, Fremont  
 Williams.....J. A. Weitz, Montpelier  
 Wood.....James Rae, Bowling Green

### FIFTH DISTRICT

Ashtabula.....W. S. King, Ashtabula  
 Cuyahoga.....J. E. Tuckerman, Cleveland  
 Erie.....H. D. Peterson, Sandusky  
 Geauga.....Isa Teed-Cramton, Burton  
 Huron.....Sherman E. Simmons, Norwalk  
 Lake.....C. F. House, Painesville  
 Lorain.....E. V. Hug, Lorain  
 Medina.....R. G. Strong, Medina  
 Trumbull.....Charles Thomas, Warren

### SIXTH DISTRICT

Ashland.....W. M. McClellan, Ashland  
 Holmes.....Lister Pomerene, Millersburg  
 Mahoning.....Sidney M. McCurdy, Youngstown  
 Portage.....G. J. Waggoner, Ravenna  
 Richland.....Charles G. Brown  
 Stark.....C. A. LaMont, Canton  
 Summit.....R. H. McKay, Akron  
 Wayne.....George W. Ryall, Wooster

### SEVENTH DISTRICT

Belmont.....J. S. McClellan, Bellaire  
 Carroll.....James Hathaway, Carrollton  
 Columbiana...W. E. Morris, Lisbon  
 Coshocton.....J. D. Lower, Coshocton  
 Harrison.....S. B. McGavran, Cadiz  
 Jefferson.....J. C. M. Floyd, Steubenville  
 Monroe.....J. R. Parry, Woodsfield  
 Tuscarawas...J. A. McCollam, Uhrichsville

### EIGHTH DISTRICT

Athens.....Charles McDougal, Athens  
 Fairfield.....H. M. Hazelton, Lancaster  
 Guernsey.....A. B. Headley, Cambridge  
 Licking.....Harry Hunt, Newark  
 Morgan.....C. E. Northrup, McConnelsville  
 Muskingum...H. T. Sutton, Zanesville  
 Noble.....F. R. Dew, Belle Valley  
 Perry.....Neil McTeague, New Lexington  
 Washington...

### NINTH DISTRICT

Gallia.....Charles E. Holzer, Gallipolis  
 Jackson.....J. E. Sylvester, Wellston  
 Lawrence.....W. F. Marting, Ironton  
 Meigs.....Byron Bing, Pomeroy  
 Hocking.....J. S. Cherington, Logan  
 Pike.....John L. Caldwell, Waverly  
 Scioto.....George W. Mytinger, Portsmouth  
 Vinton.....W. T. Cherry, McArthur

### TENTH DISTRICT

Crawford.....Charles S. Ulmer, Bucyrus  
 Delaware.....George W. Morehouse, Delaware  
 Franklin.....F. F. Lawrence, Columbus  
 Madison.....  
 Morrow.....J. H. Jackson, Edison  
 Ross.....G. E. Robbins, Chillicothe  
 Union.....C. D. Mills, Marysville  
 Pickaway.....D. V. Courtright, Circleville

## HOY BILL PASSES SENATE AFTER BITTER FIGHT! STATE SOCIETY'S CULT PRACTICE BILL PASSES HOUSE

(Report by the News Editor)

Backed by splendid co-operation by practically every county legislative committeeman, the state legislative committee was able to secure, early in April, the enactment of two measures of extreme importance to the medical profession.

On April 1 the Hoy medical board bill, which passed the House in February and which had encountered tremendous opposition in the Senate, was passed in the latter body by a vote of 19 to 6, in a form entirely satisfactory to the state legislative committee.

On April 5 the Platt-Ellis substitute cult practice bill, which was worked out in connection with the House Committee on Public Health, was taken by vote from its position at the foot of the crowded House calendar and placed at the head. The next day, in the House, it was passed by a vote of 104 to 0, and is now under consideration in the Senate.

The cult practice bill, as it passed the House, is printed in full on page 256; the Hoy bill, as it went to the Governor for his signature, is printed in full on page 265.

### The Hoy Bill Provisions.

Briefly, the Hoy bill, which is now a law and operates as an amendment to the medical practice act, provides the following:

1. Gives the state medical board power to suspend as well as revoke licenses.

2. Adds "grossly unprofessional and dishonest conduct" to the list of causes for which licenses may be revoked, and defines the terms to include the employment of "cappers" to secure patients, the use of extravagantly worded statements in advertising medical practice, having connection with an illegal practitioner, dishonest "fee-splitting," and similar acts.

3. Gives the state medical board power to compel the attendance of witnesses, to take depositions, and enforce its orders.

By an amendment forced through the Senate by Mr. Lynch, of Toledo, appeals from the decision of the board may be made to the common pleas court. In the past the appeal has been limited to the governor and the attorney general. The Lynch amendment does not affect the strength of the law.

The Hoy bill came through the hard fight in splendid shape. The author of the measure, Dr. W. S. Hoy, of Wellston, was warmly congratulated upon the successful culmination of his fight for its enactment. The medical members of the Senate—Dr. C. T. Gallagher, of Mt. Sterling, Dr. E. E. Vorhies, of Cambridge, and Dr. J. V. Winans, of Madison—and Senator E. G. Lloyd, of Columbus, and others, fought valiantly for the measure in the upper house.

### The Cult Bill.

The Platt-Ellis cult practice bill (Am. H. B. No. 220) which was drafted in direct conformity with the wishes of the state legislative committee, and which was approved by most of the county medical societies before it was introduced into the House, in the main provides for the following:

The registration by the state medical board of

all persons desiring to practice any limited branch of medicine, including chiropractic, optometry, mechano therapy, chiropody, massage, electro-therapy, etc., following an examination, under the direction of the state medical board, in the essentials of medicine. This examination, the law states, is to include anatomy, physiology, chemistry, bacteriology, pathology, hygiene, and diagnosis.

It places the entire control of these cults in the hands of the state medical board, and directs that the board shall call to its aid groups of persons who practice the various limited branches to conduct the examinations. It provides that all persons licensed by the state to practice any of these limited branches shall refrain from treating infectious, contagious or venereal diseases, shall not administer drugs nor attempt major surgery.

This bill is a compromise measure, and was worked out by the state legislative committee in connection with the county auxiliary committeemen at a conference in Columbus on March 9. Its enactment by the Senate will bring about an end to the continual legislative bushwhacking that has been engaged in for years between the state medical society and the organized cults.

After this bill was agreed upon by the legislative committee it was taken up, in detail, with the state committees of each of the cults affected. The chiropractors, who had secured considerable support for their measure (H. B. 220) consented to its provisions, and agreed to permit it to go in as a substitute. The naturopaths, who had sponsored a bill introduced by Colonel Knox, of Marietta, agreed to withdraw their measure and support this. The optometrists, who have given the medical men a warm legislative fight every session for many years, were finally prevailed upon to approve the provisions of this measure.

With the support of these three organizations it was comparatively easy to bring about the enactment of this bill in the House, and it is believed



that it will pass the Senate at an early date. In the opinion of many it will put the medical cults on a more satisfactory basis than in any other state, and by raising their standards will be better for all concerned—the public, the medical profession, and the cults.

#### Public Hearing.

Before the House Committee on Public Health reported the Platt-Ellis bill as a substitute for the pending cult bills, it gave a public hearing to the chiropractors and other "natural healers." They presented in quick succession ten or twelve speakers, two or three of whom were chiropractors. The others were "walking testimonials." One, who told the committee that he had suffered a nervous breakdown and "had a misery in his stomach," had been relieved by chiropractic after the first treatment. Another told of an Akron physician who has gone to a chiropractor for regular treatments for a number of months. Strand, a Youngstown chiropractor who has been prosecuted in police court, gave the committee a wierd statement as to his idea of anatomy and testified that he treated syphilis, locomotor ataxia, pneumonia, and other diseases, through vertebral adjustments. Others brought up similar points.

Drs. Deaton, Ellis, Cameron, Wintermute and Criswell of the Committee, had decided in advance to let the chiropractors "get it out of their systems." Except for a very few instances where the ignorance of some of the speakers goaded them to ask sarcastic questions, they permitted the visitors to do all the talking.

When the chiropractic case had been fully presented, however, certain dissension developed in the ranks of the non-medical healers. M. F. Hulett, chairman of the legislative committee of the Ohio Osteopathic Society, secured recognition and pointed out that chiropractic is nothing more than a limited practice of osteopathy.

Although representatives of the legislative committee of the State Society were present at this hearing, no one appeared to protest against the bill. Instead, the medical members of the committee handled the situation very ably. Dr. Ellis, representative from Geauga county, was fully prepared for the chiropractic lobby. He created a sensation when he quoted from the latest chiropractic text books several passages which show that the cults have become extremely bold in their schools and are advocating chiropractic for a "cure all." In a fifteen-minute talk, Dr. Ellis rendered negative the pitiful testimony of the entire lobby. Dr. Deaton ably supported him by his sharp questioning of the practicing chiropractors. He emphasized the danger to the public of permitting the unchecked operations of men so little acquainted with the anatomy of the human body.

At the end of the three hour session, the members of the committee were apparently a unit

against the proposed chiropractic bill. To work out a plan whereby some regulation might be thrown around the cults, Chairman Harding—a Cincinnati druggist who had sharply questioned some of the chiropractors—entertained a motion to appoint a subcommittee to consider the entire matter and report a substitute bill back to the committee. He named Dr. Ellis, Dr. Cameron, of Defiance county, Representative Danford, of Noble county, and Dr. Criswell, of Coshocton county. This committee later presented the Platt-Ellis substitute, which passed the House.

#### Hoy Bill Hearings.

From February 19, when it passed the House, to April 1, when it finally passed the Senate, the Hoy bill had an unusually stormy career.

The only open fighting against it was done by the advertising quacks, who endeavored to bring the newspapers of the state into the fight against the measure. Dr. L. W. Hunt, who formerly operated an advertising doctor's office in Toledo, and who has had an experience with the state medical board, and Dr. E. S. Ferris, who operates an advertising "men's specialist" office in Columbus, appeared before the committee to urge that the "teeth" affecting misleading medical advertising be taken out. The committee refused to accede to their request. On the floor of the Senate, Senator Lynch, of Toledo, introduced a motion meeting their wishes. It was first passed, then reconsidered and defeated on roll-call. As passed, the bill prohibits extravagantly worded advertising intended or having a tendency to deceive or defraud.

The "fee-splitters" also were busy. Surgeons and others over the state who have followed this custom used every means to have this provision eliminated from the bill. The American College of Surgeons came to its rescue, however, and it was strengthened instead of taken out.

On the evening of March 17, the Hoy bill was given its first public hearing by the Senate Committee on Public Health. It was noised about the capitol that the underground opposition to this measure would be present at this hearing and would show up "the monstrous iniquities of the bill." As a matter of fact, no representative of the opposition appeared.

The following spoke in warm defense of the measure and urged its favorable report by the committee: Drs. Ben. R. McClellan, chairman of the state legislative committee, John Thompson, of Cincinnati, Drs. J. H. J. Upham, F. F. Lawrence, J. W. Clemmer, L. L. Bigelow, C. F. Clark, C. A. Howell, Charles S. Hamilton, S. J. Goodman, C. M. Shepard, J. F. Baldwin, F. O. Williams, and G. H. Matson.

While the speakers chiefly devoted their attention to the fee-splitting feature of the bill, other important provisions of the measure were discussed. It was the concensus of opinion that if any amendments were made, they should be along

the line of strengthening the clause which prohibits splitting of fees.

At the final public hearing on March 23, which was called at the request of the opposition, a number of Columbus physicians were on hand to

answer any arguments advanced. Dr. W. J. Means, C. A. Howell, and G. H. Matson spoke briefly in favor of the bill.

When the bill came to final vote in the Senate the state legislative committee had a splendid check on the situation. In the districts of "doubtful" senators, county legislative committeemen had made unusual efforts to meet the opposition. That they were successful is indicated by the fact that on the final vote but six senators voted against the measure, while four others who had been violently opposed to the bill during the preliminaries sat in their chairs and refused to vote.

One senator, immediately after the vote, was accosted by a Toledo advertising quack who had counted on his voting against the measure. The quack was angry. "Why didn't you vote against that bill?" he inquired. "Look at these," the senator replied, laconically. During the day he had received 11 telegrams from leading medical men in three counties of his district. He had "heard from home."

#### HOW SENATORS VOTED ON THE HOY MEDICAL BILL

Here is an analysis of the final senate vote on House Bill No. 142 (The Hoy Bill). If your senator voted for the measure, please write, thanking him, as we assure you that a bitter fight was waged to line up every opponent and he deserves credit.

##### THOSE VOTING IN FAVOR WERE:

Senator	Residence
M. B. Archer .....	Caldwell
John O. Beckett .....	Comm'rcl Point
J. B. Carson .....	Zanesville
Chas. C. Cass .....	Ottawa
Dr. Chas. T. Gallagher ...	Mt. Sterling
A. R. Garver.....	Tipecanoe City
Willis Horn.....	Orrville
C. J. Howard.....	Barnesville
E. G. Lloyd.....	Columbus
John L. McDermott.....	Niles
Jesse B. Mallow .....	Frankfort
Justin A. Moore .....	Steubenville
Louis E. Myers .....	Marion
J. N. Stone .....	Oberlin
Otto E. Vollenweider ...	McArthur
Dr. Elmer E. Vorhies ...	Cambridge
Lewis F. White .....	Venice,
R.F.D. No. 1	
Dr. J. V. Winans .....	Madison
Jacob J. Wise .....	Massillon

##### PRESENT BUT NOT VOTING:

C. F. Bauer .....	Harrison
Wm. Behne .....	Bryan
W. R. Collins .....	Cincinnati
E. J. Lynch .....	Toledo
C. W. Wickline .....	Akron
J. E. Holden .....	Morrow

##### THOSE VOTING AGAINST WERE:

H. R. Gilmore .....	Eaton
E. J. Hopple .....	Cleveland
James S. Kennedy .....	Cleveland
C. A. Mooney .....	Cleveland
Louis P. Pink .....	Cincinnati
D. L. Sutter .....	Cleveland

**Absent from Hall:** Dr. W. D. Tremper, Portsmouth. 7th.

Senator Lewis F. White, Venice, voted for the bill, but voted also for the quack advertisers amendment.

These did not vote against the bill, but voted for the quack advertisers amendment: Behne, Collins, Fellingner, Holden, Lynch.

#### HOUSE BILLS

Bills marked with one star (\*) have been approved by the Ohio Public Health Federation; those indicated by two stars (\*\*) have been disapproved.

\* House Bill No. 64, by Dr. Deaton, of Alcony, Provides for the transfer of the bureau of vital statistics from the supervision of the Secretary of State to the State Board of Health.

Defeated by House February 18. See March Journal, page 186.

\* House Bill No. 121, by Dr. Hoy, of Jackson. Authorizes state board of health to produce anti-toxin for free distribution, through physicians, for the prevention and cure of diphtheria in indigent cases. Passed House and Senate. Now a law.

\* House Bill No. 132, by Mr. Platt, of Ashtabula. Transfers to the state board of pharmacy the enforcement of the state laws governing sale of narcotics, and all other pharmacy laws which have been lodged in the past with the Agricultural Commission. Also places with board of pharmacy the enforcement of the laws governing the sale of poisons. Now (April 10) on House calendar.

\* House Bill No. 142, by Dr. Hoy, of Wellston. Amends and supplements 1275 General Code (Medical practice Act) Passed Senate and House. See page 259, this issue.

\* House Bill No. 154, by Mr. Morris, of Lancaster. Permits the state board of health, with approval of the board of administration, to regulate admission and discharge of patients in Mt. Vernon Tuberculosis Sanitarium; abolishes the arbitrary fee of \$5.00 per week and gives the state board of charities authority to fix the compensa-



tion by patients, and to admit without compensation in certain instances; eliminates the official county medical examiners and permits admittance of patients after examination by any licensed practitioner. Referred to Public Health Committee. Passed by House February 25, by a vote of 91 to 0. Now pending in the Senate. See Jour. O. S. M. A., February, page 108.

**\* \* House Bill No. 177**, by Mr. Terrell of Cuyahoga county. Amends Section 1288 (Medical Practice Act) to exempt the practice of Christian Science for the cure or prevention of diseases "by those duly authorized by the church to engage in such practice," from the operation of the medical practice act. Referred to Committee on "Codes and Court Procedure."

Support seems to have been withdrawn from this measure, as it has been held in committee since February 3.

**House Bill No. 231**, by Mr. Powell, requiring approval by State Board of Health of plans for treatment of disposal of manufacturing wastes which might contaminate streams. Referred to Public Health Committee.

**\* \* House Bill No. 244**, by Nieding, of Lorain, to "create a department of health and medical registration," displacing present separate boards.

This is a "spite bill" aimed at the board of health for its activity in attempting to secure control of the bureau of vital statistics. It does not need serious consideration, unless it should unexpectedly find support outside of ranks of the more ardent partisans. It is still in Public Health Committee.

**\* House Bill No. 250**, by Mr. Oberlin, of Stark, supplements Section 1983 by the enactment of additional sections providing for the commitment of inebriates, dipsomaniacs, or persons addicted to the habitual use of drugs to state institutions. See March Journal, page 187.

This bill passed the House March 24, after medical members of the House had rallied to its support and made clear the great need of extending hospital treatment to these unfortunates. It is predicted that it will easily pass the Senate. In the House Mr. Stivers, of Brown county, attempted to amend it to exempt inebriates.

**House Bill No. 301**, by Mr. Beitler, of Hancock. Amends the already stringent law providing for the labeling of poisons. Provides that in addition to bearing the word "poison," the bottle or container must bear in large letters the phrase "Dangerous! Keep in a place inaccessible to children." It further provides that where the poisonous substance is left in tablet or powder form it shall be inclosed in "strong red envelope" upon which the above inscriptions shall be imprinted. Fine of \$50 is provided for physicians and others violating the law. Referred to Public Health Committee, where it has been held since February 16.

**House Bill No. 311**, by Mr. Cowan, of Putnam. To prevent the procreation of defectives and to provide for operation for the prevention of procreation. Committee on Public Health.

There seems to be little chance for this measure this year.

**\* House Bill No. 323**, by Mr. Sprague of Scioto. Regulates the practice of nursing in Ohio, and places the registration of nurses under the state medical board.

After a stormy series of committee hearings this bill was reported, March 29, with recommendation for passage. It was taken out of its regular order and passed in the House April 6. It is now in the Senate.

As finally amended and reported to the House for passage, this bill provides that the state medical board shall employ, for the registration of nurses, a secretary, entrance examiner and three nurses, and that the three nurses with the secretary of the state medical board, shall constitute the nurses examining committee. The nurses shall be selected from ten recommendations made by the Ohio Association of Graduate Nurses.

The bill further provides that after January 1, 1916, no person shall practice nursing as a registered nurse without a certificate issued by the state medical board. Applicants for these certificates must be graduated from a nurses training school in good standing, connected with a hospital or sanatorium in good standing, as defined by the state medical board. Nurses who are not graduates of such schools and desire to practice as registered nurses must submit to an examination by the nurses examining committee. The examination shall include the subjects of anatomy, physiology, obstetrics, bacteriology, hygiene, materia medica, dietetics, practical nursing, and such other subjects as the board and committee may require.

The bill further provides for registration of nurses under reciprocity provisions, and for an appeal from the action of the nurses examining committee to the state medical board, whose decision in the matter shall be final. It further provides for a registration fee of \$10.00. The use of the term, "Registered Nurse" of the letters, "R. N.," or any other title in connection with their names which in any way represents them as registered nurses is limited by the bill to those holding certificates of the board.

Nothing in the act shall be construed, however, to in any way prohibit the performance of services, either with or without compensation, in nursing the sick or injured by any person, providing such services are not performed as a registered nurse.

This roughly outlines the main provisions of the bill. Copies of the measure in its amended form may be secured by those interested by addressing The Journal office.

**House Bill No. 351**, by Mr. White, of Columbiana. Transfers the control of maternity boarding houses and hospitals from the state board of health to the state board of charities. At present each has supervisory powers.

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**House Bill No. 360**, by Dr. Hoy, of Jackson. Amends the Workmen's Compensation Act to modify the arbitrary limitation of \$200 as the amount which can be paid from the state insurance fund for complete medical, surgical, hospital and nursing attention. See March Journal, page 188.

The bitter antagonism to amending the Workmen's Compensation Act, in any way, will probably accomplish the defeat of this bill. It is still in Public Health Committee.

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**House Bill No. 395**, by Mr. Snyder, of Pickaway county. Amends the municipal hospital section of the General Code by transferring the control of municipal hospitals from the director of safety to a board of three persons, to be appointed by the mayor. For copy, see March Journal, page 185.

Despite opposition, this bill seems to have a fair chance. It was reported, with recommendation for passage, by the Judiciary Committee. On April 10 it was near the top of the calendar.

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**House Bill No. 435**, by Mr. Hines, of Tuscarawas. Directs that ambulances must deliver injured or sick persons to the hospital nearest to the point of illness or injury of such person, providing the patient is in immediate peril of death and is unable to designate to which hospital he prefers to be taken. Exempts patients who are in the custody of some other person who is in a position to express the choice of hospital. Introduced March 4, referred to House Committee on Public Health.

A similar measure was introduced in February in the Columbus city council and was defeated.

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**House Bill No. 397**, by Mr. Knox, of Washington county. (Introduced by request). Provides for the examination and admission to practice of naturopathic physicians, including chiropractors, natural healers and all of the known "57 varieties;" provides that all now practicing in Ohio shall be licensed without examination but that future examinations may be conducted by the state medical board in certain specified subjects.

This bill, by consent of author, will be permitted to die, peacefully, in Public Health Committee.

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**House Bill No. 470**, by Mr. Deaton, of Miami county; provides for the prevention of blindness from inflammation of the eyes of the new born, and makes mandatory the use of a scientific prophylactic where inflammation of the eyes develops within six hours after birth. This is the proposed bill for the control of ophthalmia neonatorum prepared by the Committee for the Prevention of Blindness, of the American Medical Association. (See Journal, September, 1914 page 562 for exact copy of the bill.) Introduced March 12; recom-

mended for passage by Public Health Committee, March 26; now on calendar.

Most of our members are familiar with the provisions of this measure, which was presented in detail in The Journal last September. It lodges the enforcement of the act with the state board of health and authorizes the board to provide for gratuitous distribution a one per cent silver nitrate solution; directs that physicians or others attending a birth shall immediately report to the local health officer all cases of eye inflammation in the new born; directs the local health officer to immediately investigate such cases, and to carry out the directions of the state board of health. Physicians and others who fail to comply may be fined \$50.00 for the first offense; \$100.00 for the second, and \$200.00 for later violations. It provides an annual appropriation of \$5,000 to the board of health to carry out the provisions of the bill.

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**House Bill No. 476**, by Mr. Harding, of Cincinnati; regulates the sale and distribution of narcotics; changes Ohio statutes to conform with the provisions of the Harrison federal narcotic law, and provides for the treatment by physicians of habitual users of drugs, and for the commitment of habitues. Introduced March 10; reported with recommendation for passage by the Public Health Committee of the House, March 23. Now before the House.

This is a complicated bill which writes into the state law many of the provisions of the Harrison Act. So far as we have been able to find, its provisions are not in any way antagonistic to the medical profession, and it does not impose upon us any new hardships. It was passed upon favorably by the medical members of the House when it was before the Public Health Committee.

It has one unusual feature in that it provides for the prescribing of narcotics by physicians to known drug habitues, after stipulating that the physician immediately notify the state board of health in writing of the beginning of such treatment, with the name and address of such patient, and shall repeat such notices every thirty days during the period such treatment is continued. The state board of health is directed to retain on file for two years all such notices and to hold them open for investigation by any duly authorized officer of the law. This provision is inserted, friends of the bill explain, to provide for the treatment of drug habitues by honest physicians. Their report to the state board of health showing the prescription of decreasing doses of the narcotic will be prima facie evidence of their good faith.

The bill, like others now pending before the legislature, provides that any person who is addicted to the use of narcotics may be committed by a magistrate to a state, county or city hospital or institution. This point covers the well known need of some public provision for the care of narcotic users whose supply has been arbitrarily



cut off by the provisions of the Harrison law, and the collateral state regulations.

The bill provides the usual exemption for physicians who actually administer the drugs, and for hospitals, colleges, scientific and public institutions, etc. It provides that in such institutions where the drug is not under the supervision of a legally licensed pharmacist, physician, dentist or veterinarian, a special license shall be issued by the state board of pharmacy.

Those desiring more complete information on this bill should write Mr. Harding, care of the Ohio House of Representatives. It is our opinion that this bill will become a law as it seems to meet the general desire for some form of state narcotic regulation.

**House Bill No. 477**, by Mr. Hasselman, Cleveland; amends the General Code relative to selling real estate held by charitable or religious societies or associations. Reported with recommendation for passage by the Judiciary Committee, March 19.

This bill was drafted by Mr. Hasselman to permit charitable and religious organizations to lease real estate. Under the present law they can only sell outright. This matter is important to several hospitals which own downtown property in the larger cities and which plan to later abandon these locations for less expensive sites in the suburbs. By leasing their downtown properties, they can secure a much greater revenue than by outright sale.

**House Bill No. 495**, by Mr. Oberlin, of Stark county; appropriates \$100,000 for the establishment of a state hospital for deformed and crippled children, similar to the institution which was provided for by the legislature some years ago. At that time the appropriation was permitted to lapse because of a difference as to where the institution should be located. Introduced March 15 and now under consideration by the Public Health Committee.

Efforts are being made by medical men interested in this project to have the amount of this appropriation reduced as it is thought that a much smaller sum would meet the requirements providing the hospital is established in connection with some existing state institution.

**House Bill No. 543**, by Mr. Fox of Lucas County; to permit Christian Science healers to collect fees for their work, by providing that nothing in the law regulating the practice of medicine shall be construed to apply to, or forbid the use of Christian Science "for the cure or prevention of disease." Introduced March 23 and referred to the Judiciary Committee.

This is the third Christian Science bill which has been introduced this year, and indicates the persistence of these healers. **Write your Representative to kill this bill!**

## SENATE BILLS

\* \* **Senate Bill No. 58**, by Mr. Mooney, of Cleveland, permits practice of Christian Science—similar to bill introduced into the House by Mr. Terrell (H. B. No. 177). Referred to Committee on Public Health. This bill, we believe, is "dead."

\* **Senate Bill No. 84**, by Mr. Lloyd, of Franklin. Amends dental practice act to raise standards and increase scope of the board. Recommended for passage February 25 by Committee on Public Health. Is opposed in part by dental colleges in Cincinnati and Cleveland. Passed Senate March 2. Passed House April 8.

\* **Senate Bill No. 103**, by Mr. Vorhies, of Guernsey. Strengthens the power of the state board of health in securing reports of contagious diseases. It is drafted on lines of model act adopted by American Association of State Boards of Health. Passed Senate March 18, by vote of 18 to 5.

\* **Senate Bill No. 186**, by Mr. Myers of Marion. Abolishes the position of county coroner and creates the office of county medical examiner, to be appointed by the prosecuting attorney. This officer shall perform the duties now assigned the coroner, and shall in addition act as medical adviser for the state in all criminal cases. Introduced March 11 and referred to Judiciary Committee.

Agitation for this bill was originally started by a group of Cleveland physicians interested in governmental efficiency. They hold that the office of coroner is practically useless and that the position of county medical examiner provided for in this bill meets a real need. The coroners of the state organized after introduction of the bill and are opposing its passage. The Ohio Public Health Federation, on the other hand, had endorsed it for passage. The Municipal Association of Cleveland is the organization pushing the bill.

**Senate Bill No. 222**, by Mr. Lynch, of Toledo. Re-enacts the Duffy narcotic law and makes more stringent the prohibition of the prescription of narcotics by physicians. Introduced March 23 and passed by the Senate April 1, with an emergency clause attached. Now pending in House Committee on Public Health.

Under a ruling of the circuit court in Lucas county, the Duffy narcotic law was set aside on a technicality late in February. Senator Lynch, at the direction of Judge O'Donnel, of Toledo, who has waged a splendid warfare against peddlers of illicit drugs, immediately drafted and introduced the present bill.

The pending measure places unusually severe restrictions upon physicians. The bill absolutely prohibits physicians from issuing prescriptions for narcotics to drug addicts under any circum-

stances. It provides that in cases where, owing to physical infirmities or bodily illness, a patient (not a drug addict) is in need of narcotics for a long period of time the attending physician shall report the case to the probate judge of the county. The judge shall then appoint not to exceed three reputable physicians who shall examine the patient and investigate the circumstances. They are empowered to issue a special certificate definitely setting forth the amount of such drugs and the conditions upon which the patient may receive

the same. The bill provides that physicians serving on this examining committee shall receive not to exceed \$3.00.

Mr. Lynch in his speech declared that since the annulment of the Duffy act, illicit dealers in drugs have taken advantage of the situation and are operating openly in the larger cities. He therefore appealed to the Senate to enact the emergency clause, which it did.

This is by far the most radical drug law ever proposed in this state.

## HERE IS THE REVISED HOY BILL, WHICH CAUSED A BITTER SENATE FIGHT, AS IT WENT TO THE GOVERNOR

The following is a revised copy of House Bill 142 by Dr. Hoy, which was passed by the House, February 19 and passed as amended by the Senate Committee on Public Health, on March 26. The bill given below is a revised copy, with both Senate and House amendments written in.

The matter in italics represents the new legislation; the light face matter is the text of the old law.

Section 1. That section 1275 of the General Code be amended, and said section 1275 be supplemented by the enactment of an additional section 1275-1 and section 1276 as follows:

Section 1275. The state medical board may refuse to grant a certificate to a person guilty of fraud in passing the examination, or at any time guilty of felony or gross immorality, *grossly unprofessional or dishonest conduct*, or addicted to the liquor or drug habit to such a degree as to render him unfit to practice medicine or surgery. *The words, "grossly unprofessional or dishonest conduct" as used in this section are hereby declared to mean:*

*First: The employing of any capper, solicitor or drummer for the purpose of securing patients or subsidizing any hotel or boarding house with like purpose; or the obtaining of any fee on the assurance that an incurable disease can be cured.*

*Second The willful betrayal of a professional secret. But a physician, knowing that one of the parties to a contemplated marriage has a venereal disease, and so informing the other party to such contemplated marriage, or the parent, brother, or guardian of such other party, shall not be held to answer for betrayal of a professional secret nor shall such physician be liable in damages for truthfully giving such information to such other party, or the parent, brother, or guardian of such other party.*

*Third: All advertising of medical practice in which extravagantly worded statements intended, or having a tendency to deceive and defraud the public are made, or where specific mention is made in such advertisements of tuberculosis, consumption, cancer, Bright's disease, kidney disease, diabetes, or of venereal diseases or diseases of the genito-urinary organs.*

*Fourth: Having professional connection with, or lending one's name to an illegal practitioner of medicine.*

*Any division of fees or charges, or any agreement or arrangement to share fees or charges made by any physician or surgeon with any other physician or surgeon, or with any other person."*

Upon notice and hearing, the board, by a vote of not less than five members, may revoke or suspend a certificate for like cause of causes.

Section 1275-1. *The state medical board shall have the power to require the attendance of such witnesses and the production of such books, records and papers as it may desire at any hearing before it of any matter of which it has authority to investigate, and for that purpose may through its secretary issue a subpoena for any witness or a subpoena duces tecum to compel the production of any books, records or papers, directed to the sheriff of the county where such witness resides or is found, which shall be served and returned in the same manner as a subpoena in a criminal case is served and returned. The fees and mileage of the sheriff and witness shall be the same as that allowed in the Common Pleas Court in criminal cases, which fees and mileage shall be paid from the fund in the state treasury for the use of the board in the same manner as other expenses of the said board are paid.*

*Depositions of witnesses residing within or without the state may be taken by the board in the manner prescribed by law for like depositions in civil action in the Common Pleas Court. In any case of disobedience thereto or neglect of any subpoena served on any person or the refusal of any witness to testify to any matter regarding which he may lawfully be interrogated, it shall be the duty of the Common Pleas Court of any county where such disobedience, neglect or refusal occurs, or any judge thereof, on application by the secretary of the state medical board to compel obedience by attachment proceedings for contempt as in the case of disobedience of the requirements of a subpoena issued from such court or a refusal to testify therein.*



Section 2. That said original section 1275 and 1276 of the General Code be and the same is hereby repealed.

(EDITORIAL NOTE.—Section 1276, here mentioned, is the section of the present law which provides that appeals from the decisions of the board shall be made to the governor and the attorney general, whose rulings shall be final. The new appeal clause appears just below—Section 1276.)

*Sec. 1276. An appeal may be taken from the action of the state medical board refusing to grant or suspending or revoking a certificate or license for the causes named in the preceding section to the Common Pleas Court of Franklin County or to the Common Pleas Court of the county in which the person who has been refused a license or whose license has been suspended or revoked resides. The judgment of the Common Pleas Court may be reviewed upon proceedings in error in the Court of Appeals.*

## PUBLIC HEALTH ACTIVITIES IN VARIOUS OHIO CITIES

Health officers of Akron are quoted as condemning the use of paper milk bottles as insaniary.

Dr. G. D. Lummis, health officer of Middletown, designated the week of April 12 as "Clean Up" week.

A camp for the care of tuberculous inmates will be established in connection with the Marion county infirmary.

April 5, 6 and 7 were "Clean Up" days in East Liverpool. Ministers, physicians, and all public spirited citizens cooperated.

Mr. J. E. Bauman, assistant secretary of the state board of health, addressed the Fostoria Public Health League, March 26.

Dr. J. H. Landis, health officer of Cincinnati, delivered a lecture on public health work in the city hall at Greenville on March 26.

A motion to eliminate roller towels from the Lima public schools was voted down at a recent meeting of the board of education.

Scioto County Anti-tuberculosis Society is endeavoring to raise \$1500 to provide for a public health nurse during the ensuing year.

Superintendents of tuberculosis hospitals who recently organized, will hold their next meeting at the Lucas County Tuberculosis Hospital, May 28.

Dr. E. A. Peterson, chief medical inspector in

the Cleveland public schools, spoke at Geneva on March 24 on civic improvements, social welfare, and play grounds.

The state board of health has prepared a pamphlet listing the public health organizations and nurses in Ohio. Copies may be secured by addressing the board.

Piqua people interested in public health and public welfare have organized the Piqua Welfare Association, and are sponsoring the state public health exhibit in that city.

Dayton city health department has passed stringent regulations regarding control of tuberculosis cases. Where the regulations are not complied with the patients will be placed under quarantine, it is announced.

Central Philanthropic Council, Columbus, has appointed a committee to consider ways and means of providing proper medical attention for drug addicts whose supply has been cut off by the new federal narcotic law.

Springfield health department set aside a week late in March as public health week for negroes. Numerous addresses on health topics were delivered by Drs. C. L. Minor, J. R. McDowell and others, for negro audiences.

Dr. Louis Kahn, health officer of Columbus, has notified intending exhibitors of the state fair that the city's sanitary regulations will be strictly enforced on the fair grounds this year, particularly with reference to stands and restaurants.

In a recent address before the Dayton Federation of Literary Clubs, Dr. J. Morton Howell declared there is almost as much reason for segregating cases of tuberculosis as of leprosy. He declared there is more danger of infection from some patients suffering from tuberculosis in the secondary stages than from lepers.

## DEATHS

Thomas Burnett Norris, M. D., Starling Medical College, Columbus, 1869, died Friday, March 19, at the residence of his son-in-law, Mr. Z. F. Postle, in Columbus. Dr. Norris celebrated his 87th anniversary on December 5 and had enjoyed excellent health until the day of his death. He was born in Virginia and in his earlier years practiced in several points in the Muskingum Valley. He located in Franklin county 36 years ago, practicing for a time at Alton. Since his retirement from active practice he has lived in Columbus. He was an honorary member of the Ohio State Medical

Association, member of the Columbus General Practitioners Society, and was active in various professional activities.

**William Warner, M. D.**, Bellevue Hospital Medical College, 1882; died March 12 at his home in Vera Cruz, Ind., where he had practiced for many years. He was found hanging in the loft of his home and had been dead probably ten days when discovered. He was a widower and had threatened suicide. He was formerly connected with Ohio State University.

**William Phillips, M. D.**, Eclectic Medical College, Cincinnati, 1877; died Monday, March 8 at his home in Parkview Heights, Jackson, following a gradual failing of health extending over a period of 18 months. Dr. Phillips was a member of the oldest family in Jackson county. His great-grandfather, James Phillips, located there in 1814. William was born August 2, 1847. He had practiced in Jackson since 1890; had served as councilman and in other public capacities. He was formerly a member of the State Society until his health declined. He is survived by a wife, one son and two daughters.

**Ethelbert H. Black, M. D.**, Curtis Physio. Med. Institute, Marion, Ind., 1883; died February 9 at his home in Rossburg, Darke county, after a five weeks' illness. He had been in continuous practice for 25 years prior to his death; was a member of the Ohio State Medical Association and the Darke County Medical Society, and was highly esteemed in his home community. A wife and four children survive him.

**Thomas Elliott, M. D.**, Jefferson Medical College, 1877; died February 28 at his home in Sharon, Pa., from blood poisoning, which resulted from a slight scratch on his right thumb sustained while operating. Dr. Elliott was well known in Eastern Ohio.

**Jacob L. Sandoe, M. D.**, aged 60, Medical Department, University of Pennsylvania, 1878; died February 26 at Good Samaritan Hospital, Cincinnati, following attack of pneumonia. He was medical examiner for the Pennsylvania Railway for 25 years. A widow and daughter, who survive him reside in Newport, Ky.

**Burnett V. Buffington, M. D.**, Eclectic Medical College, Cincinnati, 1873, died Wednesday, March 10, at his home in Marysville, where he had practiced for many years. He was one of the wealthiest men in Union county.

**Alva Richards, M. D.**, Cincinnati College of Medicine and Surgery, 1862; died March 24 at his home in New Lexington, aged 74. Dr. Richards practiced medicine in New Lexington for half a century. Graduating during the early days of the

Civil War, he was commissioned as assistant surgeon and served to the end of that conflict. He is survived by a widow and three children.

**John A. Sapp, M. D.**, Cleveland University of Medicine and Surgery, 1869; died March 17 at his home in Salineville, aged 70. With the exception of three years spent in California, he had practiced in Salineville since his graduation. Dr. Sapp was a member of Co. E, of the O. V. I., and served through the Civil War. He is survived by a widow.

**William H. Christopher, M. D.**, Starling Medical College, Columbus, 1879; died April 2 at his home in London, Madison county. Death came suddenly. Dr. Christopher had been active in medical society work for years, and was the legislative committeeman for the State Society in Madison county. He is survived by a widow and one son, Dr. H. V. Christopher, with whom he was associated in practice.

**Wilson M. Sprague, M. D.**, Starling Medical College, 1898, died March 15 at his home in Byesville, Guernsey county, aged 38. He is survived by a widow and three children. Dr. Sprague had practiced in Byesville eight years, having previously practiced in Dexter City.

**Thomas E. Duncan, M. D.**, University of Pittsburgh, Medical Department, 1897; died March 13 at his home in Wellsville, Columbiana county, following attack of pneumonia. Dr. Duncan practiced in Wellsville for 18 years. He is survived by a widow and one daughter.

**Elmer Bertram Holst, M. D.**, Toledo (Ohio) Medical College, 1896; of Rossford, Ohio; died in the East Side Hospital, Toledo, February 22, from nephritis, aged 39.

**William H. Aiken, M. D.**, Pulte Medical College, Cincinnati, 1884; died March 21 at his home in Felicity, Clermont county, following an illness of several months. At the time of his death he was serving as auditor of Clermont county, having been elected in 1912 and re-elected in 1914. For several months his health had been declining. He is survived by a widow and one son. Dr. Aiken, after graduating from college, practiced for nearly thirty years in Felicity.

**Willard Solomon Gayman, M. D.**, Miami Medical College, Cincinnati, 1894; died March 20 at his home in Canal Winchester, Franklin county, aged 49 years. Dr. Gayman, following graduation from Capital University, Columbus, and the completion of his medical course in Cincinnati, spent his entire life in his home town. He was highly regarded by a wide circle of friends. Fellow physicians from Columbus and surrounding towns served as pall bearers at his funeral on March 23



# SHALL WE GO BACK? OR GO ON?

The Most Important Problem Facing the  
House of Delegates at the Cincinnati Meet-  
ing is The Financial Policy of the Society

## SUPPLEMENTAL TREASURERS REPORT BY C. D. SELBY

Secretary-Treasurer of the Ohio State Medical Association

The Ohio State Medical Association needs a greater annual revenue to carry on its greatly increased work in behalf of its members.

The Association has come to a parting of the ways. At Cincinnati the Association must decide its future financial policy.

A sluggish association has little trouble in keeping a comfortable bank balance. It is merely a question of collecting a small amount of money from its members, and spending less.

Of course, the resultant benefits to the members is in direct proportion to the money spent.

In a state medical society if little money is spent there will be little legislative activity, slight control of the public policies that determine the relation of the profession to the public, in apathetic feeling among its members, and a journal that is so hampered that it must necessarily be ineffective in promoting the welfare of the organization.

Prior to 18 months ago we endeavored to run our association on an economical—rather, a parsimonious—basis. Result: money in the bank, but—

At the 1913 annual meeting at Cedar Point, the Ohio State Medical Association willed a change in the plan of managing the Journal. This was done in the knowledge that the system previously provided by the association for running the Journal was wrong, a condition not peculiar to the Ohio State Medical Association. It was seen that the full-time service of an editor was required, preferably one who had newspaper experience, and more money was essential. Pursuant to this expression of the house of delegates, Mr. G. V. Sheridan, of wide newspaper experience, was appointed news editor under the managing editorship of Dr. Upham. That the policy of running the Journal, as then determined by the house of delegates, was sound was evidenced by an immediate and visible improvement in and demand for our Journal.

The improved Journal and the service it renders our association, through the personal efforts of Mr. Sheridan, has cost and is costing us considerable more than under the old plan. To meet the immediate requirements, council authorized a loan to The Journal of \$1000. This was in November 1913. And January 1914, by authorization of council, the subscription to the Journal was increased from 50 cents to 75 cents, making it one half of the association's per capita income. The actual cost to the association of this increase was \$976.50 in 1914 (last year)—a thousand dollars in round figures.

In 1913—a typical year under the old order—\$559.16 was spent in salaries to the secretary and the treasurer, then two separate offices. The new constitution, which the House of Delegates adopted at the 1913 meeting, provided for an amalgamation of the two offices. January, 1914, by authorization of council, the salary of the secretary-treasurer was fixed at \$1000 per annum. Here was an increase, in round numbers, of five hundred dollars in the salary cost of running the clerical and business end of the association.

Following the recommendation of the retiring president, Dr. Fackler, the House of Delegates, at the 1914 meeting, established a bureau of promotion and authorized it to incur expense. The wisdom of the Dr. Fackler and the House of Delegates was amply demonstrated in the valuable work this bureau has done and is doing. There was an immediate rejuvenation in the association. This bureau cost us in the six months of 1914 that it was active \$1076.22—a thousand dollars.

In 1914, probably more than ever before, the association felt the need of intensive work in legislative matters and public affairs. Our committee on public policy and legislation arose to this demand and worked with vigor and efficiency. They promoted the Ohio Public Health Federation, a movement somewhat in

advance of any similar work undertaken by any other state association. The effectiveness of this federation is known only to those who have been active in legislative matters. The cost of this work has been approximately \$400, additional to the usual work of the committee.

The principle items of increased expense in running our association in 1914 were, then

Journal .....	\$1,000
Secretary-Treasurer .....	500
Bureau of Promotion .....	1,000
Public Policy .....	400
Total .....	\$2,900

Our income last year (1914) was \$5911.78; our disbursements, \$6626.83; the loss was \$715.05. The note of \$1000 against the Journal is uncollectable; the Journal cannot pay it under its present system of financing. The note should be charged off. When this is done the disbursements of 1914 will have exceeded the receipts by \$1714.05.

If the present arrangements be continued during 1915, we will probably close the year with no assets.

**The Ohio State Medical Association without assets will be useless as an organization for the promotion of the welfare of our profession.** We are therefore facing two alternatives; we must either increase the dues, or retrench. If we retrench, where shall we start? Shall we put the Journal back on the old basis? Shall we? Shall we make the offices of the secretary-treasurer honorary? Shall we abolish the bureau of promotion or curtail public activities?

As secretary-treasurer, I have presented these facts without color. This is our association. Each one of us knows whether he desires an apathetic but financially solvent association, or a live, effective organization. If the latter, we must pay more than \$1.50 per year for it. We must pay at least an additional \$1.00 or \$1.50 to pull it through on the present plan. State dues of \$3.00 would make it possible to carry on and materially extend our present work.

We have every reason, however, for being encouraged. The work of our association has been exceedingly productive of good for us. We have a Journal of the first rank. Our membership is growing, and from indications at present (March 9th) we will this year have the largest membership in the history of the organization. The spirit of good fellowship prevails, and everybody is boosting. The bureau of promotion and the Journal constitute the two most effective agents in the association.

The work of the Journal, the bureau of promotion and the secretary-treasurer overlap more or less. I recommend that the association provide for the employment of a general business manager, who would have charge of all the work that the secretary-treasurer, the bureau of promotion and the news editor now do. Combine the three departments in one. The manager should be given authority under the direction of a board consisting of a sub-committee of three members of Council, selected by that body, and the president, or he should work under the direction of a special board of three trustees to be elected annually by the House of Delegates. Either plan would be good.

This recommendation is made in the knowledge that there is much duplication of effort and expense in maintaining these offices separately. For instance, much of the work of the secretary-treasurer is promotion work, and much of the work of the news editor is promotion work. A central office, such as we now have in Columbus, under the direction of a business manager would correlate all of our activities in the geographical and legislative center of the state.

An additional incentive in making this recommendation originates in the fact that the work of secretary-treasurer, as it has gradually developed, is too much for a man who has to make his living outside of this work.

I realize that this House of Delegates has under consideration a plan of co-operative medical defense, which I heartily approve, and which will cost at least an additional dollar per year. The question arises: Is it better to adopt this, this year, or is it better to wait a year or so, and devote our resources for the present to strengthening our present departments.

This financial problem is, in my opinion, the most important now facing our House of Delegates.



It gives me sincere pleasure to congratulate Dr. Upham upon the exceedingly prosperous year he has brought to our association. Through his efforts, this has probably been the most effective year we have ever had.

I desire to thank the Council; every member has cooperated freely and effectively with this office.

I also desire to thank Mr. Sheridan. He and he alone has put the Journal where it is—a leader among state society journals.

The secretaries and treasurers of the county societies all deserve commendation. They are the men and women who have made it possible for Dr. Upham to give us a good year, who have made it possible for Mr. Sheridan to give us a good Journal. I thank them all.

Respectfully submitted,

C. D. Selby,

Secretary-Treasurer.

## PARTIAL REPORT OF THE AUDITING COMMITTEE

It has been customary for the Auditing Committee to delegate the examination of the books to a public auditor whenever it seemed advisable to do so. The members of the Auditing Committee usually meet immediately prior to the state convention to formulate their statement to the House of Delegates. I will, however, take it upon myself as chairman to point out certain particulars which will be discussed by the Auditing Committee when it meets, and which will be referred to the House of Delegates.

The House of Delegates will have to consider the question of more adequate finance for the State Society and the Ohio State Medical Journal. A comparison of the treasurer's report for the year ending 1913 with that for 1914 discloses the following figures:

Income.	1913	1914
Receipts from county societies	\$5367 00	\$5770 35
Interest on bonds and savings account	110 37	141 38
	<u>\$5477 37</u>	<u>\$5911 63</u>
Total disbursements.....	<u>\$4457 00</u>	<u>\$6626 83</u>

Included in these total disbursements is:

Bureau of Promotion—	
1913	1914
\$0 00	\$1076 22
Journal subscriptions—	
1913	1914
\$1668 50	\$2866 25

### Ledger Assets.

Cash in bank (commercial account)	\$ 569 43	\$ 12 95
Cash in bank (savings account)	175 96	317 34
Bonds	2400 00	1600 00
Notes	1000 00	1500 00
Total assets.....	<u>\$4145 39</u>	<u>\$3430 29</u>

An analysis of these figures shows that the Association increased its expenditures about \$2200.00 in 1914 over 1913. This is an apparent excess of expenditure over income for 1914 of about \$700.00.

This increase of expenditure can in a large measure be accounted for by the activities of the Bureau of Promotion and through increase of the subscription price to The Journal from 50 to 75 cents. These two items alone accounting for about \$2200.00.

The ledger assets of the Association show a decrease of about \$7000.00, leaving on hand a sum of \$3430.29 for the year ending 1914. There is, however, carried in this asset notes against The Journal of the Association amounting to \$1500.00, a large part of which at least is a liability rather than an asset, representing as it does the excess cost of The Journal to the Association over the subscription price granted the Journal by the Association.

If now we turn to the accounts of The Journal we have the following comparison to make:

	1913	1914
Accounts receivable.....	\$2445 16	\$1317 62
Bad accounts.....	none listed	686 87
Among the liabilities we find:		
Note due Ohio State Medical Association .....	\$1000 00	\$1500 00

We also note that the net losses were:

	\$ 341 28	\$ 808 77
In the expense account we find The Journal printing to be .....	\$2602 86	\$4484 39

The revenue of The Journal were as follows:

	1913	1914
Advertising .....	\$3985 97	\$4992 92
Circulation (subscriptions)....	1676 25	2876 55
	<u>\$5330 46</u>	<u>\$7869 47</u>

The total expenditures were: \$6003 50 \$8678 24

Briefly, this means that in the accounts receivable as listed in 1913, there were a number of bad accounts, which were being carried on the books of the Association, and which must eventually be charged off as dead loss.

There has been an increase in the receipts from advertising in The Journal of over a thousand dollars and this in spite of the fact that The Journal for the first time in its history has conformed to the American Medical Association standard. It has cost nearly two thousand dollars more to publish The Journal during 1914 than dur-

ing 1913. This additional expense has been put into making The Journal a real journal. In spite of the increase in advertising, there has been an increase in the loss on The Journal operation for the year 1914 over the year 1913. The loss for 1914 was a little over \$800. If we add this loss to the bad accounts which have been carried by The Journal as an asset we shall find that the sum is very nearly \$1500. In other words equal to the notes for \$1500, which The Journal owes to the Association.

The note for \$1000 was authorized by the Council in October, 1913, following the Cedar Point meeting at which the House of Delegates received the report of the Auditing Committee and by inference at least authorized the loan under the impression that it was to be used for working capital and that The Journal was on a paying basis. It is now clear that The Journal was then carrying upon its books considerable accounts which were absolutely non-collectable. This note therefore represents the cost to the Association over and above the subscription price up to the time of the change in the management and manner of publishing The Journal. Clearly the House of Delegates should authorize the cancelling of this note.

A careful consideration of the data presented shows that the dues of the Association are inadequate to meet the increased activities of the Association and that if the members desire to continue their activities along present lines and to publish a creditable journal as they have been doing in the past year definite steps must be taken to increase the per capita assessment upon the membership. Very sincerely yours,

J. E. Tuckerman,  
Chairman, Auditing Committee.

#### WORKMEN'S COMPENSATION COMMITTEE.

The special committee on Workmen's Compensation of the State Society met March 22 at the Chittenden Hotel, Columbus, to check up on work for the past year. Members present: Drs. C. F. Bowen, Columbus, chairman; Mark Millikin, Hamilton; C. L. Minor, Springfield; A. S. Story, Cleveland; and C. D. Selby Toledo. After considerable discussion, the committee voted unanimously to ask Governor Willis to name a qualified surgeon for membership on the Industrial Commission of Ohio.

#### AGAIN, WE THANK YOU!

In the program of the Shelby County Medical Society we note, with pleasure, the following: March 4.—This is the month your dues should be paid. This entitles you to the Ohio State Medical Journal, a creditable journal which every physician in the state should read."

Dr. C. A. L. Reed, Cincinnati, publishes an interesting paper on "Probable Causes and Logical Treatment of Epilepsy," in the Journal A. M. A., March 27 (page 10).

## CORRESPONDENCE

Editor, The Journal: As I see it now, I am not in sympathy with Senate Bill 186 (abolishing the coroner's office). The creation of a political job without any reference to qualifications is dangerous procedure. The appointee of the average prosecuting attorney would probably know nothing more about pathology than a rabbit. Give us a county health officer at from \$2500 to \$3000 per year, under the direction and endorsement of the State Board and the State Board of Examination and Registration, with a local laboratory for the service of any physician in the county and, if advisable, the added duties of the medical examiner now under contemplation in this measure. The officer I have in mind should not be in general practice. This idea of mine may be Utopian but we are bound to come to it.

C. D. Mills, M. D.

Marysville, O., March 24.

#### APPROVES COMMISSION IDEA.

Editor, The Journal: One of the March editorials that I was very much interested in was the one on a county lunacy commission. Certainly we need in Ohio some better arrangement for committing people to the state asylums. I do not believe under the present plan we give the people a fair chance, nor do we give those in charge of the state institutions a fair chance. The county commission will be a very good one, provided it is kept out of politics and provided men are placed on the commission who really know their business. As you know there are only a few men who have given the subject of mental diseases deep thought. The common idea is to judge the case entirely by its mental action. Too often this is the wrong way. I think it would be a great thing for both the profession and the people if some such plan as you have outlined could be put in service. With best wishes, I remain, very truly yours,

Carl W. Cawyer, M. D.

Marion, March 16, 1915.

#### ANTI-MEDICAL LOBBYISTS.

The following lobbyists have been registered by the secretary of state to present arguments in favor of the chiropractic and naturopathic bills—two measures which were killed when the present substitute cult practice bill was prepared: M. A. Warnes, Middleburg, Democratic leader in the last House of Representatives; Attorneys Randolph Walton, Hugo Schlessinger and John Ward, Columbus; John Oswalt, a practicing chiropractor in Warren; and a Mr. Bush, practicing chiropractor in Columbus.



## NEWS NOTES OF OHIO

Dr. J. E. Myers, Springfield, is spending a few weeks in Florida.

Dr. C. E. Price, Toledo, is occupying new offices at 516 Nicholas building.

Born to Dr. and Mrs. C. G. Axline, of Lancaster, March 19, a girl—Martha Jane.

Dr. P. D. Covington, Bellefontaine, is spending the winter at Sarasota, Florida.

The country home of Dr. A. L. F. Albertson, near Cleveland, was destroyed by fire March 21.

Dr. Tunison T. Rosendale, Fostoria, has been elected president of the Keasey Pulley Co., of that city.

Dr. F. D. Carson has moved from Millersburg to Holmesville, Holmes county, where he will practice in the future.

Dr. E. R. Henning has been appointed Big Four surgeon at Bellefontaine. Dr. F. B. Kaylor continues as assistant surgeon.

Dr. L. J. Wise, of Akron, recently had his arm broken while cranking his automobile when the self-starter refused to work.

The engagement is announced of Dr. F. V. Dunderman, Akron, to Miss C. L. Dettling. The marriage will take place in June.

Dr. F. I. Shroyer, Troy, who is taking an advanced work at the Mayo Clinic, was recently operated there. He has fully recovered.

Dr. W. H. Buechner, Youngstown, has returned from Boston where he was under treatment for a month for an injury to his spine. He is entirely recovered.

Dr. H. H. Dorr, Columbus, has been appointed assistant medical examiner on the Industrial Commission at a salary of \$1500 per year. He has been serving under a provisional appointment.

It is understood that a number of Cincinnati physicians are planning to volunteer for army hospital service in Europe during the present summer. Dr. J. E. Pirrung expects to leave early in May for a six months' stay.

Municipal Judge Bernstein, Cleveland, recently settled a morphine law violation case by per-

mitting the druggist accused of the illegal sale to pay for a course of treatment for one of his patients who had become addicted to the habit.

Mr. Howell Wright, superintendent of Cleveland City Hospital, in a recent newspaper interview advocated the location of hospitals in city parks, pointing out that it would add to the beauty of the park and would provide the hospital with excellent air and sunlight.

Dr. Theo. H. Wenning, Cincinnati, recounts his army hospital service in Serbia during the Turko-Balkan war in an interesting article in the Lancet-Clinic of March 27. Dr. Wenning, while in Berlin, volunteered for medical service and was stationed at the army hospital at Kraguniwatz.

Dr. Frank Bailey, of the McClellan Hospital, Xenia, has gone to Pittsburg, where he has an appointment as bacteriologist at the Western Pennsylvania hospital. Dr. W. S. Ritenour, of Bellebrook, Green county, will take the place at the McClellan Hospital vacated by Dr. Bailey.

Drs. L. A. Levison, J. H. Jacobson, B. G. Chollette and Fred Douglas, of Toledo, have incorporated the Parkview Company to erect a two-story building on Michigan street, as a medical office building. It will be equipped with laboratory, operating rooms, rest rooms, a gymnasium and other features.

Since his return from abroad Dr. George W. Crile, Cleveland, has lectured on two or three occasions, outlining some of his experiences. On March 25 he was the guest of the Kit Kat Club, Columbus, and in an exceedingly interesting manner told of conditions abroad which he encountered on his recent visit to Paris to establish a unit in the American hospital.

Dr. A. F. Sippy will leave Akron this month for Chicago, where he will reside permanently, and will limit his practice to internal medicine. He will be associated with his brother, B. W. Sippy, professor of medicine in Rush. Dr. A. F. Sippy has been a member of the Summit County Medical Society since 1901. He is vice president of the Peoples Hospital, Akron.

The seventh Pan-American Medical Congress meets in San Francisco, June 17-21, on invitation of the president of the United States. Congress will meet in seven sections: Medicine, surgery, obstetrics and gynecology; anatomy, physiology, pathology and bacteriology; tropical medicine and general sanitation; laryngology, rhinology and otology; and medical literature. Dr. Chas. A. L. Reed, of Cincinnati, is president, and Dr. Ramon Guitheras, of New York, is secretary-general of the Congress.

# STATE BOARD OF HEALTH NEWS

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The traveling exhibit has been touring north-western Ohio, devoting one week to each city. February 16 the exhibit opened in Ada and has since been shown in Napoleon, Wauseon, Bryan, Defiance, Van Wert, Greenville and Oxford. Dr. Walter H. Snyder, of Toledo, a member of the Ohio Commission for the Blind, has been added to the volunteer staff of lecturers from which the weekly programs are made up.

That the exhibit is an important factor in bringing communities to realize the importance of their local public health problems is everywhere apparent. The Defiance Crescent-News (March 20) in commenting on this point after the exhibit had closed there, said:

"It was an elaborate and splendid exhibit, demonstrating by charts, miniature designs and moving pictures, accompanied by lectures by noted physicians and scientists, the causes and modes of prevention of many of the most common diseases.

The only regret expressed by any person was that every citizen in Defiance county had not been able to have seen it. The possibilities of this exhibit are in the future. It has awakened a desire in our citizenship that time only can work out to a final fruition. Let the good work go on until disease ceases its ravages, especially on the young and the helpless."

## ANTI-TUBERCULOSIS WORK

### SHOWS DEFINITE RESULTS

#### Number of Deaths in Ohio is Slowly Decreasing.

A splendid idea of the scope of the campaign to prevent tuberculosis in Ohio is given in a pamphlet which has just been issued by the State Board of Health, giving the annual report of R. G. Paterson, director of the division of public health education and tuberculosis, who is also executive secretary of the Ohio Society for the Prevention of Tuberculosis. The report includes a brief resume of the development of the work since 1911, when an active campaign was inaugurated in Ohio and which resulted, in 1913, in the establishment of a well-organized bureau under the State Board of Health. Since 1911 there has been a gradual decline in the number of deaths reported from this disease from 7,093 to 6,555. An extensive campaign for the future is outlined.

## 644 DIAGNOSTIC TESTS

### MADE DURING FEBRUARY

The February report of diagnostic work in the board's laboratories shows the following:

Diphtheria—Positive, 55; negative, 168; suspicious, 13 .....	236
Tuberculosis—Positive, 83; negative, 249; suspicious, 3 .....	335
Typhoid—Positive, 12; negative, 38; atypical, 4 .....	54
Rabies—Positive, 10; negative, 3.....	13
Malaria—Negative, 2 .....	2
Miscellaneous—4 .....	4

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## MATERNITY BOARDING HOUSES.

Licenses to conduct maternity boarding houses and lying-in hospitals, in accordance with the state law, have been issued by the board to the following:

Evangeline Reams for Friends' Rescue Home, 73 North Harris avenue, Columbus; Mrs. Anna L. Wright, 10518 Tacoma avenue, Cleveland; and Grace Wood, 1600 Harrisburg road, Canton.



## BOARD IS PREPARING TO MAKE FREE DIPHTHERIA ANTITOXIN

**Hoy Bill, Now a Law, Permits Greatly Needed  
Addition to Present Activities.**

Manufacture of diphtheria antitoxin by the board for distribution among the poor, provided for by the Hoy bill which is now a law, will be conducted in conjunction with the department of veterinary medicine, Ohio State University. Dr. McCampbell is now working out a plan which will be put into effect following the expiration of the referendum period on the new law, providing the necessary appropriation is made by the legislature. This appropriation will undoubtedly be made.

The present plan is to start work with five horses, which will be cared for by the veterinary medical department. Extra assistants in the board's laboratory will be necessary to carry out the work.

The division of sanitary engineering has recently completed inspection in existing water supplies in Athens, Cincinnati, Portsmouth, Sandusky and Swanton.

W. H. Dittoe, chief engineer of the board, has been appointed to membership on the committee of sanitary control of waterways, of the section on sanitary engineering of the American Public Health Association.

Dr. McCampbell on March 25 lectured on "The Movement to Prolong Life," at Ohio State University. It was the final number of a series of lectures presented by faculty members of the university for the benefit of the general public.

## RATIFY APPOINTMENT OF MANY HEALTH OFFICERS

The board has confirmed the appointment of the following physicians as health officers in their respective communities, said officers to serve in lieu of a local board of health: Drs. Edwin A. Steely, Anna; G. W. Hine, Berlin Heights; F. F. Demuth, Cecil; W. O. Phillips, Centerburg; F. A. Hatten, Clarksville; A. E. Lawrence, Coolville; W. D. Bishop, Hollandsburg; W. A. Hunt, Kellersville; J. A. Rhiel, Malvern; G. G. Smith, Martinsburg; K. C. Ice, Miltonburg; H. E. Dwire, Nevada; W. E. Leever, Owensville; W. H. Chase, Rutland; H. B. Hunt, St. Paris; R. W. Smith, Spring Valley; H. F. Grehm, Waterville; W. C. Kiner, Adamsville; Carl W. Brown, Bremen; John C. Boland, Brook Park; J. W. Shook, Canal Winchester; J. A. Mellon, Columbiana; W. C. Robeson, Ft. Recovery; F. R. Barneside, Frazeyburg; J. W. Reason, Hilliards; Dan Spitler, Hoytsville; W. S. Bond, Hubbard; W. L. England, Jewett; E. E. Burns, Kirby; W. D. Hickey, Leipsic; J. P. Stober, Lexington; V. F. Kyle, London;

G. L. Lyne, Lowell; Wm. Knight, Madeira; Charles Quayle, Madison; A. A. Mackintosh, Marseilles; F. C. Curry, Milford; H. L. Meckstroth, New Knoxville; E. E. Myers, New Madison; C. A. Hawley, New Paris; H. A. Brown, New Vienna; A. F. Sheibley, Ottawa; W. E. Remhart, Polk; N. W. Alexander, New Seville; J. W. Collins, Toronto; Ira B. Gordon, West Park.

## MATERNITY BOARDING HOUSES.

Dr. McCampbell appeared before the House Committee on Benevolent Institutions and urged the passage of the bill introduced by Mr. White of Columbiana (H. B. No. 351), which modifies the present law and gives the State Board of Charities the entire control over maternity boarding houses. Under the present law, the control of these institutions is divided between the board of health and board of charities. Dr. McCampbell feels that it can better be handled by one board and that the board of charities is better equipped to care for the specific problems involved.

## ANTI-TUBERCULOSIS WORK TO BE EXTENDED TO FARMERS

**State Society Plans to Cooperate with the Grange.  
Annual Meeting in May.**

Plans to make uniform the training of public health nurses and the establishment of some method whereby a larger number of nurses can be prepared to meet the increasing demand for such work in Ohio, were laid April 2, at a meeting of the executive committee of the Ohio Society for the Prevention of Tuberculosis. Dr. Robert G. Paterson, secretary, was authorized to draft tentative plans which will be discussed at the annual meeting of the society to be held in Columbus in May.

Extension of the anti-tuberculosis campaign to the rural districts of the state will be the next step. The committee decided to ask the Ohio State Grange to appoint a special committee on tuberculosis. It is the intention to later employ a lecturer to present the subject to granges throughout Ohio.

It was voted to ask the state conference of charities and corrections to establish a permanent section to consideration of public health problems.

Those in attendance at the meeting were: Drs. John H. Lowman and R. H. Bishop, Jr., Cleveland; Rev. Frank Garland, Dayton; Mr. Courtenay Dinwiddie, Cincinnati; Miss Clara Southward, Circleville; C. L. LaMonte, A. W. MacKenzie and R. G. Paterson, of Columbus.

Cleveland newspapers report that a northern Ohio physician who had become addicted to narcotics, has recently been committed, at his own request, to the Cuyahoga county infirmary for treatment.

# EVERY COUNTY A ONE HUNDRED PERCENT COUNTY

## Put your County on the RIGHT SIDE

### The Minus One Hundred Percent Side

### One Hundred Percent Side

#### These Must Hurry

	Members 1914	Members 1915
Adams .....	23	..
Ashland .....	18	..
Ashtabula .....	28	17
Athens .....	57	46
Auglaize .....	22	15
Brown .....	15	9
Butler .....	51	..
Carroll .....	..	..
Champaign .....	29	27
Clinton .....	24	23
Columbiana .....	37	32
Crawford .....	31	26
Cuyahoga .....	484	452
Defiance .....	11	2
Delaware .....	26	..
Erie .....	27	22
Fayette .....	18	..
Franklin .....	304	283
Fulton .....	25	21
Geauga .....	8	6
Greene .....	32	27
Guernsey .....	27	..
Hamilton .....	451	304
Henry .....	2	..
Hocking .....	14	1
Huron .....	9	7
Jackson .....	22	21
Knox .....	31	2
Lake .....	10	5
Lawrence .....	18	16
Licking .....	41	26
Lorain .....	46	39
Lucas .....	213	171
Madison .....	16	..
Mahoning .....	93	85
Marion .....	27	21
Medina .....	23	19
Monroe .....	12	8
Montgomery .....	158	3
Noble .....	9	8
Perry .....	23	..
Pickaway .....	21	..
Portage .....	28	25
Preble .....	5	4
Sandusky .....	21	..
Trumbull .....	28	13
Tuscarawas .....	41	1
Union .....	15	13
Van Wert .....	24	21
Warren .....	30	25
Washington .....	41	26
Wayne .....	26	..
Williams .....	31	..
Wood .....	12	..
Total .....	2838	1872

#### One Hundred Per Cent Club

	Members 1914	Members 1915
1 Paulding .....	Dec. 23 14	23
2 Muskingum .....	" 23 22	36
3 Hardin .....	Jan. 7 23	29
4 Gallia .....	" 13 25	31
5 Pike .....	" 20 13	13
6 Morgan .....	" 26 12	14
7 Vinton .....	Feb. 3 9	9
8 Belmont .....	" 10 44	51
9 Ottawa .....	" 10 13	13
10 Morrow .....	" 11 13	15
11 Mercer .....	" 13 27	28
12 Holmes .....	" 25 7	8
13 Clermont .....	" 25 12	14
14 Highland .....	" 26 18	22
15 Seneca .....	Mar. 1 30	35
16 Logan .....	" 1 23	32
17 Hancock .....	" 3 37	37
18 Summit .....	" 4 130	156
19 Allen .....	" 4 75	80
20 Fairfield .....	" 4 39	40
21 Harrison .....	" 5 6	12
22 Scioto .....	" 5 48	48
23 Ross .....	" 5 19	20
24 Putnam .....	" 5 18	29
28 Stark .....	" 5 119	120
26 Shelby .....	" 5 16	17

#### Additional One Hundred Per Cent Counties

	Members 1914	Members 1915
27 Darke .....	Mar. 16 50	54
28 Meigs .....	" 23 11	11
29 Miami .....	" 23 45	46
30 Coshocton .....	" 24 17	17
31 Clarke .....	" 26 59	60
32 Wyandot .....	" 29 10	16
33 Richland .....	" 31 29	30
34 Jefferson .....	" 31 36	36
Total .....	1069	1202

The counties in the One Hundred Per Cent Club and the additional one hundred per cent counties have raised their last year's record by 133.

WE NOW HAVE 78% OF THE TOTAL NUMBER OF MEMBERS OF LAST YEAR!



## NEWS NOTES OF OHIO

Dr. H. J. Lower, of Marion, is in California attending the exposition.

Dr. and Mrs. J. T. Davis, Zanesville, are spending a few weeks in California.

Dr. W. D. Deuschle, Columbus, has been elected president of the city board of education.

Dr. I. E. Seward, Springfield, is taking a post-graduate course at the Polyclinic in New York City.

Dr. C. E. Holzer, Gallipolis, expects to erect a new hospital there during the coming year. A site has been purchased.

Dr. A. M. Ziegler, of Mingo, Champaign county, had broken both bones of his right arm while cranking his automobile.

The Cleveland Medical Journal for February was a memorial number for the late Dudley P. Allen, whose death occurred in January.

Dr. Frank Thomas has located at Piqua as a specialist in eye, ear, nose and throat. Dr. Thomas has been house physician at the Illinois Eye and Ear Infirmary, Chicago, Ill.

On warrants sworn to by Dr. Theodore Jacobson, two men charged with practicing medicine without a license have been arrested in Cleveland—Leon T. Burgess and Victor G. Williams.

Dr. J. A. Knight, Orient, Pickaway county, who recently completed post graduate work in New York, has erected a six-room hospital and an operating room. A graduate nurse will be in charge.

The Darke County Hospital Promotion Association has been formed to conduct a campaign for a \$75,000 county hospital to be erected in Greenville. The project was launched by the Darke County Medical Society.

St Elizabeth Hospital, Dayton, has opened a free clinic for crippled and deformed children in connection with its department of orthopedic surgery. The clinic will be opened every Wednesday afternoon from 3 to 4 o'clock.

Dr. B. T. Keller, after eight years practice in Hudson, Summit county, has moved to Cuyahoga Falls to enter partnership with his son, Dr. D. C. Keller. Dr. Frank J. Lehmann, Toledo, has taken Dr. Keller's practice at Hudson.

Franklin county tuberculosis hospital has announced that patients will be accepted from any county in the state at the rate of \$9.00 per week. The institution has 130 beds, about sixty of which are used for Franklin county patients.

Dr. T. A. McCann, of state medical board, was severely injured on March 18 on his farm near Dayton when he was attacked by a vicious bull and tossed several feet. Two ribs were fractured. His life was saved by the timely aid of a farm hand.

The following Ohio men presented papers at the fifteenth annual session of the American Association of Pathologists and Bacteriologists, held in St. Louis, April 2 and 3: Drs. J. H. Hewitt, Cleveland, "Spontaneous Rupture of the Thoracic Aorta"; H. R. Wahl and M. L. Richardson, Cleveland, "A Study of the Lipin Content of a Case of Gaucher's Disease in an Infant," with lantern demonstration; Paul G. Woolley, Cincinnati, "Syphilis of the Pituitary Gland."

### MAY BUILD ACADEMY HOME.

Cincinnati Academy of Medicine has revived plans for a permanent home. With a membership of over 500 and a possible membership of 1,000, the Academy feels that such a project could be carried out successfully.

### DOCTOR GOES TO PENITENTIARY.

Dr. J. A. Ambrose, of Dayton, aged 70, on March 27 was sentenced to serve an indeterminate term of from one to seven years in the Ohio penitentiary for performing a criminal operation. Ambrose served a previous term in the penitentiary in 1906. In court, after sentence had been announced, he charged that his conviction was the result of "a conspiracy on the part of the other physicians" of his community and that the Montgomery County Medical Society had "persecuted him."

The Ross County Anti-Tuberculosis Society has secured an automobile for the use of the district nurses of Chillicothe. This addition to the equipment of the society is a gift from the generous citizens of Chillicothe and particularly Mr Hickey of the Hickey-Putnam Auto Sales Company, who made a liberal donation to the fund and agreed to furnish all supplies and meet all running expenses for one year.

The Ohio Commission for the Blind has had a nurse in North Lewisburg, Champaign county, where a serious outbreak of trachoma developed in a centralized school with 234 children. Representatives of the Commission found twelve positive and fifteen suspicious cases.

## NEWS OF CINCINNATI ACADEMY OF MEDICINE

**Meeting of March 1.**—Dr. Magnus A. Tate reported a case of cancer of the rectum, in which a colostomy was done as an emergency measure in a patient in a moribund condition. Dr. Tate expected this patient to die within an hour after leaving the table, but reports the patient improved after three days. The future of this patient is, of course, dubious.

Dr. David I. Wolfstein read a very able paper on "Neuroses and Psychoses as the Result of Syphilis." He contended that psychoses may be due to the fright and worry when the patient knows he has syphilis, as much as to the actual physical destruction caused by the spirochetes. In discussing the pathology, he held that the infection is carried through the blood vessels and that the blood vessels are themselves involved early followed by plugging of the lymph spaces.

Dr. E. A. North, in discussion, laid particular stress on the differentiation of cases due to syphilis, the bacillus paralyticus and cases of dementia precox. He related several very interesting cases demonstrating the differential points.

**Meeting of March 8.**—It was the sense of the last meeting of the Academy of Medicine that medical defense was not desired, because it meant an increase in dues and there was not sufficient protection proposed for the membership. However, the sentiment over the state is overwhelming in favor of this feature of organization work.

Whether the councilors shall be elected for two or five years was referred to the delegates representing Hamilton county. The councilors now are elected for five years.

Dr. Sidney Lange showed a very splendid final result of X-Ray treatment of cancer of the lower lip, which had existed for two years. Dr. G. A. Hinnen demonstrated secondary blood clot in double mastoid made one month after operation.

Dr. C. E. Caldwell gave an excellent address on the "Management of Fractures In and About Joints." His points were well illustrated by stereopticon views of cases treated at the Cincinnati General Hospital.

Dr. J. Edward Pirrung read a paper on a very unusual topic, i. e., "Hereditary Influence in Achondroplasia with Cesarean Section." This work was splendidly illustrated by X-Rays of mother and child by Dr. Goosmann. The mother was an achondroplasiac, and the child, which was delivered by Cesarean section and died twelve days after birth, also was suffering from this very unusual disease.

President Murphy appointed Drs. G. Strobach, Robert Carothers and C. L. Bonifield as a transportation committee to arrange for the trip of

local physicians to San Francisco to attend the convention of the American Medical Association, to be held in June. The committee will arrange for a special train to carry the local delegation.

**Meeting of March 15.**—A plan to meet the present very critical situation in the enforcement of the Ohio Medical Practice Act was outlined at this meeting. The report read by the delegate to the special meeting in Columbus was made, and received the hearty endorsement of the Academy. A parting of the ways has come, and some very drastic legislation is proposed. It is practically impossible to enforce the present laws, and the various cults are practicing without legal right.

Dr. Charles S. Rockhill presented a very interesting case simulating phthisis pulmonalis in a boy, with a history of appendicitis not operated upon, who had been confined to his bed for nine months following, and in which subsequent events showed the case to be one of subphrenic abscess.

Dr. Dudley W. Palmer drew special attention to the necessity of early diagnosis and operation of ulcer of the stomach before carcinomatous changes had taken place. He presented a fresh specimen which had been removed that day, in which the lesions were very evident.

Dr. Edward M. Baehr demonstrated a mucous cast, ten inches in length, from a case of mucous colitis, in which the patient was in apparent good health.

The Academy had the privilege of hearing a rare address by Dr. Mary E. Lapham, of Highlands, N. C., who spoke of her five years' experience with artificial pneumothorax. Dr. Lapham has a very pleasing and easy delivery, and spoke rather of her difficulties than of her successes. She particularly urged more close co-operation between surgeons and internists in pulmonary tuberculosis, and regretted some of her very unpleasant experiences with leading surgeons in large medical centers.

Dr. G. Strobach tendered his resignation as secretary, owing to his having accepted a position as head of the scientific and publicity department of the Wm. S. Merrill Chemical Company. He spoke of his appreciation of the many courtesies and honor received, and took occasion to express his heartfelt gratitude. The resignation was regretfully accepted and will take effect April 1.

**Meeting of March 22, Case Report Night.**—Dr. E. O. Smith, chairman of the committee on arrangements of the next meeting of the State Society, reported excellent progress. Many little dinners are already being arranged for, while the ladies will be taken excellent care of by the women physicians on the committee. Great interest in this meeting has been manifested all over the state, and a record-breaking attendance seems to be assured.

Dr. Sidney Lange presented a case tentatively diagnosed as lympho-sarcoma, which had been



treated by X-Ray with excellent results. The case had been referred to Dr. Lange by Dr. John Ranly. Patient has gained seventeen pounds since the treatments were begun. Dr. J. Louis Ranshoff believed the case to be one of Hodgkin's disease.

Dr. W. J. Thomassen presented a specimen of the middle turbinate containing a mastoid cell which was removed from a congenital bony occlusion of the left nasal cavity.

Dr. Rufus B. Hall presented a specimen of multinodular fibroid of the uterus which had developed entirely extraperitoneally. There was double hydrosalpinx, which were removed. The unusual feature of the case was that the fibroid had developed entirely to the outside of the uterus.

Dr. Ambrose Johnston presented a feature of cancer of the stomach removed from a man, aged twenty-six years. There was evidence of antecedent ulcer, with metastases in liver and transverse colon discovered after the operation on the stomach.

Dr. Albert Freiberg read the report of two cases of Pott's disease in which the apparent initial symptom was paraplegia. Both cases were put in plaster jackets, and the paraplegia cleared up within twenty-four hours.

Dr. W. D. Haines presented a case of rather a rare condition, that of suppurating thyroid which followed an attack of quinsy. After drainage the gland assumed almost normal proportion.

Dr. C. C. Fihe read a report of tonsilitis which led to an enlarged thyroid. This confirms recent observations, in which it was held that buccal streptococcic infection led quite frequently to involvement of the thyroid.

**Meeting of March 29.**—Dr. M. L. Heidingsfeld presented a case of psoriasis nummularis, which, after treatment by blood serum and 1 per cent chrysarobin ointment had cleared up. Dr. Heidingsfeld presented this same case two months ago, the final result being very satisfactory. He also presented a second case—an ulceration of the right thumb nail of ten years' duration. A diagnosis of epithelioma radialis unguis was made. This case recovered following radium treatment.

Dr. Dudley W. Palmer presented two appendices. The rapidity of development in appendicitis was illustrated by a specimen of a ruptured gangrenous appendix which had been operated upon within twelve hours of the onset of symptoms. The second specimen was a rare case of the appendix with a diverticulum.

Judge Stanley Merrell addressed the Academy, taking as his subject, "The Doctor as a Witness." He spoke of the doctor as a witness of fact, sanity and toxicology. The subject of the hypothetical question was also touched upon. In reply to Dr. Harvey Cook's question as to whether a physician could be compelled to divulge professional secrets, the speaker expressed the opinion that when the

patient becomes a witness on the stand his confidence to his physician ceases to be inviolate.

Dr. C. L. Bonifield, as chairman of the Committee on Progress, opened the discussion on the feasibility of the plan for the Academy to own its own home. There are several medical societies in the United States, notably St. Louis and Detroit, which now own their own homes. Dr. Bonifield gave a general description of the Detroit Academy, which has a restaurant, library, and other club features. It was suggested by Dr. Picketts that for the sake of a library such a home is desirable, there being over 100,000 volumes dealing with medical subjects and allied sciences that could be brought together in Cincinnati.

One plan proposed was to rent rooms in an office building; another, the purchase of property in the business section. This committee will report later on this subject. An entire evening will be devoted to the discussion of feasible plans.

## NEWS OF THE COLUMBUS ACADEMY OF MEDICINE

(Report by L. L. Bigelow, M. D., Correspondent)

The following are the Academy programs presented during March:

Regular meeting, Monday night, March 1st, at 8:30 o'clock, in the Auditorium room, Columbus Public Library. Program: Cancer: What We Know About it and What We can Do for it. Lantern demonstration, Dr. Francis Carter Wood, director of Cancer Research of the George Crocker Special Research Fund, Columbia University, New York.

Regular meeting, Monday night, March 8th, in the Medical Library room, Columbus Public Library. Symposium on Anesthesia: The Choice and Administration of Anesthetics in Obstetrics, A. S. Barnes; Demonstration of New Apparatus for Anesthesia, R. A. Rice; The So-Called "Open Method" in Ether Anesthesia, Its Advantages and Disadvantages, E. C. Ludwig; The Cause and Treatment of Untoward Symptoms in the Use of Anesthetics, G. W. Cooperrider; A Few Salient Points in the Induction of Painless Childbirth, with Especial Reference to the Use of Nitrous Oxid, C. E. Turner. General discussion opened by W. I. Jones. Discussed also by Moses Sulzer, Cincinnati, and A. J. Skeele, Cleveland.

Regular meeting, Monday night, March 15th, in the Medical Library room, Columbus Public Library. Program: Constipation in Disease, S. B. Taylor; discussion—E. A. Hamilton; The Eternal "Why," J. F. Baldwin; discussion—T. W. Rankin and Earl M. Gilliam.

Regular meeting, Monday night, March 22, in the auditorium room, Columbus Public Library. Program: Roentgen Ray Demonstration of Diseases of the Alimentary Tract, Dr. James T. Case, Battle Creek, Sanitarium.

## NEWS OF THE TOLEDO ACADEMY OF MEDICINE

(Report by B. J. Hein, M. D., Correspondent)

Dr. Charles S. Rockhill, of Cincinnati, addressed the Academy of Medicine of Toledo and Lucas county, March 5, on "Artificial Pneumothorax," using many lantern slides in illuminating his text. Changes of climate, according to Dr. Rockhill, are not necessary to effect a cure of pulmonary tuberculosis. Incipient cases, with no adhesions, respond readily to the method advocated. Cases with adhesions may or may not respond, depending on the location and extent of the adhesions. Advanced cases are not always hopeless; they may be alleviated and occasionally cured. Artificial pneumothorax is the best means of controlling hemorrhage. The doctor demonstrated the apparatus he uses in producing the pneumothorax.

The second combined meeting for February of the medical and surgical sections of the Academy of Medicine of Toledo and Lucas County was held February 26, at Flower Hospital. The doctors presenting cases were C. S. Foster, C. D. Selby, W. G. Dice, W. H. Snyder, Chapman, Lukens, Stone and Moots. Clinical attendance, 50.

### PUBLIC HEALTH PROGRAM.

Surgeon Carrol Fox, U. S. Public Health Service, addressed the Academy of Medicine of Toledo and Lucas County, March 12, on the relation of fleas to disease. Dr. Fox, who is an expert in the study of fleas, presented an exceedingly instructive address illustrated with lantern slides.

Dr. Rhos. L. Ramsey, formerly of the Canal Zone, read a paper on "Mosquitoes." As Toledo is infested with mosquitoes, Dr. Ramsey's paper was appropriate and his suggestions will probably assist in the live movement to eradicate the pest.

## NEWS OF CLEVELAND ACADEMY OF MEDICINE

(Report by J. E. Tuckerman, M. D., Correspondent)

The one hundred and eighteenth regular meeting of the Academy of Medicine was held Friday, March 19, 1915, at the Cleveland Medical Library, the president, Dr. C. F. Hoover, in the chair.

Dr. J. E. Cogan presented a case of argyrosis following the prolonged use of argyrol instillations into the eye. This drug is not supposed to produce argyrosis. Dr. Walter G. Stern presented two patients showing angiotrophic neuritis. The children were from the same family in which he reported several cases last year.

Dr. Reuben Paterson, professor of gynecology and obstetrics, University of Michigan, presented the paper of the evening: "Under What Circumstances is Craniotomy on the Living Child Justifiable?" Abstract:

Craniotomy has been regarded as a confession of the inability of the practitioner to cope with obstetrical problems as he found them. Renewed efforts have been made, therefore, for perfecting other methods, the use of which would obviate the necessity for craniotomy. To these efforts we owe the development of other forces, such as forceps, version, symphysiotomy and pubeotomy, and Caesarean section.

How often would it have been preferable to perforate the child than employ other methods which not only resulted in the ultimate death of the new-born and at the same time jeopardized the life of the mother? How often it would have been wiser to perform craniotomy on the living child, in cases of dystocia with contracted pelvis, than to labor to deliver a paralyzed or imbecile child, the mother bearing the brunt of all the misdirected efforts of delivery, and consigned, perhaps to death or chronic invalidism as a result? The fetus, in many such cases is destroyed as effectually as if perforation had been done. Should it be a source of pride to the practitioner to deliver a dead baby unperforated? It frequently occurs that the physician, knowing that there is no chance for the child, refuses to perform craniotomy, against his better judgment, for the reason that the operation is held in disrepute.

In the case of obstetrical patients in good hospitals, or under the care of a competent obstetrician, craniotomy is never, or at least only rarely indicated. The physician in such a case should know existing conditions sufficiently early that he can plan to meet any problem by other measures. In addition, he is able, by reason of his skill and training to perform such of the other measures as he deems advisable, in an efficient manner. However, conditions such as detailed above do not obtain universally.

In the present discussion of the indications from craniotomy, the religious aspect of the question will not be touched upon. If a practitioner decides that the measure is contrary to his religion and morals, nothing further remains to be said.

The obstetrician is confronted in his work by two major considerations. The relative rights of the fetus and the mother must be considered and conserved. Thus, any obstetrical measure must show results both for the mother and for the child, but the mother must be given the preference. Her life is of unquestionably greater value.

The conditions under which craniotomy is indicated may be divided roughly into four main heads: (1) When the mother is septic; (2) when the child is feeble and not likely to live if delivered; (3) when the choice is between craniotomy or major operations in unskilled hands; (4)



when the fetus is a monster, or so deficient as to make its future existence problematic.

The mortality rate in the major obstetrical operations when the natal tract is infected is enormous. Thus, abdominal Caesarean section, for example. In such cases operation is little short of a crime, so high is the mortality. In skilled hands the death rate mounts to thirty or fifty per cent. In unskilled hands practically no cases survive. Most of the children if born alive succumb in a few days.

In selected cases, as has been said before, with competent obstetricians in attendance, the conditions will have been recognized and the proper measures prepared for. If this measure, or measures fail, then craniotomy may be employed as a last resort.

In the other class of cases in which the natal tract of the mother has been infected, we are confronted by an entirely different proposition. The major operations cannot be performed with profit. If forceps and version are contra-indicated in such cases, there is left only craniotomy. The child, living or dead, should be perforated and extracted. To wait for the child to die in such cases is dangerous to the mother and is certainly of no benefit to the child. Sentiment should be disregarded.

The second indication for the performing of craniotomy is when the child is feeble and not apt to survive, if delivered alive. It is to be admitted that it is difficult to make a correct prognosis as to the condition of the child. Thus the heart sound, although normal, may sound weak—due to the great mass of fat in the abdominal wall, or to other causes. Thus, we must presuppose that the child is in good condition unless we can prove to the contrary. However, in a case of protracted labor with an impacted presentation it is logical to assume that the chances of the child are not extraordinary. The same is true in cases where the head is arrested after version. In all of these conditions we should not subject the woman to great risks when the fetus is likely to die in any event. Craniotomy fills us with horror but at the same time we are entirely willing to use the fetus as a tampon to stop the hemorrhage of the mother in cases of placenta praevia, although the chances of the child surviving are much reduced thereby. Is this consistent?

The third indication for craniotomy comes when the choice lies between craniotomy or major operations, in unskilled hands. Major operations are not for the tyro. Caesarean section in unskilled hands gives a high mortality for both mother and child. Craniotomy is much better for the unskilled man, since the mother is not subjected to unnecessary risks.

The fourth indication obtains when the fetus is a monster, or is so deficient as to make its future existence problematic. The decision should be made without hesitation. For example, one of

the most common causes of dystocia is hydrocephalus of the fetus. Any one who has seen the miserable existence which such individuals eke out when born alive will not hesitate to perform craniotomy.

The paper was discussed by A. J. Skeel, E. O. Houck and W. H. Humiston.

Dr. C. F. Hoover brought up the subject of medical licensure. Dr. C. E. Ford presented the plan of licensing cults, as proposed by the legislative committee of the State Society.

The one hundred and seventeenth regular meeting of the Academy of Medicine was held Friday, February 19, 1915, at the Cleveland Medical Library, the president, Dr. C. F. Hoover, in the chair.

Dr. M. E. Blahd presented a specimen consisting of the caecum, ascending colon and one-half the transverse colon which had been resected for volvulus. The main point of interest was that the patient had no clearly defined symptoms except that of constipation. Dr. R. E. Skeel stated that the case of interest particularly as showing the dangers of the pernicious custom of giving cathartics in these cases.

The paper of the evening was then read: "The Persistence of Active Lesions of Syphilis and Spirochaetes in Hearts of Clinically Cured Cases of Syphilis," by Dr. A. S. Warthin, Professor of Pathology, University of Michigan.

Dr. Warthin's paper was discussed by Drs. J. A. Riley, H. N. Cole, H. T. Karsner, R. K. Updegraff and C. F. Hoover. Discussion was closed by Dr. Warthin.

#### Council Meeting.

At a meeting of the Council of the Academy of Medicine held Wednesday, March 10, 1915, at the Bismarck, the following members were present: The president, Dr. C. F. Hoover, in the chair; Drs. Moorehouse, Way, Sawyer, Webster, Taylor, Perkins, Ford, Thomas, Lichty, Storey, Weir, Houck and Tuckerman.

On motion by Dr. Sawyer, Drs. Hoover and C. F. Ford were requested by the Council to present to the next meeting of the Academy the subject of medical licensure with a view to having an expression of opinion by the Academy as to which form of licensure they would endorse; whether the definitive or the restrictive plan.

On motion the following were elected to active membership: A. M. Baldwin, M. D., Paul E. Beach, M. D., Chas. Howard Bee, M. D., Walter B. Bucher, M. D., Edward M. Deacon, M. D., E. P. Edwards, M. D., Thos. Gruber, M. D., H. E. Mitchell, M. D., Frank H. Mohrman, M. D., Wm. E. Musson, M. D., Fred C. Oldenburg, M. D., F. A. Rice, M. D., Arthur E. Robertson, M. D., Eugene D. Rosewater, M. D., R. G. Schnee, M. D., J. S. Wimer, M. D.

On motion Dr. A. F. Irwin, formerly of the Minnesota State Medical Society was transferred to active membership. The names of the following

applicants for active membership were ordered published: Frederick C. Curtis, M. D., and J. W. Epstein, M. D. The application of Dr. R. P. Beggs was laid on the table.

Dr. Rixford D. Way asked for an endorsement of the stand of the Veterinary Section on the licensure of veterinarians. Granted.

The Council of the Academy of Medicine of Cleveland approves the provisions of Senate Bill No. 42, Sections 1177-16 to 1177-21 (inclusive), relating to the regulation of the practice of veterinary medicine.

The Council believes that adequate preliminary education should be required of the applicant for examination and that it would jeopardize the health interests of the state to open the registry of veterinarians for the purposes of licensing without proper examination.

#### Clinical Section.

The Clinical and Pathological Section of the Academy of Medicine of Cleveland met with the Charity Hospital Medical Society, Friday night, March 5, in the amphitheater at Charity hospital. Program: 1. A Stereopticon Clinic, F. E. Bunts, M. D.; (a) Atresia of the Pharynx, (b) Resection of the Drum Membrane for Treatment of Chronic Otitis Media, Secord H. Large, M. D.; 3. Presentation of Medical Cases, J. P. Sawyer, M. D.; 4. (a) Presentation of a Case of Aneurism of the Innominate Artery, (b) Peritonitis Deformans, (c) Tuberculosis of the Breast, C. A. Hamann, M. D. 5. (a) Presentation of a Case of Essential Renal Hemorrhage, (b) Presentation of a Case of Gastroenterostomy, H. A. Schlink, M. D.; 6. Presentation of an Interesting Gynecological Case, A. N. Bennett, M. D.

S. J. Webster, M. D., Chairman. H. O. Ruh, M. D., Secretary.

The one hundred and eighth regular meeting of the Clinical and Pathological Section of the Academy of Medicine was held Friday, April 2, at the Cleveland Medical Library. Program: 1. The Diagnosis of Cardiospasm, with Report of Two Cases, J. D. Osmond, M. D.; 2. Notes on Military Surgery, G. W. Crile, M. D.

#### Experimental Medical Section.

The eightieth regular meeting of this section was held Friday, March 19, at the Cleveland Medical Library. Program, offered by the department of pathology: Pathology of Gaucher's Disease in Infants, H. R. Wahl; A Study of Lipins in Gaucher's Disease, H. R. Wahl and M. L. Richardson; Tumors of the Neck of Obscure Origin, M. L. Richardson; Tumors of the Cardiac Body, Allen Graham; Renal Mycosis, H. R. Wahl; Pathology of Experimental Exposure to High Oxygen Atmospheres, H. T. Karsner.

T. Wingate Todd, Chairman. P. J. Hanzlik, Secretary.

## COUNTY SOCIETIES

### FIRST DISTRICT.

**Fayette County.**—The Fayette County Medical Society met in Washington, May 2, at the new Y. M. C. A. The meetings are held here on the first Tuesday of each month. The meeting was called to order by the president, Dr. Blakely, who, on account of illness in his family, later called Dr. Ireland to the chair. In the absence of the secretary, Dr. Lucy Pine, Dr. E. F. Todhunter was appointed acting secretary of the meeting.

The district councilor, Dr. Robert Carothers of Cincinnati, in his usual pleasing and eloquent way gave a very entertaining talk on rheumatism, which he considers a sequel or concomitant of some focal infection, which, could it be extirpated, as for instance the removal of a septic tonsil or decayed and infected tooth, would end the disease.

Dr. Lucy W. Pine has the sympathy of the entire medical profession, and the community as well, in the loss of her mother, who died March 2. Mrs. Pine was one of the most highly esteemed of Washington's older citizens and in spite of infirmities that had made her for several years a "shut in" she retained her usual cheerfulness and happiness of disposition and was always ready to welcome the calls of young and old.

L. P. Howell, Correspondent.

**Butler County.**—The Butler County Society met Wednesday, March 17, at the Y. M. C. A., with 30 members present. Dr. C. S. Rockhill of Cincinnati presented an illustrated paper on artificial pneumothorax in the treatment of pulmonary tuberculosis. Dr. L. H. Frechtling presented a case report.

**Highland County.**—One of the best attended meetings ever held in Highland county on March 16 passed formal resolutions endorsing House Bill No. 142, by Dr. Hoy, and the proposed substitute cult practice bill. Formal resolutions to this effect were drawn up and signed by 24 physicians, representing all parts of Highland county, and all schools of medicine. Several members who have not attended meetings in years enthusiastically participated in this. The Journal is indebted to Dr. J. C. Larkin, of Hillsboro, and Dr. J. B. Glenn, of Greenfield, for a copy of the resolutions.

**Clinton County.**—The Clinton County Medical Society at a special meeting, March 13 in Wilmington, called by the president to take action in the matter of medical legislation, fully endorsed the proposal submitted and endorsed by the auxiliary legislative committee of the Ohio State



Medical Association on March 9, 1915, to wit, To amend the present law authorizing the State Board to examine applicants who desire to engage in limited practice and grant certificates to practice when they shall have passed a satisfactory examination in the following branches and furnished proof of good moral character: Anatomy, physiology, chemistry, bacteriology, pathology, and diagnosis. The resolutions were signed by Dr. C. A. Tribbet, president, and Dr. Robert Conard, secretary.

**Clinton County.**—The Clinton County Medical Society met March 25, at the Commercial Club rooms, Wilmington. Eleven members were present. Dr. G. R. Conard read a paper on the Harrison narcotic law, describing the requirements as affecting physicians. The discussion of this paper, opened by Dr. Briggs, brought out interesting questions as to the interpretation of the law. Dr. Briggs reported the situation in detail as to pending legislation and described the various proposed laws now being considered by the legislature. The secretary reported correspondence with members of legislature in reference to various bills. The subject of co-operative medical defense by the State Society was announced for the next meeting, April 29.

Robert Conard, Correspondent.

## SECOND DISTRICT.

**Champaign County.**—Dr. E. F. McCampbell, secretary of the state board of health, addressed the Champaign County Medical Society at its regular meeting held Thursday, March 11, at the home of Dr. David O'Brine, in Urbana. Dr. Campbell's subject was "Scarlet Fever and What We Know About It." The society endorsed the proposed plan of cooperative medical defense by the State Society.

**Shelby County.**—At a called meeting of the Shelby County Medical Society on March 20, the action of the state legislative committee in urging a substitute bill regulating cults under the direction of the state medical board was heartily endorsed. Shelby county is back of the state committee to a man. We still believe that science and right will not be overridden in Ohio by ignorance and fanaticism.

O. O. LeMaster, Secretary.

The regular meeting of the Clark County Medical Society on Monday evening, March 8, was a symposium on pneumonia, taken up as follows: Differential diagnosis, W. B. Patton; discussion by S. R. Hutchings. Bacteriology, J. E. Studebaker; discussion by W. P. Ultes. Treatment, C. S. Ramsey; discussion by E. R. Brubaker.

The president, J. J. Moore, was appointed to represent the society at the meeting with the Committee on Public Policy and Legislation, in Columbus on March 9.

The following resolution was passed by the Clark County Medical Society at their regular meeting on March 22:

"We, The Clark County Medical Society, do strongly protest against the passage of the House Bill No. 220 (known as the Chiropractic Act), as being pernicious class legislation. We ask no favors, but equity to all who wish to practice the healing art. We would urge the passage of the substitute measure, now in the hands of the House Committee, and commend it as being impartial, high-class legislation. We recommend your most earnest attention to these measures."

Dr. Ben R. McClellan, of Xenia, chairman of the state legislative committee, addressed the meeting.

At the same meeting the society instructed the secretary to express its hearty approval of H. B. No. 142.

J. R. McDowell, Correspondent.

**Clark County.**—At the regular meeting of the Clark County Medical Society held on the evening of February 22, Dr. Frank Winders, of Columbus, presented an excellent paper on "Some Essentials in the Treatment and Diagnosis of Diseases of the Cardio-vascular System." Dr. E. H. Nehls, of Selma, was taken into the society. After the program a lunch was served in the Commercial Club dining room.

**Miami County.**—The Miami County Medical Society met at the Piqua Club, Piqua, Thursday, March 4, at 2:30 p. m. The president, Dr. Echelbarger, read an excellent paper on treatment of hyperchlorhydria. A very interesting discussion followed. On motion, Dr. Barker was requested to attend the meeting of Committee on Public Health and Legislation to be held in Columbus, March 9. Meeting adjourned. At the last regular meeting in February, Dr. Frank Thomas, of Piqua, was elected to membership in the society.

At a special meeting of Miami County Medical Society held at the Piqua Club, March 15 (18 members present) a bill to substitute the chiropractic bill recently introduced, and recommended by the Committee on Public Policy and Legislation as the proper bill to introduce as a substitute, was unanimously indorsed by this society.

R. D. Spencer, Correspondent.

**Greene County.**—At a called meeting of the Greene County Medical Society held in the court house at 7:30 p. m., Friday, March 19, 1915, the society fully indorsed the legislative bill No. 142, known as the Hoy Bill. House Bill No. 220, known as the chiropractic bill was condemned.

David E. Spahr, Correspondent.

**Darke County.**—Regular meeting of the Darke County Medical Society March 11th, at the Memorial Hall, Greenville. The society had as its guest Dr. J. H. J. Upham, of Columbus, who read

a paper on "The Purpuras, Causes and Treatment," which was followed by an interesting discussion.

Dr. A. F. Sarver, of Greenville, presented a paper on the public hospital and how to get one for Darke county. Discussed by Dr. W. H. Matchett.

Miss Elizabeth Davison read a paper on "The Duties of a District Nurse."

Our society is awake to the proposed legislation affecting the practice of medicine and adopted the following resolutions:

"Realizing that in the present attitude of public opinion numerous citizens of Ohio appear to desire the registration of various cults in the practice of medicine, drugless healing and the like.

Be it resolved that the Darke County Medical Society endorses a bill proposed by the state legislative committee in which registration of such cults is provided for with strict provision for proper educational requirements to be imposed by the State Medical board, to insure thorough grounding in the principles of anatomy, physiology, chemistry and diagnosis so as to insure the ability of the followers of these cults to properly recognize and diagnose disease."

Dr. W. H. Matchett, of Greenville, and Dr. W. H. Tucker, of Eldorado, were elected to membership.

J. E. Hunter, Secretary.

At the regular meeting of The Darke County Medical Society, held in Memorial Hall February 11, 1915, twenty-five members were present.

The following were admitted to membership: F. M. Replogle, Bradford; Chas. Wittenmyer, Arcanum; E. E. Lowery, New Madison; L. S. Hennen, Arcanum; John F. Beachler, Greenville, Ohio.

Dr. W. D. Hamilton, of Columbus, read a paper on goiter. The paper was practical and brought forth a good discussion. Dr. John F. Beachler, of Mt. Carmel Hospital, Columbus, read an excellent paper on the senile prostate, that brought out a spirited discussion. Dr. Beachler is a Darke county product. He was raised on this fertile soil and we are proud to claim him as a resident and member of The Darke County Medical Society.

J. E. Hunter, Secretary.

**Shelby County.**—The Shelby County Medical Society met at the regular time and place the first Thursday in February. Dr. A. W. Reddish read a report of his observations in the East while attending the post-graduate college in New York City. The paper entitled, "What They are Teaching in the Post Graduate Course in the Hospitals of New York," was a gem of information, well delivered and thankfully received by the society. Instead of a discussion the time was spent in asking the essayist questions about the experience of his course of observation.

Dr. Hussey, the president, was in the chair, and a very fair number of the members were present.

The program for 1915 is prepared and the members look forward to a very instructive year. The program follows:

March 4.—Essayist, Dr. C. E. Johnston. Subject: Leg Ulcers. (Corn-fed or otherwise.—Luke McLuke.) Discussion opened by Drs. Hobby and Milhiette.

April 1.—"This is 'all fool's day,' but don't let anyone fool you out of attending the Shelby County Medical Society." Essayist, Dr. L. E. Pepper. Subject: Old Age. Discussion opened by Drs. Sharp and Gabriel. Come in and learn how to defer that "inevitable hour" fifty years.

May 6.—"He who misses a Society meeting, loses that which enriches those who attend and not only impoverishes him indeed, but robs his clientele." Essayist, Dr. A. W. Hobby. Subject: Some Therapy for the Nervous System. Discussion opened by Drs. Strosnider and LeMaster.

June 1.—This is the joint meeting with the Miami County Society. Essayist from Shelby county, Dr. A. B. Gudenkauf. Subject: Pituitary Extract. Discussion opened by Drs. Shannon, of Piqua, and McCollough, of Troy.

July 1.—"The saving of the infants is the perpetuation of the race. Come, do your share." Essayist, Dr. W. W. Gaines. Subject: Cholera Infantum. Discussion opened by Drs. Costolo and Lysle.

August 5.—"The eyes are the windows of the soul. Here is where the general practitioner can hear what the specialist has to say about a rather common disease of the eye." Essay, "Iritis," by Dr. A. W. Grosvenor. Discussion opened by Drs. Yates, of Piqua, and Rattermann, of Ft. Loramie.

September 2.—"Come and help us to learn how to feed and care for the sweetest thing on earth—the baby." Essayist, Dr. B. M. Sharp. Subject: Feeding and caring for the infants. Discussion opened by Drs. Johnston and Faulkner.

October 7.—"Here is a new subject handled in a new way: Hypnotism, suggested and prychanalysis." Essayist, Dr. Arthur Silver. Subject: Hysteria. Discussion opened by Drs. O. O. LeMaster and Meckstroh. This meeting will convert the pest of your past experience into balm for the future.

November 4.—Here is a subject to which the average physician's attention is called almost daily. Essayist, Dr. Vernon LeMaster. Subject: Skin diseases other than those of the eruptive fevers. Discussion opened by Drs. Hussey and Hunt.

December 2.—If you want an office for the ensuing year, this is the meeting to attend. Election of officers. Reports of officers. Essayist, Dr. Hussey. Subject: Dementia Praecox. Discussion opened by Drs. Silver and Reddish.

The officers of the society are: M. A. Hussey,



president; A. B. Gudenkauf, vice-president; O. O. LeMaster, secretary; J. W. Costolo, correspondent; and B. M. Sharp, treasurer.

J. W. Costolo, Correspondent.

**Miami County.**—The Miami County Medical Society met at the Troy Club, April 1, at 2 p. m. Dr. J. S. Shinn, of Troy, read a paper on syphilis. He covered, in an excellent way, all the new work in this disease. An interesting discussion followed in which the Wasserman and other newer diagnostic tests were discussed, and also the best method of treatment with mercury and salvarsan.

Dr. J. R. Caywood reported an operative case in which hysterectomy was performed. Specimens were presented and examined by all and a discussion followed. Reports were made on the status of certain legislative measures before the Ohio State Senate.

R. D. Spencer, Correspondent.

**Logan County.**—The Logan County Medical Society held its regular monthly meeting March 5, at 1 p. m. Despite the inclemency of the weather, eleven members were present and heard a good paper on the thyroid gland by Dr. F. B. Kaylor. Five new members were elected to membership. Our society is number 16 in the 100 per cent club. We now have 31 members in good standing as against 23 for last year, and we will have more members before the year is over.

At 12 o'clock, in both the March and February meetings, the doctors met and took dinner together at the Royal Cafe. These little gatherings stimulate interest in the society and permit more sociability.

New members elected are: J. C. Blinn, Rushsylvania; C. E. Louthan and H. A. Skidmore, West Mansfield; C. J. Bondley, Big Spring; and G. B. Hale, West Liberty.

A. J. McCracken, Correspondent.

**Mercer County.**—The Mercer County Medical Society held its regular meeting in Celina on the 23d of March, with a good attendance and an interesting program, every member present participating. Dr. M. B. Fishbaugh reported a case of pneumonia in pregnancy, miscarriage, and perfect recovery. L. P. Arthur reported a case of puerperal eclampsia; after a fair trial of medical treatment with no amelioration of symptoms, abortion under council was resorted to, followed by uneventful recovery. F. E. Ayers gave a talk on reportable diseases.

A discussion of the Harrison law was indulged in by several members, seeking information upon the construction of some of its provisions. The society favored the appointment of a medical man upon the board of the Industrial Commission of Ohio, and recommended the appointment of Dana O. Weeks of Marion, Ohio, to said position, when there is a vacancy to fill. Dr. A. J. Wilke was

elected to membership in the county society. The next regular meeting will be held May 25, 1915.

D. H. Richardson, Correspondent.

**Allen County.**—The Allen County Medical Society met at the Lima Hospital on March 2. The evening was profitably and pleasureably spent in listening to and discussing a paper read by Dr. C. A. Tallman, of Lima, on the subject of "Differential Diagnosis of a Few Conditions Causing Pain in the Upper Right Abdominal Quadrant." In particular the speaker mentioned three chronic conditions which cause about the same indefinite gastric symptoms, i. e., gastric or duodenal ulcer, gall bladder disease and appendicitis. His remarks were chiefly confined to these. He thinks that a correct diagnosis is possible in most cases. The principal points to be remembered are that in ulcer there is hemorrhage and periodicity of pain, persistent hyperacidity, a circumscribed point of tenderness and occult blood in the stools. In gall bladder disease there is a history of colic or jaundice (not constant), gastric symptoms indefinite, and tenderness over the gall bladder on deep pressure. The main point in the diagnosis of chronic appendicitis is tenderness over McBurney's point.

At the meeting held on March 16 the society had as its guest Dr. L. A. Levison, of Toledo, who delivered an address on intraspinal injections in syphilis. The doctor first discussed the pathological changes in the central nervous system following a syphilitic infection and followed this with a resume of the later forms of treatment. Some of his conclusions were as follows:

Meta and para-syphilis are true syphilis.

The clinical picture of syphilis depends on the location of the activities of the spirochaetae and the susceptibility of the tissues. Infections of the central nervous system may therefore produce tabes, paresis, etc., depending upon the location of the lesions.

In the secondary stage all ectodermic tissues are involved simultaneously and changes in the spinal fluid take place at this time.

All persons acquiring syphilis are candidates for syphilis of the nervous system.

Syphilis of the nervous system has occurred in spite of ordinary treatment.

Salvarsan intra-muscularly and intra-venously does not have much spirochaeticidal effect in the spinal fluid and brain.

Salvarsan intra-muscularly and intravenously space is the only way of getting these drugs in actual contact with brain tissue and therefore offers the only known means of stopping infections of the cord and brain.

This address aroused great interest and was informally discussed. At this meeting there were 42 doctors present—which is "some attendance" for Allen county.

E. J. Curtiss, Correspondent.

**Auglaize County.**—Resolutions were adopted at special meeting of the Auglaize County Medical Society at Wapakoneta, on March 15, 1915, as follows:

"Resolved, That it is the sense of this society that for the protection of the public health that all practitioners of any branch of the healing art should meet the same elementary qualifications for diagnosis of disease; be it further

Resolved, That we approve heartily the action of the committee on public policy and legislation of the Ohio State Medical Association in presenting a substitute bill to the Ohio legislature to place the control of all the various cults in the hands of the State Medical board.

Signed: E. F. Heffner, M. D., president pro tem.  
C. L. Mueller, M. D., secretary.

### THIRD DISTRICT.

**Seneca County.**—The Seneca County Medical Society convened in regular monthly session in the parlors of the Hotel Shawhan, Thursday, March 18, at 8 o'clock. Those in attendance were: P. E. Benner, C. F. Daniel, J. A. Gosling, R. R. Hendershott, G. L. Hoege, J. D. Howe, G. L. Lambright, M. W. Uberroth, H. L. Wenner, G. W. Williard, and Bertha E. Zahn.

A resolution was unanimously adopted instructing state society delegate, H. B. Gibbon, to support the defense insurance plan proposed by the Ohio State Medical Association, at the annual meeting in Cincinnati in May.

The program of the evening consisted of papers by H. L. Wenner, whose subject was "Appendicitis," and by C. F. Daniel, whose subject was "Gall Bladder Infection." An interesting general discussion followed the reading of the papers.

President Uberroth appointed R. R. Hendershott, G. L. Hoege, and G. L. Lambright a committee on "Applications for Membership." The committee on clinics was continued, and the second clinic will be held in Mercy hospital in September.

An effort will be made to get the dentists of the county to attend the April meeting. E. H. Porter will read a paper on "Infection of the Maxillary Sinus," and papers will be read by two of the dentists. A luncheon will be enjoyed at the close of the session.

**The first medical and surgical clinic** of the Seneca County Medical Society was held in Mercy hospital, Tuesday, March 2, from 9 a. m. to 4 p. m. Physicians and surgeons present were: S. P. Bame, of Alvada; Bryce Miller, of Attica; C. M. Comer, and Bertha E. Zahn, of Bascom; J. C. Morrow, of Bellevue; M. E. Wilson, of Bettsville; H. H. Brundage, of Bloomville; H. G. Blaine, D. W. Rumbaugh, and F. S. Smith, of Chicago Junction; Wesley Van Nette, of Clyde; William Leonard and N. C. Miller, of Fostoria; S. C. Sackett, of Fremont; J. H. Thompson, of

Greenspring; W. S. Mumaw, of Kansas; H. L. Van Natta, of Lamert; R. G. Steele, of Melmore; C. E. Kimerline, of New Washington; C. I. Anders, of Old Fort; F. C. Gilcher, of Republic; P. E. Benner, J. Bridinger, R. C. Chamberlain, R. S. Crum, C. F. Daniels, H. B. Gibbon, H. B. Gooding, J. A. Gosling, J. D. Howe, G. L. Lambright, P. J. Leahy, R. B. Leister, V. L. Magers, B. R. Miller, E. H. Porter, E. E. Rahla, M. W. Uberroth, H. L. Wenner, G. W. Williard, of Tiffin; W. H. Guiss, of Tiro; W. H. Carey, of Van Buren; and A. D. Bowen, of West Lodi.

The medical cases were presented by V. L. Magers, H. B. Gibbon, R. G. Steele, J. D. Howe and G. L. Lambright, and the operative cases by C. F. Daniels, who was assisted by G. W. Williard and P. E. Benner; E. H. Porter, who was assisted by V. L. Magers and G. L. Lambright; H. L. Wenner, whose assistants were V. L. Magers and R. C. Chamberlain. The cases were selected with care, and each proved to be of great interest and benefit to the physicians present.

The number of cases gathered for the clinic far exceeded the most hopeful expectations of the clinic committee, and it was an utterly impossible task to show more than one-half of the cases recorded, during the time allotted for the clinic.

That the idea of holding clinics by the Seneca County Medical Society, in Mercy hospital, struck a most popular chord in the minds of the members was most satisfactorily demonstrated at the society's first clinic. There is no doubt whatever but what the second clinic, which will be held in the autumn, will be much more largely attended than the first. Seneca county physicians have determined to keep abreast with modern methods in practice, and the cordial, helpful interest so apparent under the new administration is sure to endure.

At the noon hour the physicians enjoyed a bountiful dinner, which was served in the commodious dining room of the hospital by the management of the institution. Through this greatly appreciated kindness of the hospital service, the physicians were enabled to spend the entire clinic day in the hospital. After the physicians were seated at the dining tables, M. W. Uberroth, president of the society, delivered a very appropriate address, in which he spoke of the need of holding clinics for the purpose of creating a keener interest among the physicians of the county, for more mutual helpfulness. The address teemed with many useful and interesting suggestions, and was most enthusiastically received by every one in attendance.

This communication would be incomplete without a kindly reference to the noble spirit of real helpfulness so noticeably manifested by the management of Mercy hospital. The Mother Superior and her able corps of assistants were untiring in their efforts to make the day both helpful and enjoyable. The physicians freely voiced their praise and appreciation of the home-like con-



ditions presented. The hospital is admirably adapted to the holding of clinics, having two large, well-lighted rooms and a commodious assembly room, where the medical clinics were held. The institution is most pleasantly located in the city and is in every way equal to some of the best institutions of its kind in the state. The members of the Seneca County Medical Society greatly appreciate the need of this up-to-date hospital, and are a unit in aiding in the support of the institution.

B. R. Miller, Correspondent.

**Marion County.**—The Fee Bill committee met at Commercial Club for squab dinner, February 23rd. The plan of the fee bill committee is to supply a comprehensive bill, not necessarily to increase fees.

The bills in the Legislature relative to the medical profession have been endorsed by the Marion County Society.

A symposium on "The Common Cold" furnished the basis for papers by Drs. C. T. Wiant, D. W. Brickley, and S. W. Mattox. Discussion followed with many good points brought out. The symposium idea has proven most happy in our society.

Jas. W. McMurray, Correspondent.

**Hardin County.**—The Hardin County Medical society met Thursday, March 18, at San Antonio Hospital with a splendid attendance. The following program was carried out: "Early Symptoms of Tuberculosis," by E. S. Protzman; "Pain," by W. A. Belt. Dr. W. H. Rabberman, of Forest, who was to have read a paper at this session, was unable to be present. It was voted to affiliate with the National Red Cross Society and a special committee was appointed to cooperate with that organization. The matter of cooperative medical defense was discussed and unanimously approved.

**Van Wert.**—Dr. Dana O. Weeks, of Marion, made a councilor visit to Van Wert on March 8, 1915. Our society will liven up when the roads get better.

**Hancock County.**—The Hancock County Medical Society met March 3 and discussed several interesting cases reported by different ones present. No preparation for papers had been made. The committee appointed to attend to the Federation of Health work reported having sent resolutions pertaining to chiropractors, Christian Science healers, hospital laws, etc. House Bill No. 142 was read and thoroughly discussed. It was decided that, while there were many good points in the bill, as a whole it was not desirable and should be thrown on the scrap heap. The society was pleased to heartily endorse Dr. Dana O. Weeks for the first vacancy on the Industrial Commission.

A vote was taken on the change of laws, making the term of councilors two instead of five years. Our delegate was instructed to vote for the change. After adjournment the eight members present were sent to a nearby restaurant for a stag Dutch lunch with nothing stronger than good coffee for drinking, which the secretary had ordered to be served.

Nelia B. Kennedy, Correspondent.

**Wyandot County.**—A business meeting of the Wyandot County Medical Society was held Friday evening, March 25, in the assembly room of the public library. Dr. G. O. Maskey, the president of the society, presided. Minutes of the last meeting were read and approved.

Three applications for membership were acted upon favorably. The new members received were Dr. W. A. Marshall, of Wharton; Dr. T. A. Spitler, of Carey; and Dr. S. S. Barrett, of Nevada. This being strictly a business meeting no papers were read. Legislative matters were taken up. The society also voted to continue the regular monthly meetings and to have two open meetings each year. An election of officers followed which resulted in all of the old officers being granted a second term.

Dr. G. O. Maskey was made delegate to the state meeting.

Drs. A. N. Smith, B. A. Maloney and G. C. Bowman were named as the program committee for the ensuing year.

A general discussion of topics of interest to the society followed, after which the meeting adjourned to meet again the third Thursday in April.

Frederick Kenan, Correspondent.

#### FOURTH DISTRICT.

**Paulding County.**—The Paulding County Academy of Medicine met at 2:30 p. m., March 17, in the Armory, with ten members present. After the preliminary business of the Academy was disposed of Dr. McKinney, of Payne, presented a paper detailing a number of case reports of cystitis in which he outlined the difficulty in handling these cases—interference of friends, intervention of so-called specialists, and the extreme difficulty in determining the presence or absence of calculi as a cause of the cystitis. In nearly all of the cases reported by Dr. McKinney, gonorrhoea played an important part in the beginning of the trouble. His treatment of cases uncomplicated by calculi consisted in irrigation of the bladder with boric acid, iodine or thuya, and the internal administration of the usual urinary antiseptics. The discussion was opened by Dr. Huston, of Paulding, and freely participated in by all present, especially by Dr. Hanna of Haviland, who related a case in which gonorrhoea (latent) played an important part.

The next on the program was a fifteen minute "talk" on endometritis by Dr. Huston. He divided

this troublesome affection into three groups: Simple, septic and specific—all of bacterial origin. The simple, due most frequently to the mucosus catharrhalis and colon bacilli, the septic of course to one or more of the pus-producing organisms, and the specific to the gonococcus. On account of the bacterial origin of the disease he showed why operative treatment of these cases so often is a failure and believes the curette is an instrument that has no place in the treatment of this disease. Autogenous vaccines, especially in the simple and specific forms, seemed to have given the best results in the limited number of cases the doctor had used it. Discussion was opened by Dr. Hanna, of Haviland, followed by Dr. Cartwright, of Payne, and Dr. Mouser of Latty.

Medico-legal matters now pending in the state legislature were fully discussed, and the legislative committeeman, Dr. Fast, of Paulding, was given another aid, Dr. Russell, of Paulding, with full liberty to act in any manner that would offer benefit to our county and the physicians of the state. Legislative projects of the state committee were indorsed.

It was decided to extend an invitation to Dr. Budd Van Sweringen, of Ft. Wayne, to be with us at our April meeting, with a paper of interest to the general practitioner. Dr. Cartwright, of Payne, will also present a paper on throat affections.

C. E. Huston, Correspondent.

**Fulton County.**—A special meeting of the Fulton County society was held March 18 to consider pending state legislation. A resolution was unanimously passed, endorsing the action of the state legislative committee in preparing a substitute cult practice bill.

W. H. Maddox.

**Williams County.**—The society was most highly favored by two very instructive papers at their meeting January 14, 1915. Dr. C. W. Moots, of Toledo, read a paper on puerperal infection, in which he recounted very briefly the history and discovery of the cause of the malady. He then gave very explicit instructions as to means of securing prophylaxis. He urged the necessity of surgical cleanliness in the preparation of the parturient woman. He also emphasized the necessity for surgical asepsis on the part of the attending physician, including the use of sterilized rubber gloves and sterile gown. Infrequent vaginal examinations was dwelt upon as a means of lessening the liability of extrinsic infection. By adopting such measures we should be able to prevent puerperal infection except in cases of autogenous infection in which pre-existing latent pelvic disease might be lightened up by the traumatism of labor. The discussion brought out many wholesome confessions and good resolutions on the part of the physicians present.

Demonstration of taking the diastolic and systolic blood pressure, and its significance, by Dr. McKesson, of Toledo, was equally practical and interesting. The prognostic value of the relation between the systolic and diastolic pressure and the aid of blood pressure taking to the anesthetist in foreseeing and forestalling surgical shock were two points that were graphically illustrated and made clear to all present. The discussion resolved itself into grilling the essayist with questions by the interested members of the society. The society felt itself highly honored and greatly benefited by having two such valuable and practical papers in one afternoon.

J. A. Weitz, Correspondent.

**Putnam County.**—The Putnam County Medical Society met in the court house at Ottawa, February 11, and reorganized for the ensuing year. The following officers were elected: Dr. C. E. Beardsley, of Ottawa, president; Dr. E. P. Lemley, of Vaughnsville, vice president; Dr. C. F. Douglas, of Kalida, secretary.

Dr. Burt Chollet, of Toledo, was present and gave a discussion of deformities and their treatment, together with stereopticon views on the same. Dr. Fred Douglas, also of Toledo, gave a report of 218 cases operated at St. Vincent Hospital of that city. Dr. Light, of Ottawa, exhibited a case of spinal disease which showed ankylosis of transverse processes of several lumbar vertebrae treated by cast.

The Putnam County Medical Society met again at Ottawa on March 4. This being a very busy season for the physicians of our county, but few of our members were present. Nevertheless, a very interesting meeting was held. The officers demonstrated their determination to make this a banner year for Putnam County Society, providing each member will chip in his mite. The secretary presented the following names for membership: Dr. W. L. Werner, of Leipsic; Dr. F. C. Heffner and Dr. J. F. George, of Ft. Jennings; Dr. J. D. Siddall and Dr. J. D. Watterson, of Kalida, and Dr. Walter Corns, of Columbus Grove. All were unanimously accepted.

Dr. C. O. Beardsley, of Ottawa, presented a paper on therapeutic progress, in which he discussed therapeutics from the primitive age to that of the present time. He stated that the theologian in the early age was not only the teacher but the prescriber of medicine, and that prayer, fresh air and cold water were the ingredients of the various prescriptions. This treatment of disease is nearly obsolete, but by the early recognition of symptoms very frequently a severe condition is at least ameliorated, often aborted, by the indicated vaccine or remedy. The paper was discussed by Dr. Light, who stated that the older a man becomes in the practice of medicine, the more he will recognize that the management and regulation of the ailing ones' habits of living are more



important than medicine. Dr. C. E. Beardsley presented a paper on eugenics, in which he stated that like begets like, and as an illustration he traced the posterity through several generations of a criminal father and mother, showing that they all became a menace to society and the state in one form or another. Following the great European war, who will be the progenitors of the future generation except the maimed in mind and body? He suggested that we, as physicians, advocate a law permitting no couple to marry until each can furnish a clean bill of health; also that all criminals, male or female, be sterilized, which being enforced for one generation, would leave our insane asylums, penitentiaries, and epileptic institutions standing empty. The paper was freely discussed by all present and all were very much in favor of legislation on that question.

H. A. Neiswander, Correspondent.

**Putnam County.**—The Putnam County Medical Society at a called meeting March 15 heard the report of Dr. Beardsley who attended the legislative meeting in Columbus, March 9. Our society at this meeting endorsed the Hoy Bill No. 142, also the Oberlin Bill No. 250. The action of the legislative committee was also endorsed, and the sleeper bill in regard to the mal-practice act was opposed. This meeting was attended by 16 of our members and each was requested to write, personally, to Representative Cowan and Senator Cass.

C. T. Douglas, Secretary.

**Erie County.**—The Erie County Medical Society met at the Sunyendeand Club, Sandusky, March 26, at 8 p. m. Drs. W. E. Ranz, of Youngstown, and C. E. Ford, of Cleveland, addressed the members. Dr. Ranz read a very interesting paper in which he told how the physicians of Youngstown, by working together have driven nearly all the quacks and professional abortionists from the city. It is not difficult to find individuals who have been separated from hundreds of dollars by these quacks, who have treated them for some disease which never existed, or to get these persons to make a statement which will implicate the quack. It is also possible to get a woman on whom a criminal abortion has been performed, after becoming very ill, to make a statement before witnesses which would either make the abortionist leave the city or place him behind prison walls. In every community of any size there is one or more such physicians, who are known to the others to carry on this practice for years apparently with the approval of the other physicians. With comparatively little concerted action on the part of the physicians these quacks and criminal abortionists may be put out of business, as Dr. Ranz and other Youngstown physicians have demonstrated. Dr. Ranz's paper should be published in The Journal so that every physician in

the state may learn of Youngstown's plan of dealing with these problems. Even though they attempt to keep "within the law" there is a way to reach them.

Dr. C. E. Ford, councilor of the Fifth District, explained the Hoy bill, which was to come before the senate. After a general discussion the bill and the amendments were unanimously approved by the society, and the representative of the state legislative committee was instructed to advise State Senator White of the action of the society. Dr. Ranz's paper was generally discussed, after which a buffet lunch was served.

H. D. Peterson, Correspondent.

#### FIFTH DISTRICT.

**Ashtabula County.**—The 100th regular meeting of Ashtabula County Medical Society was held at Ashtabula General hospital, Tuesday evening, March 2, President M. M. Battels in the chair. Communications from the State Society in regard to legislation were read. The secretary reported that a committee had waited on Representative Platt, the author of the bill, regulating or licensing chiropractics; also protests were sent to J. D. Winans, of Lake county, state senator. It was decided to send a delegate to Columbus, March 9, in the interest of the state society to fight this bill. After this the program of the evening was taken up: "Bacterial Vaccines," with lantern slide illustration, by O. S. Salisbury, of Buffalo, N. Y., which was very interesting and instructive. R. B. Wynkoop, in discussion, claimed some splendid results from vaccine therapy—especially the autogenous. A vote of thanks was extended to O. S. Salisbury, after which the meeting adjourned.

J. J. Hogan, Secretary.

**Lorain County.**—The Lorain County Medical Society met in the Y. M. C. A. building, Elyria, at 5 p. m., March 9, 1915. Luncheon was served at 5 o'clock, followed by an address by Dr. C. E. Briggs, Cleveland, on "Considerations in Regard to the Two Most Important Fractures of the Wrist." The fractures that were discussed were Colle's and fracture of the scaphoid. Many X-Ray plates were shown during the course of the address to illustrate important practical points in regard to these two fractures. An interesting discussion followed the address. The next meeting will be held in Elyria in April and will be open to the public. The meeting will be addressed by Dr. Lorrimer.

C. R. Meek, Correspondent.

**Erie County.**—The Erie County Medical Society met at the Sunyendeand Club, Sandusky, February 26, at 8 p. m. Bills before the legislature endorsed by the Ohio Public Health Federation were presented, and the society passed a resolution endorsing all measures which were endorsed by the Federation. Our senators and representatives

were informed of the action. Dr. W. D. Hoyer read a paper on Colle's fracture, which was followed by an interesting general discussion.

H. D. Peterson, M. D., Correspondent.

**Trumbull County.**—The Trumbull County Medical Society held their annual meeting on Thursday, March 18, 1915. Dr. C. E. Ford, councilor of the Fifth District, addressed the society on pending and proposed medical legislation. Dr. D. E. Hoover, who attended the recent meeting of the committee on medical legislation at Columbus, gave a report of the proceedings, which was followed by a general discussion by the society. All the old officers were elected for the ensuing year.

J. P. Marshall, Correspondent.

#### SIXTH DISTRICT.

**Summit County.**—Tuesday, March 2, was a gala evening for the Summit County Medical Society, the occasion being the opening of the new and permanent quarters which are located in the People's hospital.

At 6:30 the two visitors, H. P. Pomerene and G. F. Zininger, of Canton, were entertained at dinner at the Portage hotel by officers and a dozen other members. From 7:45 to 8:30 an orchestra of six pieces rendered selections. The rooms are large and well equipped. The library will not be complete until the 2,500 volumes are sorted and arranged in proper order.

The president, T. K. Moore, presided over an attendance of 76 from Akron, Barberton, Canton, Cuyahoga Falls, Kenmore.

J. L. Jones, M. D., of Akron, was admitted to membership while two applications were presented.

Program: "Exophthalmic Goitre" symposium. (a) Pathology, G. F. Zininger, M. D., Canton; (b) Diagnosis, H. H. Jacobs; (c) Treatment, Medical, F. C. Reed; Surgical, H. P. Pomerene, M. D., Canton.

The four physicians have made a specialty of the parts assigned to them so that collectively they formed a quartet hard to beat. Dr. Zininger described the causes, origin and structural changes that occur in the disease goitre. Dr. Jacobs followed with the diagnosis direct and differential. Dr. Reed briefly described his methods, medicine, diet, X-Ray, etc. When medicine fails or a certain stage has been reached in the disease, the surgeon is necessary. Dr. Pomerene described his operations upon such cases. Both visitors are well known and excellent speakers and worthy representatives of Stark county. The two local speakers upheld Akron's reputation and with such a combination the result was a splendid symposium upon the important subject delivered to a large and attentive audience. Discussion was by S. St. J. Wright, T. K. Moore, J. D. Smith, J. W. Weller, H. I. Cozad. Refreshments were served at 11 o'clock.

Program for April 6: 1. "Elephantiasis," case exhibited by A. W. Jones; 2. "Trichiniasis," paper by J. E. Springer; 3. "Prescriptions," paper by E. C. Davis, Ph. G., member and ex-president of the Ohio State Board of Pharmacy; 4. "Ancient Medicine and Surgery," paper by J. G. Grant.

A. S. McCormick, Correspondent.

**Richland County.**—The Richland County Medical Society held its regular meeting Wednesday evening, March 17, in Mansfield. Dr. C. G. Brown, auxiliary committeeman, read a communication from the state legislative committee relative to the chiropractic bill and the Hoy bill and the proposed law strengthening the Medical Practice Act, which, upon motion, the society endorsed. Dr. W. A. Smith, of Shelby, was elected a member of the society.

The program consisted of a paper on "The Pupil," by Dr. R. C. Wise, and a review of the recent medical and surgical literature by Dr. C. G. Brown. Following these, Dr. Cabot's case reports were given, Dr. Woltman leading the discussion. That the meeting was interesting was proven by the discussion and remarks of the sixteen members present.

J. Lillian McBride, Correspondent.

**Portage County.**—The Portage County Society met at the office of Dr. J. H. Krape in Kent, March 1. In absence of the president and vice-president, Dr. Anderson acted as chairman of the evening. Dr. J. F. Hill gave report of the auxiliary convention which he attended in Columbus on March 9. Considerable discussion of various bills before the legislature followed. The society approved of the action of the convention and the proposed plan.

The program was omitted at this meeting in order to allow more time to the discussion of our fee bill. It was decided to adopt the Kent fee bill and submit it to each member for suggestion.

Dr. B. J. Keller resigns as active member because of his residence in another county. He was elected an honorary member.

Delightful refreshments were served by Mrs. Krape, after which the meeting adjourned to meet with Dr. Hill in Ravenna, April 8.

John F. Hill, Correspondent.

**Mahoning County.**—The March meeting of the Mahoning County Medical Society was addressed by Dr. C. N. B. Camac, assistant professor clinical medicine, Columbia University. His subject was: "Joint Affections with Special Reference to Sepsis." As Dr. Camac's paper was originally founded upon the problem of dental sepsis in relation to joint conditions, we invited the Youngstown Dental Society to be present as well as all graduate nurses who were interested in the subject. Following Dr. Camac's talk, Dr. Esaesser,



captain of the Medical Corps in the Swiss army, gave a paper on the Swiss mobilization, explaining the manner in which the remarkable little republic, no larger than Massachusetts, protects its neutrality. Seventy members of the dental and medical professions were present. This is the first joint meeting ever held in our society, but we sincerely hope to have the dentists with us frequently in the future.

At a special meeting held March 19, after a thorough discussion of the measure, pro and con, the society, by a majority vote, recommended the bill proposed by the state medical examining board for the licensing of chiropractors, etc.

At a special meeting held March 19 the society by a vote of 29 to 9, voted to endorse the proposed cult practice substitute measure, since introduced as Sub. H. B. No. 220.

H. E. Patrick, Correspondent.

**Stark County.**—The 148th regular meeting of the Stark County Medical Society was held March 16, 1915, in the Chamber of Commerce Rooms, Canton. About 50 were in attendance.

Dr. M. J. Lichty, of Cleveland, presented an unusually instructive and entertaining paper, "Present Views About Pneumonia." He emphasized the fact that the prognosis is always grave. A large part of the paper was devoted to treatment which, he explained, is as unsatisfactory as it was a generation ago. He illustrated the insignificance of percentages of recovery following certain lines of treatment, and warned against falling into ruts or mounting hobbies in the treatment. He summarized the treatment of pneumonia as "masterly inactivity."

Following the discussion on medical defense for the State Society, Dr. D. S. Gardner, of Massillon, offered the following resolution, which was unanimously adopted:

"Resolved, That the Stark County Medical Society views with favor the adoption of physicians' defense for the Ohio State Medical Association, and herewith instructs the delegates to lend such co-operation as necessary for the working out of an harmonious plan consistent with the best interests of the State Society."

Regular meeting of the Canton Medical Society was held in the Chamber of Commerce rooms Friday, March 26, at 8:15 p. m. The following program was presented: "Para-Myoclonus Multiplex" (with patient present), by Dr. T. H. Shorb; "Colds," by Dr. C. E. Fraunfelder.

Charles LaMont, Correspondent.

#### SEVENTH DISTRICT.

**Jefferson County.**—Jefferson County Medical Society met Tuesday, March 8, at 2 p. m., in the I. O. O. F. Hall in Steubenville. A paper on "Surgical Treatment of Gastro Duodenal Ulcer" was presented by C. W. Maxson, and a paper on

"A Plea for Better Diagnosis," by John A. Bradley.

At a special meeting on March 16, with twenty members present, the proposed substitute bill regulating cults was unanimously endorsed. At this meeting it was also determined to write Governor Willis urging the appointment of a medical man to the Industrial Commission.

**Tuscarawas County.**—The Tuscarawas County Medical Society met in the Young Men's Christian Reading Rooms March 2, at 8 o'clock, the president, Dr. Fred Larrimore, presiding. The entire evening was given to a discussion of: "More Union of Fracture," by Dr. C. DeCosta Hoy, of Columbus; a discussion and demonstration of surgical diseases of the kidneys, J. A. Riebel, of Columbus. Dr. Riebel demonstrated the use of the urethral catheter and the phenol-sulphon-phthalin tests. Dr. Means showed a number of lantern pictures demonstrating points made by each of the lectures, and in many other interesting surgical cases.

At a special meeting of the society held in Uhrichsville, March 16, Dr. J. A. McCollam presented his report as a member of the auxiliary committee on legislation, covering the legislative conference at Columbus on March 9. It was voted unanimously to endorse the Hoy bill (H. B. 142) and to approve the cult practice substitute bill (Sub. H. B. No. 220).

J. A. McCollam, Correspondent.

**Noble County.**—The society met Thursday, March 4, and had the pleasure of hearing an excellent paper on "Colds" by Dr. H. Reasoner Geyer, of Zanesville. The society selected F. R. Dew as delegate and G. G. Mallet as alternate to meet the legislative committeemen on March 9 at Columbus. Dr. Geo. Weinstein, of Philadelphia, has located at Summerfield. Our society is gaining slowly but surely.

F. R. Dew, Correspondent.

**Licking County.**—Dr. A. B. Nelles, of Columbus, was the guest of the Licking County Medical Society on the evening of January 29, and gave an interesting and instructive talk on "Some Practical Points on the Diagnosis of Acute Inflammations of the Eye."

At the February meeting Dr. W. H. Lewis, of Newark, gave a splendid address on "Kidney Infections: Diagnosis and Treatment."

On March 26, Dr. H. O. Bratton, of Columbus, presented a paper on the value of X-Rays in renal functional tests in the diagnosis of diseases of the kidney. The meeting was held at Hotel Warden.

At a special meeting on March 12 the society voted to approve the substitute bill regulating cult practice.

Harry E. Hunt, Correspondent.

**EIGHTH DISTRICT.**

**Muskingum County.**—The Muskingum County Medical Society held its monthly meeting on March 30. The members endorsed the proposed plan of the Council of the State Association for a new plan of co-operative medical defense, and have instructed their delegate, Dr. H. R. Geyer, to vote for it at the state meeting in May.

Dr. Henry McCreary, of New Concord, showed a photograph and an X-Ray of a dicephalic monster and gave a brief description. The monster had two heads on one body—one placed on each shoulder. The were two arms and legs, one chest and pelvis, and one cord. The X-Ray photos were fine and showed two spinal cords and two hearts. The monster was born dead.

Dr. E. C. Logsdon read a very interesting paper entitled, "Looking Backward." He reviewed the wonderful progress made in medicine and surgery in the last thirty years; spoke of the wonderful field opened up by Virchow, Pasteur and others by their germ discoveries. He spoke of the late Dr. Halderman, of Columbus, operating in the early eighties. The speaker witnessed Dr. Halderman amputate a breast by using a spray of steam impregnated with antiseptic, blowing the steam on the operative field; he demonstrated there would be no pus afterward and there was none. Dr. Logsdon also spoke of the wonders of anti-toxins of diphtheria, rabies, etc.

This paper elicited an interesting discussion. Dr. McCreary told of how, during the Civil War, an old sponge would be used to cleanse (?) a number of infected wounds. Dr. Rambo spoke of Ambrose Paris' success in treating wound by the open method. Dr. Culbertson spoke of methods of amputation before the sixteenth century, when there was no anesthetic given before or during the operation and the stump of a limb was dipped into hot pitch to stop bleeding and purify the wound. Dr. Culbertson also spoke of a fad that came out in the eighties, of which his father told him—the method of injecting sulphuretted hydrogen water or gas into the bowels for curing tuberculosis. One physician in Zanesville—still living—had a fad on this and later believed he could cure many diseases by stretching the sphincter ani.

L. R. Culbertson, Correspondent.

**Fairfield County.**—The Fairfield County Medical Society met at Lancaster, February 23. Following the report of clinical cases, Dr. Starling Wilcox, of Columbus, made some very interesting remarks on the first and second stages of syphilis. He also spoke at some length upon the use of salvarsan and neo-salvarsan in the treatment of syphilis. A vote of thanks was extended to Dr. Wilcox for his excellent address.

Dr. W. B. Taylor, of Pickerington, renewed his membership.

At the meeting of the society on March 8, Dr. C. H. Hamilton discussed the anatomy and physiology of the blood vessels. Dr. H. M. Hazelton

addressed the society on arterio-sclerosis, its pathology and treatment. Dr. E. F. Clouse, of the Boys' Industrial School, was elected to membership at this meeting.

James M. Lantz, Correspondent.

**Athens County.**—The regular meeting of the Athens County Medical Society was held in Athens, March 2. Dr. J. M. Higgins, local health officer, gave a paper on measles, which was very freely discussed by Drs. J. L. Henry, H. M. Taylor, and W. T. and J. S. Sprague, E. I. Stanley, C. S. McDougall and J. L. Merwin.

Chas. S. McDougall, Correspondent.

**NINTH DISTRICT.**

**Gallia County.**—The Gallia County Medical Society met in regular session in the laboratory of the Ohio Hospital for Epileptics, Wednesday, March 3. Thirteen members were present, the record attendance for over five years. Dr. J. S. Rardin, the district councilor, was expected to be present, but he was unavoidably detained. He is expected to be present at our next regular meeting. The following program was rendered: Heredity a Factor in Epilepsy, by Dr. J. G. Schwarz; Autointoxication in Epilepsy, by Dr. John McVey. Case report, traumatic thrombophlebitis followed by lung infarction and embolism of coronary artery, by Dr. W. H. Pritchard. Diagnosis of some gall bladder conditions, with presentation of specimens, by Dr. C. E. Holzer. Demonstration of an interesting heart case by Dr. Mary L. Austin. All of the papers were discussed at length.

It was decided to meet regularly on the first Wednesday of every month. The place of meeting to be the laboratory of the Ohio Hospital for Epileptics, and the time 12:30 p. m.

The secretary was instructed to extend the sympathy of the society to Dr. Samuel P. Fetter, a former member of the society, now of Portsmouth, who has been critically ill during the past few weeks. Two new members since the last report.

Charles E. Holzer, Correspondent.

**Meigs County.**—Meigs County Medical Society at a meeting on March 15 passed resolutions disapproving House Bill No. 220, the chiropractic measure, and endorsing the action of the state legislative committee in regard to the substitute cult practice act, which has since been introduced as Substitute Bill No. 220.

Byron Bing, Correspondent.

**TENTH DISTRICT.**

**Morrow County.**—The Morrow County Society met in regular session March 3, and the following officers were elected: President, George H. Pugh, Mt. Gilead; vice president, E. C. Sherman, Cardington; secretary, C. E. Neal, Cardington; treasurer, W. C. Bennett, Mt. Gilead; state delegate,



J. C. McCormick, Mt. Gilead; correspondent, R. L. Pierce, Mt. Gilead; censor, W. S. Case, Mt. Gilead.

After the election excellent papers were read by Drs. J. A. Riebel and C. D. Hoy, of Columbus, who were visitors at the meeting. One new member, Ernest R. Gambel, A. B., M. D., of Fulton, was added to our number. **More members were present and more interest was shown at this session than at any I have visited heretofore.** That goes to prove that our society is growing.

C. E. Neal, Secretary.

**Union County.**—The society held a special meeting March 15 to consider pending legislative matters. The action of the state legislative committee was indorsed unanimously.

Angus MacIvor, Correspondent.

**Delaware County.**—We had no program for our March meeting, only a business session. We expect to revise our fees by the first of April. Owing to a lack of interest and consequently a small attendance, the meeting will be held quarterly instead of monthly. The next meeting will be the first Friday of June. It does not seem to make much difference what our program is, or whom we invite to furnish us papers, we have only a small attendance. We have thought that if the doctors did not attend we might try a few public meetings.

A. H. Buck, Correspondent.

**Ross County.**—The Ross County Academy of Medicine met on the evening of March 16 at Chillicothe. Dr. W. D. Haines, of Cincinnati, gave a very scholarly and entertaining address on the etiology, diagnosis and treatment of gastric ulcer. A general discussion followed the address. W. G. Hamm, D. D. S., of Chillicothe, was present at the meeting and, by invitation, spoke briefly of the relationship of pyorrhea alveolaris and gastric ulcer. We had a very good attendance at this meeting. On March 2 the Academy met in a business session.

R. E. Bower, Correspondent.

**Meeting of March 2.**—The Academy met in regular session March 2 in the Welfare Home, and held one of the very best meetings of the year.

The splendid attendance, with no special program to appeal to the physicians, speaks well for our society. However, the report of cases was especially interesting, and the universal discussion added to the interest.

G. E. Robbins, Correspondent.

**Knox County.**—The Knox County Medical Society met at the Hospital-Sanitarium, Mt. Vernon, on the afternoon of Wednesday, March 10. Owing to the condition of the roads there were but eight members in attendance. A good program had been arranged for, but only one of the essayists was present—Dr. V. L. Fisher, of Mt. Vernon, who read a carefully prepared and interesting paper on "Local Anesthesia in General Surgery." He considered the many various substances and methods that have been employed for inducing local anesthesia, after he had looked into the history of the method.

Since the last meeting, the trial of Mr. Grim of the Mt. Vernon Optical Company, charged with illegal practice of medicine had been held in Probate Court, before a jury, resulted in an acquittal for Mr. Grim. This matter was reported to the society and a "post-mortem" on the case was held, which cleared up some phases of it.

Several of the bills now pending before the legislature were spoken of and some were discussed at length, before the society.

A committee was named to consider some means of keeping up the interest of the members during the summer months, when no meetings of the society are held. This committee will report at the next meeting.

Some members of the society have not paid their dues, as yet, but we are making an effort to get them in this month, for we desire to keep up our record made last year, which was our banner one.

E. V. Ackerman, Correspondent.

**Crawford County.**—The Crawford County Medical Society held its regular meeting Thursday, March 18, at the Second National bank parlors at 2:30 p. m. prompt. Dr. Arthur G. Helmick, of Columbus, addressed the society on "Intestinal Disturbances in Early Childhood."

**NOTE** the splendid reports from many counties indicating prompt action on legislative matters which were brought to the attention of the county societies during March by the state committee of legislation and public policy. And we have not included in these columns all communications received at state headquarters. Several societies held special meetings and reported by wire. \* \* \* It all indicates a healthy interest in organized medicine, throughout the state.

# The OHIO STATE MEDICAL JOURNAL

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UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

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The Cincinnati annual meeting passed into history, a splendid success and a testimonial to the hospitality of the medical men of the Queen City.

Reports presented at that meeting, coupled with the interest shown and the enthusiasm displayed, prove that the State Society is today stronger and more virile than ever before, and that it is becoming more effective every month.

**This is to be a red-letter year.** There can be no doubt about it. There is no doubt in the minds of those who were at Cincinnati and caught the spirit of the thing.

It is now up to you, doctor, to make your county society worth while, and to bring it into harmony with the organized movement. The strength of the State Society is, of course, dependent upon the strength of the county units. But the thing works both ways. A strong state organization makes effective the work of your county society, and makes it something more than a purely local institution.

It is with pleasure that The Journal welcomes the new president—pleasure equaled by the regret The Journal feels at the retirement of the old.

Dr. Upham made a splendid president. He was "on the job" every moment. He devoted much time to the interests of the State Society, as he has done for many years and as we sincerely hope that he will do for many years in the future. He visited every section of the state, and his residence in the capital made it possible for him to take an exceedingly active interest in the pending legislative matters. His administration was

splendidly successful. In the year that he served as president the Society made great strides. And its success was in no small measure due to his energy, ability and experience.

Dr. Lower will be a worthy successor. He is in through sympathy with the expansion movement now in progress in the Association and is splendidly equipped to lead in this work.

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Never have the so-called Christian Scientists of Ohio been more persistent in urging their claims on the legislature. Early in the session they prevailed upon Senator Mooney and Representative Terrel, of Cleveland, to introduce bills in both branches specifically exempting their healers from the operation of the medical practice act, so said healers could legally collect fees. The legislative committee of the state society was "on the job" and these measures never left committee. We believe that even the nominal authors of the bills did not favor them. Later the "Scientists" prevailed upon Representative Fox, of Toledo, to introduce a third bill, and to impress the legislature and particularly the legislators on the judiciary committee, they brought car loads of enthusiastic supporters to Columbus to pack the legislative halls the night it was up for committee consideration.

But they fooled few people. The average citizen is very apt to take the view expressed in the humorous weekly, "Puck," on April 10, when in a leading editorial this clever magazine commented upon a similar measure then pending in the New



York legislature. Because it is timely, we reprint the editorial in full:

"The day that the average physicians displays a name plate on his door announcing that he is ready for practice, it is safe to assume that an investment has been made in his education approximately as follows:

From four to seven years at a university,	
representing a minimum of.....	\$ 3,000 00
Living expenses during university course,	
minimum .....	3,000 00
Books, instruments, laboratory charges,	
etc. ....	1,000 00
Expenses during hospital internship...	1,000 00

Total cost of medical education.....\$ 8,000 00

"In the course of this training, extending over from five to ten years of his life, the physician has received instruction at the hands of men whose entire careers have been devoted to mastering the practice of medicine. Until he is past thirty-five years of age, his career is one constant, painstaking preparation for the protection of humanity against disease.

"A law pending in New York proposes to set all this preparedness at naught. The legislature of that state has been asked by the Christian Scientists to legalize the "practicing" of their healers.

"The Christian Science 'healer' enters upon his activities with the following stock in trade: One copy of 'Science and Health,' by

Mary Baker Eddy.....	\$ 3 00
One satin-faced Prince Albert.....	35 00

\$38 00

"Thus equipped, he can pray over a virulent case of smallpox until the infection sweeps the neighborhood. He should worry! There is no such thing as smallpox; the patient is merely in "error." Epidemics under the healer's benignant influence might ravage communities; it would be quite unnecessary to take steps to check them; there is no such thing as illness. As soon as the unfortunate victims receive faith through Mrs. Eddy's tract at \$3.00 a copy, the scourge will subside.

'It is all very simple—buy the book!

"Weird incantations over the grievously ill passed out of American history when the last Kickapoo turned his toes to the setting sun. Before the steady stride of enlightenment, the old lady who wore red yarn around her ankle to ward off chilblains has linked arms with her consort who carried a shriveled horsechestnut in his vest pocket as a cure for rheumatism, and together they have passed into the Great Beyond, a little earlier, perhaps, than had their ailments been attended to by a skilled physician.

"Superstition, whether set forth in 'Science and Health' or Hostetter's Almanac, is banished from most intelligent minds. Diseases that a generation ago spelled certain fatality are now under the doctor's control. They are not cured by prayer, nor by sorcery. Mary Baker Eddy was an extremely commonplace New England woman. It has been our privilege to read some of her early correspondence in the original; much of it was illiterate and none of it convincing.

"Licensing the Christian Science healer is a dangerous retrogression. If it meant the substitution of prayer for Peruna, we would advocate it; but we cannot imagine a condition which might place control over a deadly epidemic in the hands of a zealot who enters upon his medical career with an investment of thirty-eight dollars."

The Journal started the movement for legislative relief for our over-crowded state institutions. Several months ago—to be exact, in our January issue on page 45—we presented an exact statement of the needs of the various hospital institutions and the extent of the overcrowding. Since that time the newspapers of the state have taken up the matter, particularly those of the Scripps-McRae League. Many of the facts brought out in our original article, which was an interview with Dr. Shepherd of the State Board of Administration, have since been served the public under black head-lines on the front page.

The newspapers of the state have never given a better demonstration of their value than in this campaign to force adequate appropriations for the care of Ohio's unfortunates. The legislature, obsessed by a misguided desire for economy, would undoubtedly have exercised that economy again at the expense of its most unfortunate class of citizens had not the newspapers turned on the light.

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**Was Your Journal Discontinued?** As we announced in our April number, the Publication Committee discontinued sending The Journal to those members whose dues for 1915 had not been paid by April 5, in compliance with the provision of the constitution. Over 400 letters were sent out notifying the delinquent members of the action, as the committee realized that in almost every instance the delinquency was due entirely to an oversight.

In a few counties the treasurer of the society had neglected to forward the dues to the treasurer of the state society, and we were immediately deluged with letters inclosing receipts, etc., and urging that the withheld Journal be forwarded at once. It pleased us.

With very few exceptions the delinquents have paid up. If any of your friends comment on failure to receive the Journal remind them that there is a possibility that they need "see" the treasurer.

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The 1915 edition of the **New and Non-Official Remedies** has come from the press of the American Medical Association. It contains descriptions of the articles which have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association prior to January 1, 1915. The acceptance of the articles included in the book is based in part on evidence supplied by the manufacturer or his agent, and in part on investigation made by or under the direction of the Council. While it is possible that some minor errors have been made, yet in the main the book is not only trustworthy but should be a guide for all progressive physicians.

The Council desires physicians to understand that acceptance of an article does not necessarily mean a recommendation, but that so far as known



**W**ILLIAM EDGAR LOWER, M. D., the new President of the Ohio State Medical Association, was born in Canton, Ohio, May 6th, 1867, and was graduated from the Medical Department of the University of Wooster, Cleveland, Ohio, in 1891. He was resident surgeon in the University Hospital from 1891 to 1892, and later had service in the City Hospital, Cleveland, followed by post-graduate work in New York City in 1894. In 1899 Dr. Lower was Acting Associate Surgeon in the United States Army, serving in the Philippines. In 1900 he took post-graduate work in London and Berlin; in 1910 post-graduate work in Vienna and Paris; and in 1915 served as surgeon in the American Ambulance in

Paris with the Lakeside unit of Western Reserve University. He is now surgeon to Luthern Hospital, associate surgeon to Lakeside Hospital, surgeon to White Hospital at Ravenna, associate professor of genito-urinary surgery at Western Reserve University; He is an ex-president of the Cleveland Academy of Medicine; ex-president of the American Urological Association; a member of the American Association of Genito-urinary Surgeons; a Fellow of the American College of Surgeons; and was Councilor of the Fifth District of the Ohio State Medical Association for five years.

The Journal wishes Dr. Lower great success in the administration of the important office which he has been called to fill.



it complies with the rules adopted by the Council. The book will be sent postpaid for 50 cents (paper bound), and \$1 (cloth bound) by the American Medical Association, 535 N. Dearborn St., Chicago. The object in publishing this book is to protect the medical profession and the public against fraud, undesirable secrecy and objectionable advertising in connection with proprietary medicinal articles.

The Council endorses the principle that prescriptions should be written on the basis of the therapeutic effects of the individual ingredients. For this reason it does not include in New and Non-Official Remedies mixtures unless they present some real advantage. The physician who wishes to prescribe ready-made proprietary mixtures will find in the index of the book, listed under the name of the manufacturer, those proprietary mixtures which on examination have been found not to conflict with the rules of the Council. Mixtures of non-proprietary substances are regarded as non-proprietary and therefore are not contained in the book.

The book should be used more generally by the medical profession for it offers a safe guide for the physician who wishes to pursue the right course in therapeutic practice. In other words, the physician who is tempted to prescribe any new remedy is provided with other information than that furnished by the manufacturer in determining the composition and character of the remedy under consideration. It has been found by experience that many proprietary preparations have been manufactured and sold under grossly exaggerated claims as to composition, therapeutic indications, and curative results. This misleading information has resulted in great harm to the medical profession as well as to the public, and the work of the Council has detected these misrepresentations and resulted in the publication of the official reports that find a place in the book that is now offered to the medical profession as a guide covering the products that have been found worthy of acceptance.

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**Why do doctors procrastinate in the payment of medical society dues?** Is it a good plan to have a reputation for being negligent, indifferent, and having poor business qualities? Doesn't it hurt us with the public? There are many delinquents in the matter of association dues, and no excuse for it. Every member knows that his dues are payable on January 1. The amount is small and the average doctor can pay it one time as well as another. It places the doctor in an unfavorable light to be guilty of neglect of necessity as well as duty.

Despite the frequent warnings about 400 members this year neglected to pay up until after the constitutional period of grace had expired. Then they had to hustle in order to qualify for attendance at the state meeting.

**Its a long, long way to San Francisco**, but we hope that every member who is going West for the exposition this summer will be there during the sessions of the American Medical Association—June 21-25. We hope that there will be a large delegation present from Ohio, so that this state may take its proper place in this great organization.

The California State Journal of Medicine publishes a denial of the rumor that visitors are being "held up" by the hotels. The Journal says:

"There are thousand of rooms, all in clean, new, safe buildings, all with running hot and cold water, steam heat, etc., and most of them with private bath, telephone, etc., that are to be had for from \$2.00 to \$3.50 a day. It is true that in the three or four more widely advertised and prominent hotels, the rates appear to have been slightly increased. It is more apparent than real, however, for the fact is that the managers of these hotels, wishing them to hold as many people as possible, have endeavored to make each room take care of two or more people and have based their rates on that principle. A room with bath at \$7.00 a day for two people, is but \$3:50 each person, and this is just about the same rate that is charged in hotels of the same class and character in all large cities like New York and Chicago. Our eastern friends must remember that this was always a city of hotels and apartment houses and that it is much more so since the fire. Also, that all of the present hotels are new; every one of them has been built within the last eight years and so the result is something unique—every hotel in the city is new, modern, clean and safe; most of them are class 'A' (so-called 'fire-proof') buildings. The restaurants have not recently increased their prices, though, as we all know, the cost of living has increased steadily in the last few years and San Francisco has not been favored in this respect above other cities. The larger and finer restaurants are, always have been, and always will be expensive places to eat in. But if one eats in a Palace or a Waldorf-Astoria he expects to pay well for it—though he generally gets what he pays for. There are any number of excellent restaurants where meals can be had for moderate prices, and that these are good is indicated by the way they are patronized by the residents of the city who know its ways and like good things to eat. There will be no Gouging!"

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There has been criticism in some quarters of the "fee-splitting" provision of the Hoy bill, which passed the legislature this winter. It is argued by some that it is far too stringent. We have been keeping in touch with medical legislation in other sections of the country and find that more stringent prohibitions of this practice are under consideration or have been passed during the past few months in other states. For instance, the Ohio enactment is mild in comparison to the following, which has just been passed by the Kansas legislature:

Section 1. It shall be unlawful for any physician or surgeon to pay or offer to pay to any other physician or surgeon or to any person in his behalf, either directly or indirectly, any fee, money or thing of value of any kind in consideration of such other physician's or surgeon's bring-

ing to him, or agreeing or promising to bring to him, for treatment, any patient, assisting to treat or operate upon any such patient so sent, or advising or agreeing, promising or proposing to advise any patient to consult him, or to be treated or operated upon by him, or assisting to treat or operate upon any patient so advised; and it shall be unlawful for any physician or surgeon who shall have sent or shall propose to send to another physician or surgeon any patient, or who shall have been advised or promised or proposed to advise any patient or patients to go to or to consult such other physician or surgeon, to demand, collect or receive any fee, money or thing of value of any kind, either directly or indirectly, therefore, or for assisting to treat or operate upon any patient so sent or advised; provided, however, that it shall not be unlawful for such physicians or surgeons to pay or receive such fees, money or value where full disclosure as to the amount to be paid and received shall have been made to the patient or person liable for the fees to be charged for the treatment of such patient before such patient or person shall have paid or agreed upon the amount of the fees to be paid by them.

"Sec. 2. Any person who shall violate any of the provisions of this act shall be deemed guilty of a misdemeanor and upon conviction shall be punished by a fine of not more than \$500 and by imprisonment in the county jail for not exceeding six months, or both, and such conviction shall operate as an annulment of the license of such convicted person to practice as a physician and surgeon in this state.

"Sec. 3. It shall be unlawful for any person, firm or corporation, owning, operating or controlling any hospital in this state, to pay directly or indirectly to any physician or surgeon any commission or consideration of any kind whatever for advising any patient to go to such hospital for treatment or operation or for bringing any patient to such hospital for such purpose.

"Sec. 4. It shall be unlawful for any physician, surgeon or hospital to demand or collect any fees or charges from any patient in any case in which there shall have been a violation of this act."

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We record with regret the retirement of Dr. T. Clarke Miller, of Massillon, from the council of the State Society, where he served for many years. His fellow members of council with like regret accepted his resignation, having considered it only at his urgent request. For years Dr. Miller has taken an intelligent and active interest in matters affecting organized medicine in Ohio. He has been a leader in the work. The writer of this paragraph frequently disagreed with Dr. Miller, but he always respected him for the quality of his fighting and the fearlessness with which he supported his beliefs.

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The county society news of each issue contains some very interesting reports of county society meetings; oftentimes synopses of papers read. Members are urged to interest themselves in this department and then institute the ideas and suggestions there found in their local meetings. Your local organization and your officers are entitled to this co-operative effort in raising the standard and value of your gatherings.

A correspondence course for health officers is announced by the University of Wisconsin Extension division. This course has been prepared to meet the need and desire frequently expressed for better preparation for local health administration. It is designed for health officers not able to pursue or warranted in taking residence work, as well as for others desiring to take up the study of health administration. The topics treated in this course will cover laws and regulations, vital statistics and health surveys, transmission of disease, nuisances, and administration of a health department. The administration part of the course will treat of inspection work, visiting nursing, medical inspection of school children, quarantining, insolation and disinfection, use of laboratory, registration and other subjects.

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Governor Willis is to be congratulated on the appointment of Dr. Ben R. McClellan, of Xenia, as member of the State Board of Medical Registration. Without fear of contradiction it may be said that the governor could not have made an appointment that would have been more popular with the medical profession in Ohio. Furthermore, he could not have named a man who is better fitted to serve the state.

The retirement of Dr. Ravogli, at his own request, is regretted in all quarters. For many years Dr. Ravogli has, as a member of the board, represented the highest ideals of medical practice. He has been untiring in his efforts to maintain the standards of the profession.

Dr. McClellan's appointment at this time is particularly happy, because of the greatly increased responsibilities of the board through the enactment of the Platt-Ellis cult practice bill, and the Sprague bill to register nurses.

The registration of the cult practitioners is a new departure, and Dr. McClellan's familiarity with conditions in Ohio—through his long experience in legislative work—will be invaluable in helping solve this intricate problem.

The Journal believes that the cults will have to be met in a spirit of fairness. It will be necessary to recognize the rights accorded them under this new law, and, at the same time, it will be equally necessary to so administer the granting of licenses to limited practitioners as to protect the interests of the public. We feel that Dr. McClellan is admirably fitted to aid in this difficult and very important work.

No advertisements will be accepted that cannot stand the light of day in a full and fair examination as conducted by the Council on Pharmacy and Chemistry. We could easily fill the advertising pages of The Journal with questionable advertisements, which would profit to the extent of a few more dollars in The Journal's bank account, but with a loss of self-respect and the respect of the ethical Journal.



*Original Articles***Cerebellar Surgery\*****S. P. KRAMER, M. D., OF CINCINNATI, OHIO**

Surgeon to Cincinnati General Hospital; Professor of Clinical Surgery, University of Cincinnati

EDITORIAL NOTE.—Dr. Kramer presented to the Section ten exceedingly interesting case reports illustrating the points emphasized in his paper.

**D**ISEASES of the cerebellum or its membranes which in any way increase the volume of the skull content of the posterior cranial fossa, early lead to severe general and local symptoms.

The headache in cases of cerebellar tumor is constant and severe. The pain is usually referred to the occiput and back of the neck. Often it is also felt in the frontal region. The occipital pain is usually described as localized on the side of the lesion; the frontal headache is diffuse. Very often there is percussion tenderness over the site of the lesion.

Nausea and vomiting are rarely absent in cases of tumor or abscesses of the cerebellum. Optic neuritis is an early and rapidly progressive condition and leads to blindness more quickly and more often than cases of tumors in any other part of the brain, except possibly in those cases in which the tumor impinges directly on the optic tract.

For this reason alone these cases demand early surgical treatment. There is always a grave disturbance of metabolism in patients with cerebellar tumor or abscess. They always show marked emaciation and cachexia. This was held by Luciani to be a trophic phenomenon directly due to disturbance of cerebellar function.

This must be borne in mind during the after-treatment of operated cases, and great care must be exercised to insure the proper nourishment of such cases.

Through the centripetal tracts—which include the dorsal or direct cerebellar tract, ventral or Gower's tract, the vestibular tract and the cerebello-olivary tract—the cerebellum receives from the skin, muscles, joints, semi-circular canals and other peripheral parts, impulses which inform it as to the position and attitude of the head, eyes, limbs and trunk, and also as to the tension of the muscles. Then through its centrifugal tracts the cerebellum acts upon the eye muscles and muscles of the body, either directly or by means of the pontine or cortical centre controlling these muscles.

Finally it must be borne in mind that the cerebellum may to a large extent compensate for loss of cerebellar function, that the cerebrum affects the mechanism of the cerebellum. This is effected

through the cortico-pontine tracts which connect the frontal and possibly also the temporal cortex with the opposite cerebellar hemisphere.

Through these connections then, the cerebellum becomes the organ of co-ordination. It maintains the tone of the cranio-spinal motor root cells; of some more than of others, especially those connected with the muscles of the eyes, the neck and the spine and the extremities. Through the cerebellum is insured that co-ordinated innervation of the muscles necessary for the maintenance of attitude and the execution of our movements.

The cerebellum influences motion, and has no relation to conscious sensation. This becomes especially evident in standing and walking. In standing the victim of cerebellar disease sways, his legs are widely apart for safety, and the uncertainty of the upright position is marked by rocking movements due to the contraction of the extensors of the feet and toes. In high degrees of cerebellar disease standing is impossible. The unsteadiness may or may not increase in closing the eyes. The gait is that of a drunken man. The individual sways to one side or the other and not infrequently falls. He deviates or falls usually to the affected side.

Babinsky understands by diadococinesis the power to carry out antagonistic movements, say pronation and supination in rapid succession. In cerebellar disease this power may be affected so that the rapidity of the successive movements is markedly diminished. This is called adiodococinesis. This is usually more marked on the homo-lateral side. An irritative lesion of one of the hemispheres or middle cerebellar peduncles may manifest itself by forced attitudes or movements, such as falling to one side or deviating to one side in walking.

Nystagmus is an irritative motor cerebellar phenomenon, since it may be produced in monkeys by irritation of the nuclei of the cerebellum. Cerebellar nystagmus is usually manifest on turning the eyes towards the diseased side.

Patients with cerebellar disease lie as a rule on the diseased side, because they cannot then turn the head toward that side and thereby the nystagmus, dizziness and vomiting are lessened.

The localizing value of this symptom must not be placed too highly. The occurrence of dizziness in certain positions or movements of the head, the pain in the occipital region and the stiffness in the neck, produce a characteristic carriage. The head is held stiffly and turned toward the diseased side, and in getting up the patient is apt to support the back of his head or hold his head in his hands.

\* Read before the Surgical Section, Ohio State Medical Association, Annual session at Columbus, May 5, 1914.

Homo-lateral or crossed hemiplegia may occur in cerebellar disease. This is probably a neighborhood symptom, due to compression of the pyramidal tract in some part of its course through the pons and medulla. Depending on whether the pressure is above or below the decussation, the paralysis will be contra-lateral or homo-lateral. This paralysis may be of a spastic character. One may also have a hemi-ataxia with flaccidity, which is due directly to cerebellar diseases and which may be mistaken for a paresis. We may also have homo-lateral choreaic movements as the result of irritative lesion of the cerebellum. It is also possible that paralysis of conjugate deviation of the eyes toward the side of the lesion may be a direct symptom of cerebellar disease, since these movements may also be produced in monkeys by faradic stimulation of the nuclei of the cerebellum. (Horsley.)

The disjointed speech that is frequently observed in cerebellar diseases is probably also a direct cerebellar symptom. It is probable that the co-ordinating function of the cerebellum extends to the muscles of articulation, so that disease of the cerebellum may produce inco-ordination of speech or dysarthria.

Direct cerebellar symptoms, then, are: Inco-ordination, cerebellar ataxia, homo-lateral motor ataxia, vertigo, dysarthria, nystagmus, adiadococinesis, a disturbance of equilibrium.

In addition we have one or more of a number of important neighborhood symptoms. A tumor of the cerebellum by exerting pressure downwards or forwards upon the pons or medulla may produce symptoms on the part of the cranial nerves arising therefrom. Thus we may have early in the disease, symptoms due to irritation or paralysis of the trigeminal, abducens, facial, auditory or other nerves.

Oppenheim has found that absence of the corneal reflex may be the first sign of involvement of the trigeminal nerve.

We may also have a convulsive tic as the first symptom. In one of my cases an abducens paralysis was the first symptom of a cerebellar cyst, and an oculist operated on the eye to correct the deformity. A severe hydrocephalus may be the end result of a cerebellar tumor. Thus a greatly dilated third ventricle by making pressure on the chiasm may produce total blindness. Even the olfactory nerves may be compressed and a complete loss of the sense of smell result. The sensorium as a rule is not disturbed in cerebellar tumors. Finally we may have grave disturbances of respiration through pressure on the respiratory center in the medulla. In such cases the end is not far off and these furnish the majority of the fatalities on the operating table.

#### Anaesthesia.

In all brain operations I employ chloroform, given with the Harcourt inhaler. Chloroform causes a lowering of blood pressure and less blood

venosity than any other anaesthetic that might be used and for these reasons it is most suitable for operations of the brain. With the Harcourt inhaler one has the dosage of chloroform at command and the anaesthetist can readily vary the amount which is given with the amount which is required during the different steps of the operation. The diagram prepared by Sir Victor



Figure 1—Showing large meningocele after suboccipital decompression.

Horsley illustrates very well how this anaesthetic is to be given, during the various steps of the operations. It must always be borne in mind in operations on the brain that all cases of increased intra-cranial tension may die at any moment from paralysis of the respiratory center and when one recalls that all our anaesthetic drugs may also effect this center, the reason for extreme caution is obvious.

#### Posture.

In all cerebellar operations, the patient is placed on the side opposite to that which is affected. The uppermost leg is drawn upward and flexed at right-angle and the upper arm is supported by a pillow so as not to interfere with the respiratory movement. This is the most natural position for sleep and renders the cerebellar region accessible. The head must rest upon a suitable head rest which is separate from the surface of the operating table and the plane of which is higher than the plane of the operating table by as much as the distance between the outer aspect of the shoulder and the side of the head. The question of posture is not merely a matter of convenience to the operator, but is an extremely important one for the safety of the patient, and here again great care must be taken that the respiration is not interfered with. Indeed, in all manipulations during brain operations the possibility of respiratory failure must constantly be borne in mind.



### Hemorrhage.

The arteries and sinuses that are divided must be tied. Venous and capillary oozing are best controlled by operating under a stream of hot sterile salt solution of from 110 to 115 degrees Fahrenheit. Bleeding from bone is absolutely arrested by plugging with wax. With the increased vascosity of the blood it is always found that the oozing increases and this may be controlled very readily during the operation by the administration of oxygen.

### Shock.

For the prevention of shock two things must be borne in mind. First, the maintenance of body temperature, and second, the division of the operation into two parts, as originally suggested by Horsley. In the first operation the growth is exposed and in the second, if possible, removed. Normally the interval between the two operations is from five to seven days. It may be of great advantage to increase this interval, because very often after the removal of the bone a deep-seated tumor may be extruded and rendered much more easy of access, when it may be removed with less shock and damage to the patient.

To expose the cerebellum the incision is made down to the bone parallel to the line of the lateral sinus on both sides and about one centimeter above the sinus. The scalp with the periosteum and muscular attachments are stripped from above and pushed down en masse. An opening is made with the trephine over the suspected cerebellar hemisphere and enlarged with bone cutting forceps. It is always well to make as large an opening in the bone as possible even going up above the lateral sinus and exposing the other hemisphere as well. One can never be sure as to the side of the cerebellum that is affected and some very unfortunate mistakes have arisen, due to too conservative an operation. In one of my cases an easily removable endothelioma of the cerebellum was missed for this reason. Since then I always cross the middle line and expose both lobes of the cerebellum.

I never do an osteoplastic operation in this region because there is always considerable risk in breaking the bone at the hinge of the flap and causing injury to the medulla. Besides, the presence of the bone in the flap is a mechanical hindrance to the operator and must frequently be sacrificed. In addition, the osteoplastic method in this region requires more time, and time increases all dangers in this operation.

After the bone is fully exposed the dura is incised and reflected downward. Before this it is well to tie the occipital sinus in two places by passing an aneurism needle around the falx cerebelli. In exploring the cerebellar region one may use preferably a flat spatula or a gloved finger. These explorations may be safely made by gentle but steady pressure. The cerebellar hemisphere is always to be displaced towards the median line, for two reasons: one, so as not to exert pressure on the medulla; second, so as not to interfere with

any of the cerebellar veins which enter the lateral sinus. The interior of the cerebellar hemisphere may be freely explored either with a needle or by incision. The one thing we must be careful about in this procedure is that we must not approach the median line and thereby cause hemorrhage into the fourth ventricle. The hemorrhage after the removal of the tumor is usually controlled by hot water; occasionally it may be necessary to place over the bleeding vessel a muscle graft, that is, a small piece of freshly excised voluntary muscle which, as was shown by Horsley, quickly produces a thrombus in the bleeding vessel.

Tampons should be avoided and the same is true of drains. I never drain any brain cases except abscess. There is no surer way to bring on a post-operative infection than by the insertion of a drain.

After the completion of the operation the dura is folded back as carefully and accurately as can be. No attempt should be made to sew the dura. It is as a rule impossible of achievement, it wastes valuable time and the catgut may be a source of infection. The scalp is closely sutured with silk-worm gut. The sutures usually take care of the divided vessels of the scalp. The head is then dressed with a liberal supply of gauze and cotton covered with a crinoline bandage. After the operation the patient is usually given oxygen on the operating table and surrounded with hot-water bottles. As a rule he is not returned to bed until the effect of the anaesthetic is worn off.

### Post-Operative Dangers.

Aside from hemorrhage into the ventricles, which is usually rapidly fatal, the first complication that may arise is that due to oedema of the brain. Attention was called to this as early as 1889 by Von Bergmann. The brain is the most susceptible organ of the body to oedema, but the explanation for its occurrence is still wanting. The old explanation which was a mechanical one (namely, due to the sudden relief of long standing pressure), will hardly hold good in the light of the fact that the degree of previous pressure is in no sense a criterion as to the occurrence of the oedema. It is quite possible that there are biochemical changes involved here which still wait for explanation.

Owing to the fact that I have found the lumbar sub-dural injection of one per cent of bromide of soda in cases of oedema of the brain the result of the alcohol, exceedingly efficacious, I now make a prophylactic injection of from 30 to 40 cc. of one per cent solution of bromide of soda in the lumbar sub-dural space twelve hours before the operation, in all my cerebellar cases. I have gathered the impression that this is efficacious, but the series is as yet too small to announce any definite conclusion. When oedema of the brain occurs after the operation the patients gradually develop symptoms of increasing coma; interference with the respiratory center, Cheyne Stokes breathing and a rapid rise in temperature, often going to 106 de-

grees and death following very quickly. This result does not necessarily follow, because I have seen cases with this syndrome recover. In these cases I also employ the bromide of soda treatment given above.

For the treatment of post-operative shock two things must be borne in mind: one, the administration of oxygen to dispel the increased vascosity of the blood, the other, the maintenance of body temperature. Morphine must never be given, because of its effect upon the respiratory center. In regard to the incidence of oedema following operations on the brain there are some very interesting facts and deductions made by Horsley. He believes that the question of oedema is clearly associated with the question of unrelieved pressure, and throws a very interesting side light on the question of so-called decompressive operations. Thus from the records of Queen Square Hospital of thirteen cases which died after the second stage of the operation, in seven by reason of failure of the topographical diagnosis, the pressure was not relieved over the seat of the lesion. In six cases in which the tumor was carefully and correctly localized, but the removal not attempted for various reasons, no patient died. Precisely the same point is brought out with greater distinctness by the figures showing the relation between operating with and without correct diagnosis. Thus, of 79 cases in which a correct diagnosis was made and the tumor successfully removed, seven cases or little over eight per cent, died of post-operative

conditions, whereas in 16 cases of tumor, which were incorrectly diagnosed and consequently not removed, six cases or approximately 37 per cent died. All of the latter cases were diffuse gliomata, the diagnosis of which is obscure and a form of cerebral disease in which oedema is exceedingly prone to occur.

The figures, however, show quite plainly that every effort should be made to take a topographical diagnosis and not to be satisfied with a simple decompression at a site of election. Where this cannot be done, then in the opinion of the author the decompression should be done over the posterior fossa and the dura incised. The reason for this is the fact that thereby one opens the sub-arachnoid space and provides an auxiliary lake for the cerebro-spinal fluid and relieves the hydrostatic pressure particularly on the sheaths of the optic nerves.

#### Post-Operative Infection.

Practically all infections after cerebellar operations are incidental to the after-treatment of the case. They occur usually where we have a hernia cerebri or a prolonged drainage of cerebro-spinal fluid. All care must be taken to prevent this and strict measures taken that will ensure early closure of the wound (no drains, close coaptation of the scalp); see that the dressings that are applied from time to time are done under the strictest precautions. I always employ a wet bichloride dressing after the removal of the stitches when there is any seepage of cerebro-spinal fluid.

## Would it Be Expedient to Eliminate Alcohol from the Pharmacopoea?\*

SAMUEL B. MCGAVRAN, B. S., M. D., OF CADIZ, OHIO

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**E**XPEDIENCY is defined by Dr. Webster to mean the fitness or suitability of a thing to effect some good end. The good end anticipated in this question is, that it would dissolve the unholy alliance that now exists with the medical profession in the use of alcohol as a beverage, that the medical profession would no longer be linked to, or be held responsible for the use of a drug so potent for evil, that no good can come from it, that it is not in harmony with the highest and noblest purposes of our profession to be responsible for the use of any agent that is directly the cause of wrecked intellects, poverty, crime and a countless number of diseases.

It has been said that the basis of higher morality is self-restraint, and the basis of self-restraint is the influence of example. In the consideration of this subject I shall hold that alcohol should be removed from the pharmacopoea, for its recognized presence gives it the apparent sanction of the great medical profession and thereby justifies the accusation that the medical profession

is responsible for a very large proportion of the misery which alcohol produces. The medical profession has encouraged, by precept and example, the use of alcohol in so many abnormal conditions, and so emphasized the importance of alcohol that the laity have become familiar with all indications for which physicians prescribe it, and refer to their family physician as their umpire for their authority in the use of alcohol. This is true to such an extent that the addiction to the use of alcoholic liquors has become so universal as a **beverage** and **medicine**, and as a **medicine** and **beverage**, that both stand for the same thing, and in both conditions the doctor is regarded as their approved umpire.

#### Factor in Contests.

In every contest in this country for the suppression of the liquor traffic, since Lyman Beecher preached six sermons in 1825 that stirred the hearts of all New England for temperance, the medical profession has been charged with giving undue emphasis to the use of alcohol, thereby causing thousand of men and women not only to drink but to become adherents (and voters, too) on the side of intemperance. John B. Gough said

\* Read before the annual meeting of the Medical Society of the Seventh District, Ohio State Medical Association, in session at Bellaire, Ohio, October 29, 1914.



40 years ago: "I hold with a great many good men in England that intoxicating liquors are not necessary even as a medicine; in many cases the doctors have done the cause of temperance harm. Mrs. Spurgeon was saved from becoming a drunkard by refusing to continue the use of wine and ale, as prescribed by her physician." So, I repeat, in every contest for 90 years, the influence of the medical profession has at least been claimed by the good, bad and indifferent as an excuse for their position on the side of the use of alcohol. It is one of the most potent factors in our fight today for wet and dry. I hear it on all sides.

An ordinary man of limited education, but good sense and observation, said to me: "Why don't doctors quit using whisky as a medicine? They know all about it, I know that it queers me and does me harm when I use it as a medicine, even if prescribed by the doctor, and I know that it does me no good."

We are now engaged in a campaign in which intoxicating liquors form the predicate of two initiated amendments to the constitution of Ohio; one seeks to extend and very much multiply the use of intoxicating liquors as a beverage, the other to prohibit the use of intoxicating liquors as beverage. Those who wish to continue and extend the use of alcohol find among its strongest supporters many who emphasize the importance of alcohol as a medicine. Their argument is that medical men recommend it as a safe and valuable remedy for the numerous ills that come into their homes; that it is just as important to have a pint of whiskey in the house for medical purposes as salts, castor oil, or syrup of ipecac. Therefore, when the issue is made, as it is now, this is their greatest argument and one of the best that can possibly be presented; an argument, too, that carries with it such conviction and force that they will not vote to prohibit it and thereby rob themselves and families of a remedy that the family doctor says is important to the welfare of their health.

#### Limited Uses of Alcohol.

If you carefully review the standard authors for fifty years or more you will find the best that can be said of alcohol is that its chief uses are as a rapidly acting equalizer of the circulation in all form of circulatory failure due to shock, or poisons; as a systemic supporter in low fevers, and prolonged wasting diseases; in old age; in convalescence from acute diseases; fainting, snake bites and surgical shock; pneumonia in its later stages, and excessive wasting due to prolonged suppuration. These are the only conditions in which alcohol is recommended by any work on therapeutics.

Now what do the laity know about alcohol? We find they are using alcohol for the same reasons and same conditions that physicians are using it; that alcohol as a beverage and alcohol as a medicine, stand for exactly the same indications. The

laity claim there is nothing about alcohol that should prompt them to consult a physician, that they have already been instructed by their family doctor and that as far as the use of alcohol is concerned the medical profession could cease to exist. They know that alcohol is the only remedy for a condition of shock, or poisons, or general debility, old age, fainting, cramps, snake bites and run down conditions, and is useful in all epidemics; that it is a stimulant, good for the stomach and good for the kidneys; that it repairs exhaustion or fatigue, and reanimates the body about to perish from cold. Hence the almost universal use of alcohol is explained and excused for the reason that it is so necessary as a medicine and so heartily endorsed by the medical profession that the laity insist that it is their personal right to hold on to it. They will not yield their rights, even though many others use it to excess. The laity have become so familiar with the use of alcoholic liquors, that they are perfectly willing to chance giving it to any patient, and they are sure it will meet with the approval of the physician. It matters not whether it has been given to the patient without the doctor's order, by the mother, nurse or even by a meddlesome intruder, for a condition of shock, or poison, or snake bite, or acute inflammations, apoplexy, meningitis, acute nephritis, aneurism, or any other condition, indicated or contraindicated. It is all the same to the attending physician; giving the laity to understand that alcohol is either a harmless agent, or so thoroughly indicated in all abnormal conditions in that it is just as safe in the hands of any chance bystander as under the careful directions of the most skilled physician.

#### Physicians Promote Intemperance.

Prof. N. S. Davis, 30 years ago in commenting on the fact that 300 physicians of the city of London had lately declared the opinion that the prescriptions of alcoholic liquids by medical men often gives rise to the formation of intemperate habits in their patients, said:

"The medical profession is largely responsible for the evils resulting from the use of alcoholic drinks. The neglect to limit their use as to time and quantity is often the direct means of creating an appetite that has led many to the drunkard's goal. The custom of speaking of such drinks as restoratives, supporting and stimulating, has impressed erroneous ideas upon the public mind; hence, often no amount either of moral or legal suasion, will stop the drinking custom of society until our profession reverses its teachings and thoroughly reverses its practices in regard to these agents."

In view of the fact that the laity are hiding behind our profession and pointing to us as authority for use of alcohol, it is important that we take some radical position upon this question. It is not enough for an individual physician to proscribe it, to denounce and condemn it. It is not enough for hospitals to say, "We do not use whisky, brandy,

wine or beer one-tenth as much as we did five years ago." It is not enough for the physicians of a county medical society to say: "We know the injurious effects of drinks containing alcohol on the physical system of those who use it, and that alcoholic drinks are responsible to an alarming degree for idiocy, epilepsy, and feeble-mindedness." It is not enough to say that alcohol is the direct cause of many afflictions, such as cirrhosis of the liver, acute and chronic gastritis and Bright's disease, that indirectly alcoholism favors the production of nearly all diseases, by lessening the power of resisting their causes, and contributes to their fatality by impairing the ability to tolerate and overcome them. It is not enough that we admit all these things. No! The harm done to the cause of temperance through these years by the medical profession demands something more! We must go farther and denounce it altogether, as did the physicians of Xenia on October 1, 1914, and declare that alcohol has no therapeutic indications today except in the places where better and less dangerous drugs can be used!

#### **Fight It as a Disease Factor.**

Remove it from the pharmacopoea, quit using it forever, and let the wise laity of this country study the effect of alcohol as it is taught in our common schools. Make alcohol, as a drug, obsolete. Make alcohol as a medicine obsolete. You will be surprised at the results in a few years—greater and obtained more quickly than those achieved by sanitary science. **Place alcohol where it belongs as a cause of disease and fight it as such!**

The medical profession made it possible to build the Panama Canal and a united medical profession can wipe out intemperance in a very short time and insure nation-wide prohibition in 1920. There has been too much laxity by physicians in reference to the use of liquors. Cut it out of the pharmacopoea and let the laity "**tread the wine-press alone,**" and the opposite view and the real view of alcohol will soon become apparent: that it is a poison and not a medicine. Let the laity understand that physicians attribute no value to alcohol. In my experience, I find very few persons who are willing to admit that they use liquor merely because they like it. They find some other reason—the necessities of the system or the advice of some physician, either to themselves or some friend.

Cut it out of the pharmacopoea, no longer recognize it as a tonic, as a food or a stimulant. To do so makes us false to our teachings. Read Stille's therapeutics and materia medica, written in 1868. Read Bartholomew written in 1880, and notice the extreme caution with which they use and prescribe alcohol. Read Hare, written in 1912, and note what he says: "Notwithstanding the almost universal use of alcohol as a stimulant

by laity and the medical profession, it cannot be denied that evidence of scientific character and weight is constantly being brought forward which shows that its dominant action is depressant upon all parts of the body; that under its influence the total amount of work accomplished in a given space of time is less than when it is not taken, and the quickening of the pulse under its influence is more apparent than real." We know that alcohol is not a tonic, food, or stimulant. It has been said: "It has long been one of the noted paradoxes of human action that the same individual should resort to the use of the same alcoholic drink to warm him in winter, protect him from heat in summer, to strengthen him when weak or weary or has the blues, to soothe or cheer him when afflicted in body or mind." We know that alcohol does not relieve the individual from cold by increasing his temperature, and from heat by cooling him, nor from weakness and exhaustion by nourishing his tissues, nor yet from affliction or diseases by increasing his nerve force. It acts simply to diminish the sensibility of the brain and nerves and thereby lessen his consciousness of impressions of all kinds, whether of heat or cold, weariness or pain. The same anesthetic properties that render the laboring man less conscious of suffering of the heat and cold or weariness also renders the sick man less conscious of suffering, either mental or physical, and thereby deceives both himself and his physician.

#### **Better Substitutes.**

I would remove alcohol from the pharmacopoeia and use other and better drugs. As a heart tonic, we have a better in digitalin; as a lung tonic, we have a vastly better in strychnia; as a general tonic we have a dozen better. Nitrate of amyl acts quicker, atropine warms up better, capsicum is a better remedy for collapse. What use is there for alcohol in which we cannot do better? To tide over a dangerous time I would prefer to take chances with iron, quinine and strychnia, concentrated food and attention to the position of the body and hygiene. They are all better remedies than alcohol.

I rejoice in the rapid change of sentiment among individual doctors concerning the use of alcohol as a medicine and I do not know of a physician who does not admit of better success in his practice without alcohol. We may find them there to-day, but as I said before, we need a united expression and nothing will bring such good results as to eliminate alcohol from the pharmacopoea. Thereby we would show all the world that we do not regard alcohol as having any merit in medicine. I ask the question, Are we doing our duty as responsible members of the greatest of all professions by encouraging the use of this drug, dangerous alike to the health, life and mortality of so many of our fellow-beings?



## Intestinal Stasis\*

EDWIN A. MURBACH, M. D., OF ARCHBOLD, OHIO

"IN the legacy acquired by man from his animal ancestors, there occur not only rudimentary organs that are useless, but fully developed organs equally useless. The large intestine must be regarded as one of the organs possessed by man and yet harmful to his health and life!"

This statement of Metchnikoff, while far from being accepted fully, succeeded in stimulating investigation of this organ and resulted in much added and some revolutionary knowledge of anatomy, physiology and pathology.

Ample proof has been given that the colon can be removed, evidently without any impairment of the general health.

The question of gastro-intestinal stasis and its consequent morbidity has become one of the important subjects before the medical profession today, and scarcely an issue of a medical journal can be taken up in which reference is not made to this intensely interesting subject.

When several years ago Lane called attention to the consequences of delay along the alimentary tracts, and compared the human digestive canal to a drainage system, many scoffed at his ideas and treated them as fantasies of a vivid imagination. As the accuracy of these observations began to be tested, more conservative investigators realized that his premises were founded upon firmer basis than mere fancies. Many ridiculed the idea of operative procedures for so simple a condition as constipation, failing to realize that the operation was, in fact, directed against a condition of which constipation was a common but not always essential symptom.

To Lane we are indebted for our present conception of chronic intestinal stasis in its widest sense, and by it he means an abnormal delay in the transmission of the intestinal contents through some portion or portions of the gastro-intestinal tracts, resulting in the absorption into circulation of more toxic matter than the organs of conveyance, conversion and elimination can deal with. This delay may be accompanied by constipation or by a daily or even more frequent action of the bowels.

The gastro-intestinal canal he calls "a living, sentient drainage scheme of which the several portions perform several functions, from which nutrient material is picked up by absorbing vessels, and into which certain organs discharge their contents."

The first portion of the alimentary canal, which has most to do with preparation and digestion, is separated from the second portion, which has most to do with elimination by the ileo-caecal valve. This second portion having so little to do with

digestion and absorption of food stuffs is claimed by many to be functionally unnecessary.

The contents of the colon consisting of nearly one-third part by weight of bacteria, absorption of soluble bacterial products occurs when stagnation takes place. That the retention of alimentary excreta is deleterious and injurious to the vast majority of people cannot be gainsaid, and the good effects of a physic were known even to the ancients, who recognized the benefits even though they may not have known the reason why.

The most important part of digestion and assimilation having taken place in the stomach and small intestine, the residue, finding its way through the ileo-caecal valve into the large intestine for storage and further concentration, is of minor value in nutrition. The longer the contents are here delayed the more they are subject to bacterial contamination and decomposition and become harmful by the production of noxious toxins which are absorbed along with the liquid portion of the faeces.

### Auto-Intoxication.

We may thus have an auto-intoxication, either acute or chronic. In the acute form these conditions are transitory and the system quickly recovers. When, however, we have a continuous absorption we have a chronic auto-intoxication, a condition which while more varied has still a quite definite symptom-complex.

Among the constitutional effects are nutritional disturbances, early loss of appetite, poor digestion with loss of weight, poor circulation, cold hands and feet, nervousness, disturbed sleep, localized pain in various parts of the body, sallow complexion and a general decline of health. Finally the organs whose function is to convey, convert and eliminate the several toxic products circulating in the blood, themselves undergo degeneration under the influence of prolonged and progressive stasis, and we have hepatic cirrhosis, myocarditis, arterio-sclerosis, and nephritis in its varied forms.

Startling as the claim may seem gastric and duodenal ulcers are believed by many to be the manifestation and occasional sequence of stasis. There is much ground for the belief that these ulcers are due to the absorption of toxins from the alimentary canal, if not due to direct action of bacterial growths whose normal habitat is the large intestine.

At birth the intestinal tract is sterile throughout its entire length. Soon after birth, however, bacterial flora gain entrance and are ever after found in greater or less numbers in the large intestine. So long as they remain in the colon they seem to do little harm, but when under the evil results of prolonged stasis they migrate into the small intestine they affect not only the intestinal and

\* Read before the Academy of Medicine of Toledo and Lucas County, June 5, 1914.

gastric mucosa and produce pathological lesions, but enter, as well, the pancreatic and cystic ducts and here produce evil effects. Others entering the liver through the portal circulation are destroyed by the liver. Such as are not may produce local effects, or, gaining entrance to the gall bladder, form the nucleus for biliary concretions. "Every gall stone is a tombstone erected to the evil memory of the germs that lie dead within it," is the affirmation of Moynihan.

Even the thyroid gland seems not above the attack of the results of stasis. Robert McCarrison in studying the amoebic flora of the intestine in cases of endemic goitre, in India, was led by the uniformity of the bacterial growth to try the effect of a vaccine made from the composite growth upon some of these cases. The results were striking, there being a prompt decrease in the size of the enlarged gland and complete recovery in many of the cases.

That the small intestine is infected seems proven by results of Eyre in bacteriological examination of apparently normal persons who had died of accidents. The stomach, duodenum and upper end of ileum were found sterile, and proceeding down the small intestine scanty growths at times obtained. In sixteen cases of Lane's, where operations were being done upon the gastro-intestinal tract, swabs were taken from different situations, ileum, duodenum, stomach and culture showed luxuriant growths of streptococci, staphylococci, colon and other bacilli, either singly or together from the various situations in the different cases, and in some the growth was as luxuriant as that from the pelvic colon. Many bacteria have been found which are believed to be important factors in the production of pericolicitis and investigators have found such colonies at points where adhesions and resultant stasis occur, and while it is unreasonable to suppose that there is a specific germ causing colitis, pericolicitis and resultant adhesions, it is highly probable that many of these bands are inflammatory in nature and due not to a specific but to any one or more of a variety of micro-organisms.

Lane's findings have furnished convincing proof that stasis in the colon is responsible for a large number of grave chronic disorders formerly attributed to other causes, and his results in many cases of arthritis-deformans operated and demonstrated at the recent Clinical Congress in London were truly remarkable, giving added evidence to the opinion that this disease, like many others of obscure origin, is due to a chronic infection or auto-intoxication or both.

The ileo-caecal valve is the natural barrier between the putrifying waste contents of the colon and the food stuffs undergoing digestion in the small intestine and it is but reasonable to suppose that much of the small intestine may be converted into a veritable colon should this become incompetent. When the putrid faeces from the

colon gain access to the small intestine, which is relatively sterile and composed of a highly absorbing membrane, one would naturally expect symptoms.

Much experimental evidence has been found tending to prove that, in consequence of artificially induced colonic stasis, plastic adhesions are formed which later under normal movements of the large intestine become drawn out into membranes, veils and bands. By contiguity of structure the inflammatory condition extends through the walls of the colon and a pericolicitis develops. This results in the throwing out of a plastic material and the formation of pericolic adhesions, at first fine and soft later well organized. They seem in a measure to prevent a prolapsed viscus from further descent or displacement—seemingly Nature's attempt to aid or cure. These adhesions are not always well placed and may serve to increase rather than relieve an already existing stasis by production of kinks or constrictions.

#### Symptoms of Stasis.

The symptoms of intestinal stasis are, aside from the usual constipation and discomfort, the symptoms of auto-intoxication from the pernicious intestinal absorption.

Clinical conditions induced by intestinal toxemia may be classified as neurasthenic and dyspeptic.

While we are apt to consider the altered blood pressure, the disturbance of intestinal function, concomitant putrefaction, gas formation and auto-intoxication as symptoms of neurasthenia there can be no doubt these symptoms are frequently, in a large measure, causes and not results. Many who have been regarded as "poor neurotics" are sufferers from intestinal stasis and consequent intoxication, whose symptoms would largely disappear upon correct diagnosis and appropriate treatment. The dyspeptic group is characterized by the symptoms of indigestion and many such cases simulate chronic appendicitis, duodenal ulcer, cholecystitis, gall-stones and other infections.

A rather radical change in opinion has occurred in recent years in regard to various gastro-intestinal conditions requiring surgical treatment. While a few years ago ulcers of the stomach and duodenum were regarded as primary affections of these parts, at present Lane, Mayo, Moynihan and others are agreed in regarding them mainly secondary to disease either in the terminal portion of the ileum, caecum or appendix, often associated with adhesions and kinks in the bowel.

The protective power of the liver against intestinal poisons may explain the apparent inconsistency of clinical and anatomical findings in many cases of intestinal stasis. Patients with a large amount of indican in the urine and evident stasis may have few, while others with only slight demonstrable abnormalities of the gastro-intestinal canal may have many subjective symptoms.

The pathology of intestinal stasis with its resultant intoxication is a complex one. To begin



with, we have as a rule constipation. There arise catarrhal conditions of the colon and, in aggravated cases, of the lower portion of the small intestine with excessive absorption from the alimentary tract of bacterial toxins. By entrance into the blood stream of abnormal organisms from the small intestines we may have various degrees of auto-infection. Dilatation of the bowel, especially caecum and colon often associated with viscer-optosis is frequent, while the presence of adhesions, membranes, pathological kinks, etc., mechanically interfering with normal intestinal movement, with resulting stasis in the large and small bowel are frequently found and are probable pathologic basis for many and varied obscure abdominal pains.

#### Causative Factors.

Among the many causative factors in intestinal stasis are: Gastroparesis, gastrectasis, hour-glass contraction, obstruction at the pylorus, adhesions of the duodenum and duodeno-jejunal junction, Lane's kink, incompetent ileo-caecal valve, chronic appendicitis, mobile and dilated caecum, adhesions at the hepatic and splenic flexures, prolapsed colon, adhesions at the sigmoid and angulation at the recto-sigmoid junction, benign and malignant strictures, spastic and chronic constipation and constipation due to other diseases—such as tabes.

Broadly speaking, we may classify cases of intestinal stasis into three groups. The first class comprises such as by diet, mechanical support, proper exercise, massage, and proper medication may regain normal well-being and belong to what we may term the medical group. Another class of cases cannot be cured by either medicinal means or simple surgical procedures, and come under that surgical group, in which drainage must be provided by short circuiting the intestinal canal and eliminating the greater part of the colon. Between these two extremes lies a third or intermediate class in which intestinal stasis is coincident with various infections, angulation, kinks or obstructions, and is amenable to less radical surgical procedures followed by subsequent medicinal and hygienic treatment.

The one method of definite diagnosis is the administration of a bismuth meal which is followed in its course through the intestinal canal by repeated fluoroscopic observations. Normally the movements are according to a quite definite schedule, while variations in this time table will frequently explain many obscure lesions; and many cases of cholecystitis, chronic appendicitis, duodenal ulcer may show other more important conditions of which they are but secondary manifestations.

All patients, however, whom we suspect to be suffering from stasis cannot for obvious reasons be radiographically studied, and the occurrence of various symptoms enumerated throughout the course of this paper, together with the appearance of indican in excess in the urine, may warrant us

in assuming our patient so afflicted, while the results of medicinal treatment may serve to prove or disprove our assumption.

According to Herbert Paterson, the simplest way of demonstrating intestinal stasis is to administer two teaspoonfuls of charcoal to the patient and watch for the appearance of charcoal in the stools. Its nonappearance in from sixty to one hundred hours is evidence of intestinal stasis. This test he regards as a very valuable one and further says that he should hesitate to accept the evidence afforded by the X-Ray examination if not confirmed by the charcoal test.

#### Treatment.

Every case of chronic or doubtful intestinal disorder should be entitled to this simple test with subsequent radiographic study should it prove positive.

The treatment then of intestinal stasis, aside from its prophylaxis, in which hygiene plays a most important role, resolves itself into medicinal and surgical or perhaps a combination of both.

Initial conditions predisposing to stasis are often present quite early in life and proper attention given them may prevent later interferences with motor function of the gastro-intestinal tract. In the medicinal management recourse is had to proper fitting of supports which help to hold the intestines in or near their normal position. Abdominal massage may be practiced by the patient regularly and systematically with good results, while proper exercise and gymnastics will help to further strengthen the abdominal muscles.

The diet should be regulated and adapted to the needs of the individual patient, and may consist of cereals, coarse bread, vegetables with olive oil, buttermilk, raw and baked or stewed fruits and an abundance of water. Medicines may be given to meet special conditions and it may be desirable to administer iron, quinine, strychnine, ichthyol, bacillus bulgaricus or similar tonic and disinfectant remedies. Laxatives may be necessary but should not be harsh in their action. Perhaps the most satisfactory remedy is liquid petrolatum, which when purified is odorless and practically tasteless and may be given alone or in conjunction with other laxatives, when it proves insufficient to counteract drainage defects. The action of paraffin oil, while not perfectly clear, seems to be purely mechanical, it being an intestinal antiseptic only in so far as it retards bacterial growth by temporary separation of the bacteria from their food supply. It is supposedly perfectly innocuous to the human system losing none of its bulk in passage through the intestinal tract. The quantity of faecal matter passed subsequent to injection of the oil is materially reduced, partially because of the rapidity with which it is hurried along the tract and partially because of the lessened amount of bacteria which form so large a proportion of the faeces.

In its surgical treatment many and varied operations have been done. The essential feature of the Lane operation consists in drainage of the small intestine and elimination of the colon, though not necessarily its removal. Kellogg, believing that an incompetent ileo-caecal valve is of pathological importance and a frequent cause of evil results in stasis cases, by a simple reconstruction of the valve restores its competency and obviates the necessity of the severer short circuit operation. Even when doing the latter he produces a very efficient valve by a simple intussusception of the ileum into the large intestine.

In the intermediate cases every portion of the gastro-intestinal tract should be examined and all pathological conditions remedied. The necessity of a large abdominal incision is thus apparent, and while the resultant scar may not be as beautiful,

end results are likely to be more uniformly satisfactory. The necessity for more thorough examination before operation and more careful search for pathological conditions and causes of such conditions is self evident.

In conclusion: The disease is essentially medical, capable of being cured by appropriate treatment if thoroughly carried out in the earlier stages. The question of surgical treatment should therefore, seldom arise. In many advanced cases where prolonged medical treatment produced little or no permanent benefit, surgery, after thorough X-Ray diagnosis, may effectually alter existing conditions and reduce septic absorption.

While a subject of wide controversy in the medical profession during the past few years "intestinal stasis" has now been generally accepted as an existing and definite disease.

## The New Plan of Collecting Vital Statistics in Ohio: How the Physician Can Aid in the Health Campaign\*

FRANK G. BOUDREAU, M. D., C. M., OF COLUMBUS

Director of the Division of Communicable Diseases, Ohio State Board of Health.

**Editorial Note.**—The problem of collecting vital statistics is becoming tremendously important. In Ohio a new system is being installed, under the direction of the State Board of Health, which will be effective only through the cooperation of physicians. To bring the matter to your attention more forcibly The Journal asked Dr. Boudreau to prepare this brief plea for your assistance.

PHYSICIANS have always played a large part in the campaign for better health, longer lives and improved social conditions. It can be asserted without fear of contradiction that no profession has been more altruistic in its attitude towards the public health. The physician has fought the battle for the prevention of disease without ceasing and without taking thought of the rewards, which have often been ostracism and rejection rather than praise and esteem. The force of the physicians' campaign is now being felt, with the result that adequate compensation for public health workers is now being paid in many states, cities and health districts. As a result of this full-time health officers are employed and the physicians' part is being made a minor part, or at least one that does not secure the publicity accorded the authorized guardians of the public health.

The danger is now that physicians will retire from the front, feeling that their places are taken. The result of this attitude will be that physicians will lose that measure of approbation and esteem which they have won from the intelligent portion of the citizenship. With this loss of esteem will go respect for the physician's opinions and rights, and the public will lend a more ready ear to the quack, the charlatan and the advertising so-called specialist. This danger is very near and grave, as witness the legislative action in neighboring states

in regard to the licensing of quacks, and the pressure brought to bear upon our own assembly for the passage of a bill authorizing similar conditions. It behooves the physician to act with honesty of purpose and with a due respect for the rights of his patients and the general public, for the lime-light is upon him and criticism is eager and ready to point out his defects.

### Pays in the Long Run.

One of the ways a physician can win the respect of the public or incur their displeasure lies in the line of action he adopts with respect to communicable diseases. In these diseases the public have a real interest. If a physician reports his cases promptly and sees that all precautions are taken to prevent their spread, he will have earned the esteem of the community. If he shields his cases, fails to report them and thinks more of the patient than of the community, the community will visit upon him its displeasure—not at the moment, perhaps, for his act may be immediately profitable—but in the long run he will suffer from lack of respect and from the loss of prestige which such actions entail.

There are much higher grounds for a physician to take in this matter, however. Vital statistics have been well called the bookkeeping of humanity. A knowledge of the current prevalence of communicable diseases is the first step towards their prevention. The physician, because of his skill and the peculiar relation he bears towards the public, is the first to learn of the occurrence of disease. It is his duty, and one which he cannot justly shirk, to place this knowledge immediately



where it can do the most good, in the hands of the duly constituted authorities. I know of a number of epidemics which could have been prevented by prompt notification of communicable diseases on the part of physicians.

Typhoid fever, which prevails to a disgraceful extent in Ohio, has become epidemic many times because of the failure of physicians to report their cases. An instance in point is the following: In a city of 10,000 inhabitants typhoid fever was usually scarce. When each physician began to have several cases he thought nothing of it, not knowing of other physicians' cases. Sixty cases occurred before an epidemic was thought of. The source was absolutely preventable, but as physicians did not report their cases, the damage was done before the source was located. Another instance: A physician was called to attend a case of typhoid fever in the person of a dairyman's son. The dairyman urged him to say nothing of the matter. He complied. Nearly one hundred and fifty of that dairyman's customers contracted typhoid fever and the usual proportion died. Who was responsible for this sickness and these deaths?

The physician sees only a segment of the community, comprised by the limits of his practice. The health officer, on the other hand, includes in his view the whole community. The physician has only a few irregular blocks in which he can see neither form nor purpose. The health officer has the whole puzzle before him, and each piece fits accurately into the whole. Of course, if some of the physicians fail to report, some of the pieces are lacking and the whole evidence may justify a conclusion entirely different from that drawn as a result of fitting together only a part of the blocks.

#### New System in Ohio.

A new system of reporting has been inaugurated in Ohio. The United States Public Health Service is co-operating with the State Board of Health to secure accurate reports. The system has the approval of all prominent health officers. The attention of all sanitarians is focussed on Ohio, as the system represents a departure from the usual and a step towards better things. The system will succeed if given the generous whole-hearted support of physicians. It will fail if deprived of this support and co-operation. Do we want it to be said of Ohio, "The people and the

physicians are not ready for this improvement. The physicians need more education. They prefer the ordinary rut to a struggle for improving health conditions."

Little effort is entailed on the part of physicians to make this system a success. Each physician has a book of blanks. On each blank he should report a case, giving the information called for. This he can and usually does secure without trouble. This card should then be mailed or handed to the health officer. In case of diphtheria, scarlet fever or smallpox he should, in addition to the card, immediately notify the health officer by the most rapid means. In notifying the existence of venereal diseases the name and address may be omitted. When in need of more blanks he should mail a card, inserted in the book for that purpose, to the State Board of Health. Every bit of information required on these cards is of vital importance, and the whole has been condensed as much as possible. None of the information has been asked, for other than its value in protecting the public health. Instructions for reporting diseases appear on the front cover, and a list of notifiable diseases on the back. In a short time physicians will receive a large card suitable for hanging in the office, containing a list of the notifiable diseases.

#### You Can Help.

The only expense to which a physician is put is for a stamp to mail his reports to the health officer. Even this expense may be avoided by handing the card to the health officer. Courts have ruled that physicians must report diseases without compensation. The state may require this and much more of physicians, as of other citizens who may be required to give their lives in defense of the state.

In conclusion, physicians can be of the greatest help in the present public health campaign by reporting their cases of notifiable diseases promptly. This is a duty they owe to the state just as surely as they are under obligation to be honest, industrious and loyal. In fact, the obligation of the physician to the state is greater than that of the average citizen, for in addition to the privileges of life, liberty and the pursuit of happiness, the state gives to him liberty to practice medicine and restricts the number of those who enjoy this privilege.

*Every physician practicing in Ohio should give careful attention to this matter of promptly reporting notifiable diseases. We owe it to the State and to our communities.*

## Importance of Eyesight and Its Conservation in the Movement for the Prevention of Accidents\*

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**P**REVENTION or prophylaxis has been an old, and is an increasingly important aim with every true physician. Medical men probably more than any others have scientifically studied methods of prevention. More recently sociologists and industrial governing bodies have classified their knowledge in the prevention of social, industrial and other evils. It is probably unnecessary before this body to point out that the greatest advances of health governing bodies have been in getting rid of the causes and not the effects of disease. The epoch-making discovery of methods for the prevention of malaria, typhus, typhoid and yellow fever, and of many other scourges of the temperate and especially of the torrid zones have made great achievements possible, as the building of the Panama canal and the making of cities in the torrid zone sanitary and fit places for civilized people to live the average length of life. The social and industrial development which are the necessary consequence of these discoveries is beyond calculation. Naturally in great industrial centers where not only economic but social problems are undergoing evolution, almost revolution, the prevention of accidents and of ill health due to special trades is of vital importance. The medical profession which has so long struggled along pathways which meant so much to the afflicted, and which required so much unselfish devotion to a cause, warmly welcomes the co-operation and mutual understanding of scientifically trained "safety first" men, who will devote their time and best energies to removing the chief causes of unproductiveness, poverty and crime. We know that the apostles of "safety first" are imbued with the same enthusiastic altruism that the best men in our profession have had. You will always find the medical profession willing to clasp hands in helping to stem the forces of destruction.

The balancing apparatus which we have in connection with our ears is found in practically all animals and also in the vegetable kingdom, but the organs of vision, so far as we know, are found only among the more highly developed animals. Independence of movement requires vision in order to secure food, escape injury and enemies. The nature, direction and location of objects that are to be desired or feared is chiefly determined by eyesight; especially is this so when the higher animals are considered. Civilized man has greatly lost the sense of smell so far as the detecting of danger is concerned and it is impossible for him to determine within wide limits the location of an object by the sense of hearing. But

outside of monkeys, man is the only animal who has what we call binocular single vision, i. e., he can tell not only the direction of an object but fairly accurately its distance by the use of both eyes pointing at the same object at the same time like two range finders. Other animals do not direct both eyes at the same object at the same time. Their eyes are set more nearly at the sides of the head, so that they not only see forward but backward. The outside limits of vision of man is greater than half of the space in which he is placed and his eyes can move accurately, noiselessly, with the greatest precision to any object in any part of his field of vision, and such movements may be supplemented by movements of the head and body. He sees well only that at which he directly looks. His more peripheral vision chiefly assists him in discovering moving or other objects to which, if he wishes, he can direct his gaze. Even very poor vision in an eye may save a man from accident caused by some moving object, as a car or automobile coming up from the side. Therefore, the person who has two eyes, even if the vision of one is very poor, is less likely to be injured than the person with only one eye who cannot see to the side beyond his nose. One eyed individuals are always more likely to meet with accidents than those who have two good eyes.

### Impaired Vision General.

Every oculist of any experience soon learns that many people consult him who have always had but poor vision in one eye and did not know it. The first thing an oculist does, if possible, after finding the history of his patient's ailment, is to test the vision of each eye by merely covering one eye at a time with some object, as the hand or a card, which the patient knows could not injure the eye. Frequently the patient, to his amazement, discovers that in one or perhaps in both eyes he has only a small percentage of standard vision. If such a man with one eye not seeing more than one-tenth as much as the other were to have a slight accident to the bad eye, he would then naturally test the vision and would be inclined to ascribe the loss of vision to the accident no matter how trivial the latter. If he were dishonest, and a malinger, and had known that his eyesight was previously bad in one eye he could attribute the loss of vision to the trivial and possibly harmless accident. How much a given accident or disease may have injured the eyesight can be determined only by the difference between the vision after the accident and that before it took place. Therefore, whenever any company, organization or state, undertakes to pay for the results of an injury to an

\* Read before the First Industrial Safety Exposition, held under the auspices of the Industrial Commission of Ohio, in Columbus, January 14, 1915.



eye, they should have a record of the vision of each eye of every assured person. This will result in fairness to both parties. Also the examination will discover many who have defective vision and who are therefore more likely to be the victims of accidents, not only to the eyes but to other parts of the organism, entailing possibly the loss of limb or life.

Those who have suffered from certain diseases and have narrowed constricted fields of vision, seeing as if through gun barrels or tubes, are especially likely to meet with general accidents. Sufferers from glaucoma or retinitis pigmentosa may see letters across the room, when they find them, as well as the average, but would be incapable of protecting themselves against objects moving toward them outside of the space in which they can see. Naturally such people should not be employed in certain dangerous vocations, not only for the protection of the individual but of the employer, and possibly also for the protection of fellow workmen or others. Those whose vocation demands good vision for the detection of certain colors or small signals, e. g., trainmen, motormen, pilots, etc., have long been subjected to special quantitative and color tests. It is not generally known that the use to excess of certain drugs, of alcohol and tobacco, may destroy the color perception of a small or distant object without having affected to an appreciable degree the general color perception. It is true that some of these things will only be understood and detected by an expert, but the qualitative examination of vision to select from the masses of the nearly normal those who require special examination may be done by any one who has had a little instruction. Visual tests are very simple. Graduate nurses can be of the greatest assistance to men in safety work, not only in giving intelligent first aid, but in examining the visual acuity and hearing and in detecting cases that require any expert management. The treatment of many conditions requires intelligent follow-up work on the part of the nurse, at the factory or in the home, to see that the after treatment is properly carried out.

#### Importance of the Nurse.

The control of the spread of trachoma seemed hopeless to me until we secured the services of a special eye nurse in our Visiting Nurses' Association. Patients who have trachoma, after very ignorant, nearly always cease treatment when only about half cured, thinking that the physician is treating them unnecessarily even if the treatments are given free of charge. However, a nurse can appeal very effectively to such patients to continue treatment and, gifted with sanitary police power, can insist on treatment until the case is not contagious, which means much for the protection of the community. Nurses have become indispensable in prevention work. They can do much in investigating, correcting and managing those things that are important in the home conditions,

e. g., the proper care and management of tubercular cases.

The flow of laborers to our industrial centers from the poorer parts of Europe bring great numbers of people who do not live under the ordinary American home conditions. Not only those who live in crowded tenements may be dangerous to all with whom they come in contact in a factory, but many who live in ordinary houses with common wash basins, towels and bedding, transfer their infections of whatever nature and without respect to the individual. It should be considered the duty of every employer of labor to teach the use of the individual drinking cup, the individual towel, the individual wash basin or use of running water. Every person who turns a door knob in a public place, who grasps the handrail of a street car or a car strap, and who wipes his eyes may transfer to them contagious matter from the sore eyes of some other person. Trachoma is a serious infection of the eyes which will often cause blindness unless the eyes have been subjected patiently to long and painful treatment. Men whose lids are swollen or gum together with matter, who may have trachoma or some other form of contagious inflammation, should receive expert treatment and should not be permitted to work where they can handle objects from which others are likely to be infected.

Good ventilation and proper lighting are not only important in the prevention of general diseases and accidents, but also in the prevention of eye inflammations, but good lighting does not mean over-illumination, dazzling or glare.

In most industries so much depends on the perfection of the vision of employes that efficiency as well as the prevention of general accidents requires the protection and preservation of the eyesight. All forms of eyestrain which produce eye fatigue, headache, dizziness or other symptoms or diseases should be corrected with properly fitting lenses in perfectly adjusted frames. Lenses are often required by those who after use of the eyes have headache in the forehead, temples or back of the head, and whose eyes ache, tire or blur. Headaches coming on during the night or on rising in the morning usually are not due to eyestrain, as the eyes have been rested for some time behind closed eyelids in a dark room. Sick headaches are often inherited and may or may not be relieved by lenses. An employer should be solicitous enough for the welfare of the eyes of his employes that the latter should be instructed not to procure their lenses at the ten-cent stores or from some ignorant peddler but from thoroughly trained and competent oculists, eye specialist physicians, who are capable of determining if the patient requires lenses or local or general treatment for disease.

#### Protective Glasses.

In certain trades many eyes are destroyed or severely injured by flying particles, molten metals or corrosive fluids. The most of these accidents

can be prevented by properly fitting, easily adjusted, protective lenses. It is negligence in not wearing protective glasses, that causes the destruction of many good eyes, robbing the producer of his usefulness and often throwing him upon his friends or the community for support. It requires insistence and patience to secure along these lines the co-operation of workmen and sometimes of foremen. Special lenses, goggles and helmets have also been devised to prevent injury to the eyes from over illumination or too great heat, as in rolling mills and electric welding. While much more remains to be done, much has been accomplished in preventing the virulent effects of the ultra violet and infra red rays on the delicate and sensitive end terminals of the optic nerve.

The employer who makes eye protection his settled policy should be careful to select good protective lenses and not be satisfied with cheap substitutes. It is unnecessary to buy toric shapes, which are strong but expensive. The lenses should be in good and easily adjusted frames resting their weight principally upon the nose, like ordinary spectacles, and should cover and protect the eyes from all directions. The lenses should be of ground optical, not plate, glass, as the presence of waves, bubbles, color or other imperfections or prisms may injure the eyes. In certain trades the illumination should not be reduced too much (ordinary glass reduces it about eight per cent) and if an isinglass screen is placed behind the lens the illumination is further reduced at least twelve per cent. Just which of the ultra violet or chemical rays is most injurious is not known, but fortunately it is now possible to procure lenses that screen all these rays from the eye. Smoked and the lighter shades of amber lenses do not stop the ultra-violet rays and the darker shades of the latter, it is claimed, interfere with the correct estimation of distance. Protective lenses should meet all required tests as to strength but samples that have been tested should not be given to workmen for use as they may have been too much weakened by the tests. Each man who requires a pair should have his own, properly adjusted, otherwise they will be uncomfortable and may possibly permit injury because of maladjustment. When lenses are much marked and scratched they should be replaced with new ones, which is much easier than to replace the scarred eyeballs that bear the mute testimony of injuries to the unprotected.

The removal by fellow workmen of foreign substances from the eyeball is dangerous and false economy, frequently resulting in serious inflammations, scars from the needless ulcers and even loss of the eyeball. Cocaine is not a safe routine anesthetic, and it should rarely if ever be given to a patient to lessen the distress after removal of a foreign body. Novocaine and holocain in proper strength are much more satisfactory, as recurrent erosions and ulcers are less frequent after their use. Suitable instruments, properly sterilized, should be used under good illumination, and

special magnifiers should usually be employed. I routinely observe in every such case if the patient has atrophic nasal catarrh, usually easily detected by the breath, when special precautions are taken against infection, as in these cases eye injuries are much more dangerous. Also in cases in which pus can be pressed from the tear drainage apparatus, which is in connection with the inner corner of the lids, the slightest injury is likely to result in a serpent ulcer ending with a large scar or loss of the eye. Such cases require very careful care, and if an ulcer commences the tear sac should immediately be removed by an operation in order to save the eye. If I were an employer of labor I would not employ any person who had a discharging tear sac until it had been successfully removed, as the slightest injury—the merest scratch or presence of a tiny foreign body on the cornea—may lead to loss of the eyeball. In my office after the removal of foreign substances from the eyelids or surface of the eyeball, we routinely, by double eversion of the eyelids, flood the whole eye sac with a solution of silver nitrate, one-half grain to the ounce in distilled water. The slight distress lasts only a few moments, and I am satisfied that ulcers and resulting scars are very much less common after this routine preventive measure.

#### **Dangerous Foreign Bodies.**

In chiseling or hammering against hardened steel, small particles may strike the eye and perforate its coats causing less after pain than some trivial unimportant foreign body inside the eyelids. The opening may be very small, so small that the water of the eye may not have escaped. In such cases the eye expert by minute examination can usually determine that a foreign body is inside the globe. It is very important to manage these cases correctly from the beginning, as iritis, glaucoma, cataract or loss of the eye and even of the other eye may result. The X-Ray should be promptly used in such cases, and if a foreign body be present it can be located and removed. If magnetizable, it can usually be removed by magnets. If it cannot be extracted by the safe use of a magnet or otherwise and the vision is good, especially if the vision in the other eye is not good, a very important decision must be made by the attending oculist. If he leaves the foreign body in the eye he may lose not only this eye but the other. However, I have taken these chances in certain cases, giving the victim a chart showing the location of the foreign body and explaining the necessity of immediately consulting a good oculist if any symptoms of trouble in the eyes arise. It is unlikely that a foreign body is inside the eyeball when it has been punctured by a nail or piece of wire. I have already discussed many of these problems in a paper on "Occupational Eye Diseases and Accidents" before a meeting of the Section on Preventive Medicine and Public Health of the American Medical Association, held at Atlantic City, June, 1912.

Effect is understood and influenced only as



cause is studied and modified. Industrial efficiency and safety, which touches our whole social fabric, are not only a matter of buildings, machines, fool proof devices, signs and systems, but in the last analysis are chiefly dependent on the intelligence, enlightened unselfishness and willing co-operation of the human factor. Continued study must be given to the causes of social unrest which is often found in industrial misfits. The physical, mental and moral requirements of the various trades and occupations must be studied and classified. Some positions are safe for certain defectives; some would be very dangerous to others. Applicants should be carefully examined to select the right job for the right man. This will care for both his efficiency and his health and will be not only of value to employer and employe, but to the public in general who have to pay for the mistakes. A study of the job and of the right kind of man for it need not eliminate any one. Human made laws should not be permitted to do so. There are safe places for the lame, the ruptured, the deaf, dumb and even blind man if a sympathetic study is made of the job and the man and if the latter meets the former in the right spirit.

As consulting oculist to the B. F. Goodrich Co., of Akron, I requested statistics as to the results of vision tests from W. N. Fitch, who is director of the Department of Safety and Hygiene, and I include the very interesting data which he has kindly prepared.

Office Girls.	
Total examined .....	403
Normal, both eyes.....	371
Normal, one eye, 2/3ds other.....	8
Normal, one eye, less than 2/3ds other.....	18

2/3ds both eyes .....	1
2/3ds one eye, less than 2/3ds other.....	2
2/5ths both eyes .....	1
2/5th one eye, less than 2/5th other.....	1
20/65ths both eyes .....	1
Total .....	403
Two of these girls were blind in one eye.	

Office Men.	
Total examined .....	926
Normal, both eyes.....	859
Normal, one eye, 2/3ds other.....	24
Normal, one eye, less than 2/3ds other.....	35
2/3ds both eyes .....	2
2/3ds one eye, less than 2/3ds other.....	1
2/4ths one eye, less than 2/4th other.....	1
20/65ths both eyes.....	1
1/5th both eyes.....	1
1/10th both eyes.....	2

Total .....	926
Four of these men were blind in one eye.	

Factory Examinations.	
Number of people examined during the year 15,270	
Eye examination was started May 26, 1914,	
and report is as follows:	
Normal, both eyes .....	6,328
Normal, one eye, 2/3ds other.....	542
Normal, one eye, less than 2/3ds other.....	324
2/3ds both eyes.....	350
2/3ds one eye, less than 2/3ds other.....	220
2/4ths both eyes.....	56
2/4ths one eye, less than 2/4the other.....	62
2/5ths both eyes.....	87
2/5ths one eye, less than 2/5th other.....	51
20/65ths both eyes.....	31
20/70ths both eyes.....	40
20/100ths both eyes.....	34
20/200ths both eyes.....	10
Less than 20/200ths.....	6

8,141  
One of this number 21 were blind in one eye, 5 having the eye removed.

# The Value of Tuberculin in the Treatment of Pulmonary Tuberculosis\*

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IT is not within the scope of this paper to discuss the various principles of tuberculin treatment, such as the theory of action, varieties of the preparation, method of dilution, dosage, administration, etc. I wish, rather to bring out some phases and facts which are important and interesting, and to touch upon some conclusions which have been formed.

"Cure in all infections depends upon and consists in the production of a specific immunity against the causative germ, its toxins, or both. In the therapy of tuberculosis we realize that the establishment of immunity to the tubercle bacillus and its toxins is the thing for which we are striving. Open air, hygienic living, rest, graded exer-

cise, diet, tonic measures, have their place, and while we must assign to them their important function in the treatment of tuberculosis yet we must not allow them to detract from or overshadow the one necessity for the attainment of permanent results—the establishment of immunity to the bacillus and its toxins." (Pottenger)

General methods of treatment must not be undervalued by supporters of specific therapy; for, as was pointed out editorially in the Journal of Tuberculosis some years ago, "there is no remedy for tuberculosis, nor will there ever be one, no matter how specific, that acts or will act in the absence of suitable conditions of hygiene and diet."

"In the ordinary case of phthisis such as are met in private practice, in the clinic and in sanatoria,

\* Read before the Knox County Medical Society, January 13, 1915.

the adoption of specific remedies can never render the other methods superfluous. It supplies an ancillary method of treatment which exerts its action against the underlying cause of the phthisis. Specific methods must be considered as useful and valuable, even as indispensable aids in the management of these cases, but they must not be looked upon as the be-all and end-all of treatment; they must not be permitted to encourage carelessness or want of attention to the general factors and requirements of each individual case." (Von Ruck.)

#### Degree of Immunity.

The production of immunity to tuberculosis is surrounded and hedged in by many difficulties. In fact we do not know that absolute immunity is ever attainable. Nevertheless, observation and experimentation reveal the fact that we have a much higher degree of immunity than is apparent at first thought. A certain degree of immunity is probably inherited by the child of civilized races where the disease is prevalent. The acquiring of immunity to tuberculosis evidently goes on rapidly during the first few years of life, as is seen by the gradual decrease in the death rate from acute tuberculosis, (miliary and meningeal) as the child increases in age.

A great many children who react to the tuberculin test are apparently healthy, and never develop active tuberculosis. This might lead us to place credence in Römer's theory that tuberculosis is to be regarded as a metastasis from the unhealed focus of infantile infection lasting over a period of years during much of which time it is latent and produces no well recognized symptoms. Hillenberg, however, brings out a number of facts of a statistical nature to show the untenability of such hypothesis. This theory, however, is supported by Von Behring, Petrusky, and others, who regard phthisis as the final stage of disease acquired in childhood, as Von Behring suggestively puts it: "The end of the song which was sung to the child in the cradle."

It is probable that this degree of immunity, far greater than we have believed, protects patients suffering from manifest tuberculosis from an extension of their disease, and that reinfections and extensions which do occur are the results of renewed activities of the products of those bacilli remaining after the defensive forces of the body have spent themselves in an endeavor to overcome enormous quantities of the bacilli which had escaped from the focus of the disease. As Pottenger states, "Small lesions tend to heal spontaneously, yet one who has closely observed advanced cases of tuberculosis has been astonished to see extensive lesions heal. We must look upon fibrosis and cavities as expressions of chronicity and the result of successful action of the protective forces of the body. These are proofs of the presence of a considerable degree of immunity." We lose our immunity because of some intervening

condition; our patients date their active symptoms to some infection, a recent la grippe, measles, typhoid, whooping cough, pneumonia, pregnancy, puberty, alcoholism, overwork, worry, and the adversities of poverty or bad environment.

Artificial immunization by the use of tuberculin, while it may be considered by some as more or less empirical, is an established therapeutic measure. The scientific basis for tuberculin therapy is a theory of immunity, immunity against tuberculin, founded on the principle that when a foreign toxic proteid is introduced into the system the tissues respond by producing specific immune bodies. The gradual liberation of the toxins of digested tubercle bacilli brought about by small doses of tuberculin may free many already overloaded cells about the focus, thus enabling and stimulating them to attack and digest bacilli escaping from the lesion, and permitting and stimulating the connective tissue cells to act more rapidly in forming a capsule about the focus. Sahli says the action depends upon an actively immunizing curative process, or upon the activity of those processes initiated by the toxins of the disease by which the organism can protect itself against infection.

#### Has Lasting Results.

Nevertheless, even today, opinion as to its value varies all the way from hostile skepticism to enthusiastic endorsement. Patients so treated, however, as shown by statistics, come more nearly attaining lasting results than those untreated; this is demonstrated by the fact that they do not relapse so frequently. Following the announcement of Koch, there have been strong opponents to all tuberculin treatment who take the same position today as one did of necessity in the 90's, "The age of tuberculin delirium," when owing to an erroneous theory and an incorrect practice of tuberculin treatment a period of bitter disappointment followed the initial outburst of enthusiasm.

In the early days tuberculin was given indiscriminately in large doses, violent reactions were produced, and it was easy to prove that in a great many cases considerable harm was done. This was conclusively demonstrated by the detailed pathological report of Virchow. A few patient investigators, Goetsch, Petrusky, in Europe, and in this country Dr. Trudeau, of Saranac, continued their experiments with tuberculin in the laboratory and clinic, until they devised a method very different from the original one suggested and practised, by the use of which no harmful results were observed and from which considerable benefit in certain types of cases resulted. Encouraged by this method, tuberculin became gradually more widely used in small doses until in the last few years it has established itself as an important therapeutic agent in the treatment of selected cases of pulmonary tuberculosis.

Tuberculin treatment today is carried out by a gentle gradual method which begins with small doses and is increased only in small amounts so



that reactions are avoided. Sensitiveness to tuberculin varies in different individuals, and the treatment must consequently be strictly adapted to the individual in its administration. Regular chest examinations must be a part of the routine, an accurate notation of signs and manifestations of reaction and comparisons of all physical signs must be made, and a constant watch must be kept for local, focal and constitutional reactions. Trudeau holds that the physician who disregards as of no import an increased minute fraction of a milligram of tuberculin in dosage, or a rise of a few tenths of a degree of temperature, will meet with disappointment and disaster.

In determining which patients are likely to receive benefit from tuberculin and which harm, the nature of tuberculin, the manner in which it affects the system, and the object sought by its use, should be kept clearly in mind, because success will depend upon the care with which cases are selected. To administer it indiscriminately to all patients is not only illogical but harmful. The chief object of tuberculin is to assist the defensive immunizing mechanism of the patient.

#### Contra-Indications.

A patient overwhelmed by toxemia as evidenced by fever, rapid pulse, digestive disturbance, malnutrition, or other severe constitutional symptoms, is clearly not suitable for this treatment, any more than he is suitable for exercise, and for the same reason. We can not agree either on theoretical or clinical grounds with those who advocate the administration of tuberculin to acute febrile cases. On the other hand, in those cases without fever, or severe constitutional disturbance, there are no contra-indications. The incipient case, who under rest is free from constitutional disturbance, is theoretically the ideal. The duration of the disease is often an indication and the moderately advanced case who has tried hygienic dietetic treatment, a change of climate and what not without permanent benefit, and for whom the disease has remained stationary—the progress towards recovery coming to a standstill as shown by body weight, amount of sputum, continuous presence of the bacillus, physical signs, etc., in other words those cases which are “quiescent” but in which Nature seems utterly unable to further benefit—are among the cases which will present a fertile field for tuberculin therapy. The results obtained in these types of cases so treated over a sufficiently long period of time shows a lessened tendency to relapse and a greater percent restored to a working capacity. The ultimate effect in prolonging life is believed by Trudeau to be favorable. He has found from his statistics from eighteen to twenty-five percent more of patients living, after a lapse of fifteen years, among his tuberculin treated than among his untreated cases.

The present status of tuberculin may be expressed in a few words: when it is properly ad-

ministered to suitable cases it does no harm, it may produce no apparent results or it may markedly benefit the individual patient. Small doses carefully increased are most important, and by following them irregularly at proper intervals, over a sufficient length of time, some patients reap great benefit. The immediate and ultimate results are improved, fewer relapses occur, and more patients lose tuberculin bacilli in their sputum. The feeling of the value of tuberculin cannot be better summed up than in the words of Dr. Trudeau himself, who has had a larger and longer experience than anyone else in America: “My belief in tuberculin immunization as favorably influencing the course of a chronic tuberculosis, rests on no more stable foundation than a strong clinical impression, gained many years ago—an impression which has gradually become a conviction through years of observation. We have much to learn about tuberculin, but even in the present state of our knowledge I am inclined to think that the production of tuberculin immunity by the mild clinical method is capable of favorably influencing the course of a chronic tuberculosis, of prolonging life, and in many case of aborting a commencing infection or extinguishing the smouldering fires of a chronic infection.” And quoting Hamann and Wolman, tuberculin therapy when properly and judiciously applied “is emerging, chastened and refined, to assert its modest but now truthful claims to a therapy less spectacular but more healing; less forceful but more gently persuasive; healing a few, helping many, and hurting none.” And lastly, Peters in a recent article states that while tuberculin is in no wise a specific, “Yet I feel that its conscientious and careful use makes it an agent for great good, while on the other hand, carelessness and ignorance of its action makes it an agent for untold harm.”

*Is EVERY desirable  
physician in YOUR  
County a member of  
your County Medical  
Society? This is now  
true of several Coun-  
ties. Why not yours?*

## LEGISLATIVE COMMITTEE SCORES COMPLETE VICTORY! THREE IMPORTANT MEASURES PASS BOTH BRANCHES

(Report by the News Editor of The Journal)

Since the middle of April, when the last issue of The Journal went to press, there have been developments of tremendous importance in the field of medical legislation. At that time the Hoy medical bill had just passed the Senate, the Platt-Ellis cult practice bill had passed the House and faced a stiff Senate fight, and the bill providing for registration of nurses held the same status.

Before this issue was sent to the press Governor Willis had affixed his official signature to the Hoy bill, the Platt-Ellis measure had been forced through both branches of the legislature in a form satisfactory to the state legislative committee, and, after a sharp fight, the Sprague nurse registration bill had been made ready for the governor's signature, in a form that bears the approval of the medical profession.

There has been criticism in some quarters as to the character of the work of the present General Assembly. One thing, however, is certain: The Ohio State Medical Association has no cause for complaint. The pretentious legislative program adopted by the state committee early last Fall—by far more ambitious than any ever attempted in the past—has been carried through without a single slip.

The net result will be a very considerable increase in the importance of the state board of medical registration and its power to uphold the high ideals of medical practice, and to protect the people of Ohio from uneducated and unprincipled fakirs. The Hoy bill greatly strengthens its powers to deal with dishonest practitioners within the profession, the Platt-Ellis bill brings under its direct control the chiropractors, naturopaths and all other types of "natural healers", while the Sprague nurse registration bill adds the supervision of the nursing profession to its quota of duties.

### THE CULT PRACTICE LAW

The fight in the Senate to pass the Platt-Ellis bill (Substitute H. B. No. 220) was one of the most spirited in the history of medical legislation in Ohio. This bill, it will be remembered, was drafted in March by a sub-committee of the House Committee on Public Health, working in conjunction with the legislative committee of our state society. By a series of preliminary conferences with the state committees of the cults affected by the proposal it was finally worked into a form that was satisfactory to all. The bill

passed the House without a dissenting vote. But in the Senate it struck a serious snag.

When the bill passed the House it included specifically, the optometrists, and had the approval of their state society. Clark Sloan, of Cleveland, state president of the optometrists, and the members of the state executive committee, spent several days in Columbus while the bill was pending in the House, urging its adoption. The national association of opticians was violently opposed to the bill, however, as this organization is campaigning for separate boards of opticians to license optometrists, their aim being to entirely separate optometry from medical practice. The national secretary came to Columbus from Rochester, N. Y., repudiated the action of the state optometry leaders in approving the bill, and sent out a hurry call to practicing optometrists throughout the state. A meeting was held at the Neil House and resolutions were adopted vigorously denouncing the inclusion of optometry in the list of cults mentioned in the bill. The entire party—more than 100—immediately swooped down upon the Senate, and most of them staid in Columbus until the bill was entirely disposed of. Despite their big lobby they were entirely unable to defeat the measure, but under an amendment introduced by Senator Fellingner, of Cleveland, the word "optometry" was taken from the bill on the floor of the Senate after the Senate Committee on Public Health had courageously refused to meet their demands. The vote on the Fellingner amendment was 22 to 9. The following senators refused to accede to the optometrists' demands:

Behne	Lloyd
Carson	Stone
Gallagher	Vorhies
Horn	Winans
Howard	

Senator John L. McDermott, of Niles, representing Trumbull and Mahoning counties, who has been bitterly opposed to medical and public health legislation throughout the session, made the next effort to seriously cripple the bill. He offered an amendment providing that chiropractors and others who have been in practice continuously for five years be licensed without examination. This amendment was made less vicious by the inclusion at the suggestion of Senator Winans of a clause providing that the years of practice must be in Ohio.

Realizing that the adoption of such an amendment might lead to serious consequences the Senate proceeded carefully on this proposal, and the vote stood 16 to 16. Lieutenant Governor Jack Arnold, who holds his exalted position by virtue of the accident that his last name commences



with the first letter of the alphabet, giving him top position on a blanket ballot, cast a deciding vote, as the law provides he may do. **Arnold voted for the vicious McDermott amendment, with the complete knowledge that his vote would carry it.**

For a time it was feared that the McDermott amendment would make it necessary for the friends of the measure to ask the House to kill the bill entirely, but a later checking up developed the fact that the cults are so new that very few of the limited practitioners have been at their work for five years in this state. The vote on this amendment was significant however. Those who voted for the McDermott amendment, and thus voted to reward those who have openly violated the medical practice laws for five years, were:

Cass	Lynch
Collins	McDermott
Fellinger	Mooney
Garver	Pink
Holden	Tremper
Hopple	White
Howard	Wickline
Kennedy	Wise

Those who had the interests of the people at heart, and sought to protect their constituents by **voting against** this amendment were:

Archer	Lloyd
Bauer	Mallow
Beckett	Moore

Behne	Myers
Carson	Stone
Gallagher	Sutter
Gilmore	Vorhies
Horn	Winans

Opponents of the measure, hoping to kill it by further amendments, became very active. Senator Kennedy, of Cleveland, sought to have mas-sagists exempted from its provisions. Friends rallied, demanded a roll call, and defeated this amendment 16 to 15. Senator Pink, of Cincinnati, one of its noisiest opponents, sought to have chiropodists exempted, although their state society was on record in favor of the measure. This amendment was defeated 19 to 12. He attempted other amendments with similar result. After failing in their efforts to kill it by amendment route the opposition subsided and voted for the measure 21 to 11. The vote was as follows:

Those voting for the bill were:

Beckett	Mallow
Behne	Moore
Carson	Myers
Cass	Tremper
Gallagher	Vollenweider
Garver	Vorhies
Gilmore	Wickline
Holden	White
Horn	Winans
Howard	Wise
Lloyd	

## MR. FAULKNER, IN HIS USUAL ENTERTAINING STYLE, DEALS LIGHTLY WITH THE PLATT-ELLIS CULT MEASURE

Mr. James W. Faulkner, dean of the Columbus legislative correspondent-, made the following editorial comment upon the Platt-Ellis cult practice bill in a recent issue of the Cincinnati Enquirer:

"This authorizes the licensing as "limited practitioners" of bone-setters, bone-shakers, muscle-kneaders, back-slappers, chiropractics, spondylotherapists (whew!), corn doctors and Turkish bath rubbers, as well as suggestive healers and pollypathists who "con" their patients out of the thought that they are sick. These fellows and the regular ethical doctors have been fighting each other for decades like irritated bobcats. The regulars, having the police on their side, have been chucking the other chaps into jail, and the limited bunch has been appealing to the General Assembly to have the "med. docs." lifted off their backs. This session they got together and compromised, something after the fashion that the lion and the lamb fixed up the matter of lying down together.

"The limited practitioners who have been operating for five years in Ohio are to be licensed by the State Medical Board upon the slinging of a twenty-five-dollar fee. But here's the joke!

Henceforth they will have to practice under rules laid down by the ethical doctors, and they'll be some rules, too. If they violate any of them—bing! To the dump! And that isn't all. Hereafter a limited practitioner in order to cut corns or rub a souse in a Turkish bath will have to stand an examination in anatomy, physiology, chemistry, bacteriology, pathology, diagnosis and Hoyle on Games before he can get a diploma. He'll stand a fat chance, we don't think! Not only that, but the ethical group will have the power to pass upon the eligibility of colleges, schools and instructors in these branches of "limited medicine," to issue certificates of graduation. In other words, those that now are in business can stay in, but they will have few successors, if any.

"Those wise fowls, the optometrists, or "speck peddlers," sniffed the bait and had themselves excluded from the bill. They didn't intend to give the ethical oculists a club with which to batter out their brains. Nixey! Next winter a year, when the "limited" persons awake to what has happened to them they'll be back here wanting more remedial law—and won't get it."

Those who voted in the negative are:

Archer	McDermott
Bauer	Mooney
Collins	Pink
Hopple	Stone
Kennedy	Sutter
Lynch	

Senators Archer and Stone, who supported the bill in every way, voted against it on final passage, fearing that the amendments had made it dangerous. They had promised their constituents to vote against the bill if materially amended. They are, however, sincere friends of the measure.

The bill was sent to the House for its concurrence in the Senate amendments, and this was voted the following week 84 to 5. The bill is now ready for the governor's signature, and will become a law at the expiration of the 90 day referendum period.

It is conceded to be the most advanced example of cult legislation in the country. The fate of the bill was watched with interest throughout the country, and several other states are contemplating similar legislation to regulate the growing evil of unlicensed and unrestricted cult practice. At the expiration of the referendum period the state medical board will, in accordance with its provisions, commence the registration of all unlicensed limited practitioners. Those who have practiced five years will be given licenses without examination. Others now practicing will be examined only in the branches which they practice, but their future operations will be under rules and regulations established by the state medical board. Those desiring to take up these branches in the future must submit to a complete examination in those subjects that are necessary to qualify the applicant to make a diagnosis. The complete bill was published in the April Journal, page 256.

**Splendid work of auxiliary legislative committeemen throughout Ohio made possible the enactment of this measure.** Shortly before it came up for final passage in the Senate the Columbus office notified each county committeeman. Telegrams simply poured into Columbus, and the long distance wires were continually busy. It was splendid work.

The three doctors in the Senate—Dr. C. T. Gallagher, of Mt. Sterling, Dr. E. E. Vorhies, of Cambridge, and Dr. J. V. Winans, of Madison—worked diligently for the bill, as did several lay senators who had been in close touch with their home physicians. Dr. W. P. Ellis, of Geauga county, co-author of the measure, was active in the fight in both branches.

The medical men in the House—Drs. Wintermute, Hoy, Criswell, Cameron and Deaton—served on the special committee which drafted the bill, and worked valiantly for it.

## NURSE REGISTRATION

Before it finally passed the Senate, the Sprague bill (**House Bill No. 323**) placing the registration of graduate nurses under the state medical board, had a stormy history.

As it passed the House, after a long period of committee wrangling, the bill was entirely satisfactory to our state legislative committee, and to a majority of the nurses of the state. The officers of the nurses' state association were on record in favor of it. It was reported unamended by the Senate Committee on Public Health. When it came to the floor of the Senate, however, the nurses who opposed lodging the registration power with the state medical board induced Senator McDermott, of Niles, to introduce an amendment eliminating the board and lodging the registration power in a separate board of nurses.

The import of the amendment was not fully understood on the floor, when it was voted on April 15, and the amendment carried 17 to 14. The state legislative committee immediately brought the amended bill to the attention of as many hospitals as possible, and a meeting of medical men directly interested in hospital administration was called. With representatives from several cities present, the meeting was held in the office of The Journal on April 16. Dr. McClellan presided and Mr. Sheridan acted as secretary. It was voted unanimously to oppose the bill in its amended form, and to endeavor to have it reconsidered and passed in the form in which it left the House.

Dr. S. J. Goodman briefly explained the purpose of the special meeting and Dr. G. H. Matson, secretary of the state medical board, gave a detailed history of the bill from the date of its introduction. The situation was discussed at length by Drs. J. H. J. Upham, J. F. Baldwin, and F. F. Lawrence, of Columbus; H. T. Sutton, of Zanesville; C. E. Sawyer, of Marion; A. S. McKittrick, of Kenton; Clyde Leeper, of McConnelsville, and several others present.

It was voted unanimously to oppose the McDermott amendment and to endeavor to bring about a reconsideration.

In order to facilitate the work, a special committee was elected, consisting of Drs. Leonard Mounts, of Morrow; George B. Goodhue, of Dayton; J. S. Rardin, of Portsmouth; C. E. Holzer, of Gallipolis; George W. Ryall, of Wooster; J. L. Gray, of Caldwell; Charles Graefe, of Sandusky; C. E. Sawyer, of Marion; C. O. Beardsley, of Ottawa; J. C. M. Floyd, of Steubenville; J. L. McCartney, of Barnesville; W. F. Thatcher, of Oberlin; Webb J. Kelly, of Piqua; E. R. Brush, of Zanesville; T. Clarke Miller, of Massillon.

This committee was appointed to act in con-



junction with those present at the conference. Dr. S. J. Goodman, of Columbus, was appointed by the state legislative committee to act in conjunction with the local office of the committee in furthering the interests of the bill.

Quick work was necessary, as legislative rules permit but three legislative days for reconsideration. Senator Lloyd, of Columbus, who has been an active friend of all public health legislation, secured a reconsideration of the bill for the following Wednesday (April 21). In the intervening days hospitals throughout the state were informed of the situation by the state committee, and when reconsideration was secured the Senate voted down the McDermott amendment, and repassed the measure in its original form—as it is printed on page 315 of this issue.

It required five separate roll calls to carry out this rather difficult legislative procedure, every one of which was carried by a vote of 23 to 8. In a form entirely satisfactory to the legislative committee the bill was re-passed 26 to 6.

Those who persisted in voting for the McDermott amendment, even after reconsideration, were: Senators Behne, Fellinger, Gilmore, Hopple, Lynch, McDermott, Sutter and Wise.

Senator Collins, of Cincinnati, was very active in securing a reconsideration of this bill. In opposing the move Senator McDermott attacked "the vicious medical trust," for its activity in securing a reconsideration of the previous vote.

The reconsideration of this measure was conceded to be one of the best examples of the effect of intelligent and organized effort manifest in the legislature this season.

## CHRISTIAN SCIENCE

After repeated efforts extending since early in February, the Christian Science lobby abandoned hope of securing action on the two companion measures introduced on February 3 to exempt Christian Science healers from the operation of the medical practice act—House Bill 177 by Mr. Terrell, of Cuyahoga, and Senate Bill No. 58 by Mr. Mooney, of Cleveland.

The Ohio Public Health Federation in February went on record against both measures and the committee having them under consideration refused to report them either to the House or Senate. Becoming desperate, the leaders of the Christian Science lobby on March 23 induced Representative Fox, of Lucas county, to introduce a third bill (House Bill No. 543) designed to specifically exempt Christian Science healers from the operation of the medical practice laws.

Early in April the Christian Scientists secured a public hearing for this measure before the House Committee on Judiciary, which had it under consideration. Large delegations of en-

thusiastic supporters were brought to Columbus from all sections of the state and the legislative hall was packed on the night it was given a hearing. Able speakers from Cleveland and Toledo presented their case in an eloquent manner.

The legislative committee of the state society immediately requested of Judge Clark, chairman of the committee, that the opponents of the bill be given an opportunity to speak on the proposal before definite committee action be taken. Consequently, on April 21 a second public hearing was granted and the hall of the House of Representatives was devoted to that purpose.

At that time the state committee had several legislative proposals under consideration and delegated to Dr. F. F. Lawrence, of Columbus, the task of organizing for this hearing. Dr. Lawrence worked with splendid effect. The dangers of permitting unrestricted operation of Christian Science healers were presented from many angles by the following speakers: Dr. W. P. Ellis, representative from Geauga county; Rabbi Kornfeld, of Columbus; Rev. Joseph Taylor Britain, Central Presbyterian Church, Columbus; Rev. Frank W. Money, representative from Williams county, a minister and farmer; Dr. J. H. J. Upham, president of the state society, Dr. W. S. Hoy, representative of Jackson county; and Dr. Lawrence.

This bill is still pending in judiciary committee of the House on this date (April 29).

## HOUSE BILLS

Bills marked with one star (\*) have been approved by the Ohio Public Health Federation; those indicated by two stars (\*\*) have been disapproved.

\* House Bill No. 121, by Dr. Hoy, of Jackson. Authorizes state board of health to produce antitoxin for free distribution, through physicians, for the prevention and cure of diphtheria in indigent cases. Passed House and Senate. Now a law.

\* House Bill No. 132, by Mr. Platt, of Ashtabula. Transfers to the state board of pharmacy the enforcement of the state laws governing sale of narcotics, and all other pharmacy laws which have been lodged in the past with the Agricultural Commission. Also places with board of pharmacy the enforcement of the laws governing the sale of poisons. Now (April 27) on House calendar.

\* House Bill No. 154, by Mr. Morris, of Lancaster. Permits the state board of health, with approval of the board of administration, to regulate admission and discharge of patients in Mt. Vernon Tuberculosis Sanitarium; abolishes the arbitrary fee of \$5.00 per week and gives the state board of charities authority to fix the compensation by patients, and to admit without compensation in certain instances; eliminates the official county medical examiners and permits admittance of patients after examination by any licensed prac-

itioner. Referred to Public Health Committee. Passed by House February 25, by a vote of 91 to 0. Now pending in the Senate. See Jour. O. S. M. A., February, page 108.

For unknown reasons, this bill is being held up in the Judiciary Committee of the Senate, and all efforts to have it reported have thus far been futile.

\* \* **House Bill No. 177**, by Mr. Terrell of Cuyahoga county. Amends Section 1288 (Medical Practice Act) to exempt the practice of Christian Science for the cure or prevention of diseases "by those duly authorized by the church to engage in such practice," from the operation of the medical practice act. Referred to Committee on "Codes and Court Procedure."

Support seems to have been withdrawn from this measure, as it has been held in committee since February 3.

\* **House Bill No. 250**, by Mr. Oberlin, of Stark, supplements Section 1983 by the enactment of additional sections providing for the commitment of inebriates, dipsomaniacs, or persons addicted to the habitual use of drugs to state institutions. See March Journal, page 187.

This bill passed the House March 24, after medical members of the House had rallied to its support and made clear the great need of extending hospital treatment to these unfortunates. In the House Mr. Stivers, of Brown county, attempted to amend it to exempt inebriates. In the Senate this bill has been held in Judiciary Committee since March 26. Several attempts have been made to have it reported.

**House Bill No. 301**, by Mr. Beitler, of Hancock. Amends the already stringent law providing for the labeling of poisons. Provides that in addition to bearing the word "poison," the bottle or container must bear in large letters the phrase "Dangerous! Keep in a place inaccessible to children." It further provides that where the poisonous substance is left in tablet or powder form it shall be inclosed in "strong red envelope" upon which the above inscriptions shall be imprinted. Fine of \$50 is provided for physicians and others violating the law. Referred to Public Health Committee, where it has been held since February 16.

**House Bill No. 311**, by Mr. Cowan, of Putnam. To prevent the procreation of defectives and to provide for operation for the prevention of procreation. Committee on Public Health.

There seems to be little chance for this measure this year.

**House Bill No. 351**, by Mr. White, of Columbiana. Transfers the control of maternity boarding houses and hospitals from the state board of health to the state board of charities. At present each has supervisory powers.

Because members of the House feared that the records of maternity hospitals would be given

undue publicity under the provisions of this bill, it was defeated on the floor of the House on April 8 by a vote of 61 to 11.

**House Bill No. 360**, by Dr. Hoy, of Jackson. Amends the Workmen's Compensation Act to modify the arbitrary limitation of \$200 as the amount which can be paid from the state insurance fund for complete medical, surgical, hospital and nursing attention. See March Journal, page 188.

The bitter antagonism to amending the Workmen's Compensation Act, in any way, will probably accomplish the defeat of this bill. It is still in Public Health Committee.

**House Bill No. 395**, by Mr. Snyder, of Pickaway county. Amends the municipal hospital section of the General Code by transferring the control of municipal hospitals from the director of safety to a board of three persons, to be appointed by the mayor. For copy, see March Journal, page 185.

This bill was passed by the House on April 13 by a vote of 68 to 27, and is now under consideration by the Committee on Municipal Affairs in the Senate. In the House the Hamilton county delegation vigorously opposed the measure, fearing that it would injure the new Cincinnati General Hospital.

**House Bill No. 435**, by Mr. Hines, of Tuscarawas. Directs that ambulances must deliver injured or sick persons to the hospital nearest to the point of illness or injury of such person, providing the patient is in immediate peril of death and is unable to designate to which hospital he prefers to be taken. Exempts patients who are in the custody of some other person who is in a position to express the choice of hospital. Introduced March 4, referred to House Committee on Public Health.

A similar measure was introduced in February in the Columbus city council and was defeated.

**House Bill No. 470**, by Mr. Deaton, of Miami county; provides for the prevention of blindness from inflammation of the eyes of the new born, and makes mandatory the use of a scientific prophylactic where inflammation of the eyes develops within six hours after birth. This is the proposed bill for the control of ophthalmia neonatorum prepared by the Committee for the Prevention of Blindness, of the American Medical Association. (See Journal, September, 1914 page 562 for exact copy of the bill.) Introduced March 12; passed House April 15 by vote of 66 to 0; reported favorably by Public Health Committee in Senate on April 28.

Before this measure passed the House Dr. Ellis, member from Geauga county, secured the adoption of an amendment providing for the payment of a fee of 50 cents to physicians for immediate reports of infection in the eyes of new-born babies. The Ohio Commission for the Blind and the oculists of the state have worked hard for this bill.



**House Bill No. 476**, by Mr. Harding, of Cincinnati; regulates the sale and distribution of narcotics; changes Ohio statutes to conform with the provisions of the Harrison federal narcotic law, and provides for the treatment by physicians of habitual users of drugs, and for the commitment of habitues. Introduced March 10; reported with recommendation for passage by the Public Health Committee of the House, March 23. Now before the House. For explanation of its provisions see April Journal, page 263.

This bill was defeated in the House April 27 by a decisive vote.

**House Bill No. 477**, by Mr. Hasselman, Cleveland; amends the General Code relative to selling real estate held by charitable or religious societies or associations. Passed House April 14. By vote of 69 to 16. Passed Senate April 26. For explanation of bill see April Journal, page 264.

**House Bill No. 495**, by Mr. Oberlin, of Stark county; appropriates \$100,000 for the establishment of a state hospital for deformed and crippled children, similar to the institution which was provided for by the legislature some years ago. At that time the appropriation was permitted to lapse because of a difference as to where the institution should be located. Introduced March 15 and now under consideration by the Finance Committee.

Efforts are being made by medical men interested in this project to have the amount of this appropriation reduced as it is thought that a much smaller sum would meet the requirements providing the hospital is established in connection with some existing state institution.

## SENATE BILLS

\* **Senate Bill No. 84**, by Mr. Lloyd, of Franklin. Amends dental practice act to raise standards and increase scope of the board. Passed Senate March 2. Passed House April 8. In the House this was amended to give the right of appeal in the courts from decisions of the board, which formerly had final jurisdiction in cases pending before it.

\* **Senate Bill No. 103**, by Mr. Vorhies, of Guernsey. Strengthens the power of the state board of health in securing reports of contagious diseases. It is drafted on lines of model act adopted by American Association of State Boards of Health. Passed Senate March 18, by vote of 18 to 5.

\* **Senate Bill No. 186**, by Mr. Myers of Marion. Abolishes the position of county coroner and creates the office of county medical examiner, to be appointed by the prosecuting attorney. This officer shall perform the duties now assigned the coroner, and shall in addition act as medical adviser for the state in all criminal cases. Opposition to the measure by the coroners of the state,

## GOVERNOR SIGNS BILLS

While the convention was in session in Cincinnati a telegram from Governor Willis' office was received stating that he had signed House Bill No. 323, by Mr. Sprague, the bill placing the registration of nurses under the state medical board, and Sub. H. B. No. 220, Platt-Ellis, placing the regulation of cults with the state medical board. This makes complete the winter's legislative program.

The governor was strongly impertuned by chiropractic and other "near-medical" schools throughout the country, and by many cult practitioners in Ohio, to veto the Platt-Ellis bill. They kept up their fight until the ink on his pen was dry.

Heavy pressure also was brought to induce him to veto the nurse bill, by nurses who opposed the registration by the state medical board and sought a special board of nurses to pass upon the qualifications of hospital training schools.

The governor deserves high praise for his decisive action.

who organized after it was introduced, resulted in its defeat in the Senate on April 13 by a vote of 22 to 10.

**Senate Bill No. 222**, by Mr. Lynch, of Toledo. Re-enacts the Duffy narcotic law and makes more stringent the prohibition of the prescription of narcotics by physicians. Introduced March 23 and passed by the Senate April 1, with an emergency clause attached. Now pending in House Committee on Judiciary. See April Journal, page 265.

The Athens County Medical Society at a meeting in April passed resolutions vigorously condemning this measure.

**Senate Bill No. 254**, by Mr. Beckett, of Franklin county; appropriates \$50,000 for the establishment of an institution for deformed and crippled children, as provided for in Section 2073 of the General Code. The appropriation for this purpose was permitted to lapse a few years ago owing to failure of the commission which was appointed by Governor Harmon, to agree upon a site for the proposed institution. This bill is now being considered by the Finance Committee of the Senate.

## NURSE REGISTRATION BILL PLACES CONTROL WITH THE STATE MEDICAL BOARD, THROUGH A COMMITTEE

The following is a copy of the nurse registration bill (House Bill No. 323, by Mr. Sprague, of Scioto) which has been passed by the General Assembly, and will become operative after the 90-day referendum period expires.

The bill was a compromise measure. It does not embody all the provisions the organized nurses of the state desired, but it was accepted by them as "better than nothing."

The legislative committee of the state society was in touch with the development of this important bill from the start, and indorsed it through the Ohio Public Health Federation.

The bill is as follows:

Section 1. Within sixty days after this act becomes operative the state medical board shall employ a secretary, entrance examiner, and three nurses; said three nurses with the secretary of the state medical board shall constitute the nurses' examining committee, this committee to be chosen from ten nominations made by the Ohio association of graduate nurses. The secretary of the state medical board shall be the secretary and executive officer of the committee. One nurse shall be employed for one year, one for two years, and one for three years and thereafter, as the term of any nurse expires a successor shall be employed in the manner hereinbefore specified for a term of three years. One of the nurses so employed shall be designated as chief examiner. The secretary shall have the power to administer oaths. Each person so employed shall file with the secretary an affidavit that she is a resident of Ohio, a graduate of a recognized training school for nurses and in addition thereto, she shall have had not less than five years' experience in nursing.

Section 2. Each member of the nurses examining committee except the secretary shall receive five dollars for each day employed in the discharge of her official duties and her necessary expenses so incurred, except the secretary, entrance examiner and chief examiner, who shall receive an annual salary, to be fixed by the state medical board, and their necessary expenses incurred in the performance of their official duties.

Section 3. The nurses' examining committee shall meet in Columbus on the second Tuesday of January and July of each year, and at such other times and places as the state medical board may direct.

Section 4. The secretary of the nurses' examining committee shall keep a record of its proceedings. The secretary shall also keep a register of applicants for certificates, showing the name of the applicant, the name and location of the institution granting her a certificate or diploma of

graduation in nursing, and whether she was granted or refused a certificate. The books and records of the committee shall be prima facie evidence of matters therein contained.

Section 5. On and after January 1, 1916, no person shall practice nursing as a registered nurse in this state without first complying with the requirements of this act. All graduates in nursing shall either personally or by letter or proxy, present their diplomas to the nurses' examining committee for verification. Accompanying such diploma the applicant shall file an affidavit, duly attested, stating that the applicant is the person named in the diploma and is the lawful possessor of the same. The applicant shall state date of birth and the actual time spent in the study of nursing. If the committee shall find the diploma to be genuine and from a nurses' training school in good standing, connected with a hospital or sanatorium in good standing, as defined by the state medical board, and the person named therein to be the person holding and presenting the same, and that said person had paid the fees as hereinafter provided for the examination of applicants, the committee shall issue a certificate to that effect signed by its secretary and chief examiner; such certificate when left with the probate judge for record as hereinafter required, shall be conclusive evidence that its owner is entitled to practice nursing as a registered nurse in this state. All other persons desiring to engage in such practice in this state, shall apply to the nurses' examining committee for a certificate, and submit to the examination hereinafter provided, except that all students who were on May 1, 1915, matriculated in a training school for nurses located in the state of Ohio, recognized by the State Medical Board of Ohio, and who shall have graduated subsequent to May 1, 1915, and who shall file their diploma for registration prior to June 1, 1918, shall receive certificates as heretofore provided. The applicant shall file with the secretary a written application, under oath, on a form prescribed by the State Medical Board, and provide proof that said applicant is more than twenty-one years of age and of good moral character. The applicant shall file documentary evidence that before matriculating in a training school for nurses, said applicant received an education equivalent to that required for completion of the first year of a high school course of the first grade, in this state, or four units of high school work as defined in the school laws of Ohio, and evaluated by the entrance examiner of the State Medical Board in the same manner as provided in Section 1270 of the General Code of Ohio, and a diploma of graduation from a train-



ing school in good standing connected with a hospital or sanatorium in good standing, as defined by the State Medical Board, at the time the diploma was issued. At the time of application the applicant shall present such diploma with the affidavit that said applicant is the person named therein and is the lawful possessor thereof, stating date of birth, residence, the training school or schools at which said applicant obtained education and training in nursing, the time spent in each, the time spent in the study and training of nursing, and such other facts as the State Medical Board requires. If engaged in the practice of nursing, the affidavit shall state the period during which and the place where said nurse has been so engaged.

Section 6. If the committee finds the applicant possesses the credentials necessary for admission to the examination, that the diploma is genuine and was granted by a training school for nurses in good standing connected with a hospital or sanatorium in good standing as defined by the State Medical Board, that the person named in the diploma is the person holding and presenting it and is of good moral character, the committee shall admit the applicant to an examination.

Section 7. The examination of applicants for certificates to practice nursing shall be conducted under rules prescribed by the State Medical Board. Each applicant shall be examined in anatomy, physiology, obstetrics, bacteriology, hygiene, materia medica, dietetics, practical nursing, and such other subjects as the board and committee may require.

Section 8. If the applicant pass such examination and has paid the fee required by law, the committee shall issue its certificate to this effect, signed by its secretary and the chief examiner. Such certificate when deposited for record with the probate judge as required by law, shall be conclusive evidence that the person to whom it is entitled to practice as a registered nurse in this state. An affirmative vote of not less than three members of the committee is required for the issuance of a certificate.

Section 9. The nurses' examining committee may refuse to grant a certificate to a person guilty of fraud in passing the examination, or at any time guilty of felony or gross immorality, or addicted to the liquor or drug habit to such a degree as to render said person unfit to practice nursing as a registered nurse. Upon notice and hearing the committee, by a vote of not less than three members, may revoke or suspend a certificate for like cause or causes. Such certificate may also be revoked or suspended on proof of violation of the rules and requirements established by the State Medical Board regulating the practice of nursing.

Section 10. An appeal may be taken from the action of the nurses' examining committee refusing to grant, revoking or suspending a certificate, for the causes named in the preceding section, to

the State Medical Board, whose decision affirming or overruling the action of the committee shall be final.

Section 11. Each applicant for a certificate to practice nursing as a registered nurse in this state shall pay a fee of not to exceed ten dollars for examination. The fees for examination shall be paid in advance to the treasurer of the State Medical Board and by him paid into the state treasury to the credit of a fund for the use of the said board in the enforcement of this act.

Section 12. Each person who receives a certificate to practice nursing as a registered nurse, before beginning to practice must deposit said certificate for record with the probate judge of the county in which said person resides. The probate judge shall record in a book kept for that purpose and indorse on the margin of the record and on the certificate the time when he received it for record and make an index to all certificates thus received and recorded. The probate judge shall also note the revocation or suspension of a certificate. The holder of a certificate must keep said certificate on record with the probate judge of the county in which actual residence is established.

Section 13. For services under the provisions of this chapter, the probate judge shall receive from the holder of the certificate a fee of fifty cents.

Section 14. During the month of December in each year, the probate judge shall furnish the secretary of the nurses' examining committee a list of certificates recorded and in force, and certificates revoked or suspended.

Section 15. The State Medical Board may dispense with the examination of a nurse duly authorized to practice nursing as a registered nurse in another state, or the District of Columbia, who wishes to remove from such state or district and reside and practice as a registered nurse in this state, upon said nurse complying with the rules and requirements established by the State Medical Board regulating such matters, and upon the payment of a fee of not more than ten dollars; provided the laws of such state or district require of the nurses practicing therein qualifications of a grade equal to those required of nurses practicing in the state of Ohio, and equal rights are accorded by such state or district to nurses of Ohio holding a certificate of the State Medical Board who desire to remove to, reside and practice as a registered nurse in such state or district.

Section 16. All persons shall be regarded as practicing nursing as registered nurses within the meaning of this act who use the words or letters "R. N.," "Registered Nurse," or any other title in connection with their names which in any way represents them as registered nurses or who by any means accept employment by representing themselves as registered nurses.

Section 17. Nothing contained in this act shall be construed in any way to prevent or prohibit the

## AKRON HAS FINE NEW HOSPITAL, CONCEIVED AND BUILT IN REMARKABLY SHORT PERIOD OF ONE YEAR



This is the new Peoples Hospital, opened at Akron on March 2—a year after the project was first discussed. The money-raising campaign was inaugurated in August, 1914—truly a remarkable record and one that speaks well for the citizens of Akron and Summit county.

The hospital has capacity for 125 patients, with a completely equipped medical department, four complete surgeries, an entire floor devoted to maternity department, and a splendid X-Ray laboratory.

Other modern features include two sun rooms, large open porches, an auditorium, medical and nurses libraries. It is fire-proof and centrally located.

performance of services either with or without compensation in nursing the sick or injured by any person, provided such services are not performed by such person as a registered nurse.

Section 18. The compensation and expenses of the members and officers of the nurses' examining committee, and the necessary expenses of the committee shall be paid from a fund in the state treasury for the use of the board in the enforcement of this act, upon the warrant of the auditor of state, issued upon vouchers signed by the president and secretary of the State Medical Board.

Section 19. The secretary of the nurses' examining committee shall enforce the provisions of the law relating to the practice of nursing in this state. If he has knowledge or notice of the violation of such law, he shall investigate the matter and upon probable cause appearing shall file a complaint and prosecute the offender. When requested by the secretary, the prosecuting attorney of the proper county shall take charge of and conduct such prosecution.

Section 20. Whoever practices nursing as a registered nurse, without first obtaining a cer-

tificate from nurses' examining committee of the State Medical Board, in the manner required herein, or so practices nursing as a registered nurse after such a certificate has been duly revoked or, if suspended, during the time of such suspension, shall be fined not to exceed one hundred dollars. A certificate duly certified by the secretary of the nurses' examining committee to the effect that it appears from the records of the nurses' examining committee that no certificate to practice as a registered nurse in the state of Ohio has been issued to any person or persons specified therein or that a certificate, if issued, has been revoked or suspended, shall be received as prima facie evidence of the record in any court or before any officer of the state.

Section 21. All fines collected under the preceding section shall be paid to the State Medical Board, and by it paid into the state treasury to the credit of the fund herein provided.

Section 22. Nothing in this act shall, in any way, be construed to be in conflict with the laws of this state relating to the practice of medicine and surgery.



## CORRESPONDENCE

Editor, Ohio State Medical Journal.—I have just spent an evening with the Ohio State Medical Journal. I want to congratulate you on the Journal, and on the showing your legislative committee has made. Surely your membership will realize that results such as you are accomplishing cannot be attained on your present income and will appreciate the necessity of keeping up the good work. We are sure you are full of live wires for we can see the sparks from afar. "May you live long and prosper!" With a hand-grasp across the miles, I am, very cordially yours,

Rock Sleyster.

Waupun, Wis., April 18, 1915.

(Dr. Sleyster is secretary of the State Medical Society of Wisconsin.)

### FROM THE A. M. A. BUREAU.

Editor, Ohio State Medical Journal.—We have read the annual report of your Publication Committee and Dr. Selby's supplemental report, in your April issue, and wish to congratulate you on the very excellent showing of the Ohio Journal.

It contains such a large amount of diversified state news that it is quite apparent to a casual observer, the Ohio Journal is one of those few medical publications a doctor in Ohio cannot possibly do without. Of course, "a good journal costs money!" But what is the cost, compared with its value! The information you furnish physicians in Ohio about legislation, medical boards, boards of health, etc., is absolutely invaluable to them. They will pay \$5.00 or \$10.00 for some scientific publication that may contain an article of value just now and then; whereas your Journal is "chock full" of absolutely necessary information for them twelve times a year.

However, in view of your stand taken last Summer in favor of "ethical advertisements and no other," and a consequent temporary loss of revenue,—due to the change,—any reversal of your policy at this time, for the sake of revenue, would be almost criminal.

This Bureau has sent you probably six pages of advertising, because we have been able to say the Ohio Journal maintains the highest ethical standards. We have some good contracts in prospect which we could not hope to secure,—in fact we would not take them,—for the Ohio Journal if the physicians of Ohio considered lowering their ethical standards. We have no thought they will do so; and we shall bend our utmost efforts to securing further business for you in the belief the coming year will prove the banner year in your history on ethical advertising.

If you can only get it "into the systems" of your doctors, that the success of a successful medical

journal depends, not on the amount of advertising it carries, nor even its income; but whether they value the publication to the extent of honestly buying honest goods from honest advertisers, who honestly spend their money with the publication. The advertising income for the Ohio Journal depends entirely on the readers and owners of your Journal. They can double or treble it if they will always buy from their advertisers. We hope you can convince them this is the way to increase the revenue of the Ohio Journal.

Very truly yours,

Co-operative Bureau of the American Medical Association, E. W. Mattson, Manager.  
Chicago, Ill., April 20, 1915.

### DEATH OF DR. LENHART.

Editor, The Journal.—Another of the old landmarks in medicine has just passed away. Dr. Lenhart, for years a leading practitioner in Zanesville, but of later date a retired practitioner of Columbus, died at the advanced age of 85 years. Few men have arrived at so great an age with all of their faculties unimpaired.

The writer was most intimately acquainted with the deceased for the past twenty or thirty years. He met him frequently at the meetings of the Ohio State Medical Society and also the meetings of the Zanesville Academy of Medicine, in both of which he was an honored member. He was endowed with those instincts which mark the true gentleman and might rightly be called a gentleman of the old school, where dignity of manner as well as high regard for the honor of his profession were the leading characteristics; nor was he void of those fine social qualities which we all so much admire. He had a profound contempt for quackery in all its forms and always stood up for the highest ideals of the profession. He was kind and sympathetic toward the poor and unfortunate and never turned a deaf ear to the cries of the needy and suffering. He was a kind and affectionate husband and was fond of children. His loss will be keenly felt in the community where he has been so long a conspicuous figure, and it may truly be said of him that the world is better for his having lived in it.

C. P. King, M. D.

### NOT FROM T. R.

Editor, The Journal.—You are getting out a bully Journal.

L. K. Baker.

Cleveland, April 22, 1915.

**For Sale.**—Drug store and fixtures, including onyx soda fountain. Invoices about \$3,500, but I will sell for \$2,500. Splendid climate for weak lungs and asthma. Nearest drug store 18 miles removed and nearest doctor 13 miles away. Forced to return on account of serious illness of my father in Alabama. Address: T. F. Long, M. D., Moffat, Colorado.

# NEWS OF STATE MEDICAL BOARD

## OFFICIAL BOARD

LEE HUMPHREY, M. D., President, Malta, March 17, 1917  
 J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920  
 S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921  
 LESTER E. SIEMON, M. D., Cleveland, March 17, 1918  
 T. A. McCANN, M. D., Dayton, March 17, 1916  
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919  
 BEN. R. MCCLELLAN, M. D., Xenia, March 17, 1922.

GEO. H. MATSON, M. D., Secretary,  
 Office, State House, Columbus.

Examiner in Preliminary Education,  
 K. D. SWARTZEL, M. Sc., Columbus.

The regular Spring meeting of the State Medical board was held in Columbus, April 6. All members were present with the exception of Dr. T. A. McCann, of Dayton, who was seriously injured in March by the attack of a vicious bull.

Dr. John K. Scudder, of Cincinnati, appointed by Governor Willis to succeed Dr. Silas Schiller, of Youngstown, qualified for membership. The retirement of Dr. Schiller made necessary the election of a new president. Dr. Lee Humphrey, of Malta, was elected to the presidency and Dr. J. H. J. Upham, of Columbus, succeeded Dr. Humphrey as vice-president.

For the succeeding year, the president appointed Dr. Siemon as chairman of the judiciary committee, which has charge of the trials conducted by the board. Dr. Upham was appointed chairman of the committee on medical colleges. Drs. Scudder and McCann, and the Secretary were appointed to serve with him.

Arrangements were made for the June examinations which will be held in Columbus, June 8, 9, and 10. The next regular meeting of the board will be in Columbus on July 6.

## Reciprocity Certificates.

Reciprocity certificates were granted after consideration, to the following:

Richard P. McClain, colored, graduate of Howard University, 1913. Will locate in Cincinnati.

Rey Vincent Luce, Rush Medical College, 1913. Will locate in Akron.

Edward B. Gray, colored, Howard University, 1913, who has practiced in Kansas City since graduation; will locate at Wilberforce.

Maud Loeber, Cornell University, 1910, who has practiced in New Orleans since graduation; will locate in Cincinnati.

Harrison L. Brehmer, College of P. and S., Baltimore, 1910; will locate in Chillicothe.

Robert E. Wells, University of Michigan, 1907, who has practiced in Traverse City and Wexford, Mich.; will locate at Nashport, Muskingum county.

Abraham Strauss, Johns Hopkins, 1912; practiced in New York City since graduation. Intended residence, Cleveland.

Frank E. Deeds, Albany Medical College, 1914, who has practiced at Newark, N. J., since graduation; will locate in Cleveland.

Howard T. Karsner, University of Pennsylvania, 1903; practice limited to laboratory work. Professor at Western Reserve and desires registration in order to legally perform autopsies.

Virgil Jaye Fruth, Chicago College of Medicine and Surgery, 1912. Will locate in Fostoria.

Henry A. Beck, Jefferson Medical College, 1912.

Edgar P. McNamee, University of Pennsylvania, 1913, who has practiced in Philadelphia. Intended residence, Cleveland.

Thurman B. Haas, Jefferson Medical College, 1913. Intended residence, Rockbridge.

George E. Robinson, Medico-Chirurgical College, Philadelphia, 1913; intended residence, Cleveland.

George W. Kenney, Atlantic Medical College, 1909, who has practiced at Clarksburg, W. Va.; intended residence, Akron.

## Osteopathic Reciprocity.

An application to extend reciprocity in osteopathic licensure to Pennsylvania and Kansas was considered. Application was denied because in these states the examination in osteopathy is conducted by a separate board, and the Ohio board does not regard it as an equivalent to an examination conducted by or under the direction of a medical board.

## Mid-Wifery Schools.

The special committee appointed to inspect Chicago schools of midwifery, consisting of Dr. Siemon and Dr. Matson, reported that these schools are practically "diploma mills." A resolution was adopted providing that from this time forward midwives, to secure certificates from the Ohio board, must present certificates from recognized American schools.

## Lamont B. Smith.

Attorney John J. Boyle, of Youngstown, appeared before the board in behalf of Dr. Lamont Smith, formerly of that city, who is now serving a term in the penitentiary for violation of narcotic laws. He asked that the board refrain from taking action in opposing Dr. Smith's application for parole.

## Henry O. Davis.

Probate Judge Harry A. Bell, of Steubenville, appeared on behalf of Dr. Henry O. Davis, of that city, whose license was revoked last October fol-



lowing conviction on a second charge of violating the narcotic laws. After a consideration of this case Dr. Davis, who was present, was informed that his license would be restored if he would present a recommendation to that effect from the Jefferson County Medical Society. The board took this rather unusual action believing that the physicians of Dr. Davis' home community are completely able to pass upon his present qualifications, and the sincerity of his declarations.

#### Albert G. Henry.

Unusual action was taken also in the case of Dr. Albert G. Henry, of North Baltimore, whose license was revoked some time ago following his conviction in the local courts on a charge of violating the state narcotic laws. Dr. Henry's application for reinstatement was approved by several physicians from his city—Dr. D. W. Reddin, Dr. John R. Archer, and others. After considering the case, the board decided to reinstate Dr. Henry, providing he refrains entirely from dispensing or having in his possession narcotic drugs. The board formally requested Dr. Jacob A. Kimmel, of Findlay, a friend of Dr. Henry, to make a complete investigation and to report to the board when Dr. Henry complies with the demand.

#### Youngstown Cases.

Drs. Charles C. Campbell and R. A. Montani, of Youngstown, who were convicted in the local courts of violating the state narcotic laws, appeared before the board, admitted the violation and asked the board to refrain from revoking their license. Their attitude assured the members of the board that the violation was more technical than intentional and the cases were dismissed with an admonition that they be more careful in the future.

#### H. E. Twitchell.

The case of Dr. Herbert E. Twitchell, of Hamilton, which first came before the board at the Cincinnati meeting, was again postponed for further consideration. Dr. Twitchell plead guilty in the local courts to violating the narcotic regulations. Application for revocation of his license is pending.

#### C. L. Dolle.

Dr. Charles L. Dolle, of Columbus, an advertising physician who formerly operated in Cincinnati, appeared with a request that the board refrain from revoking his license. Dolle was first cited on a revocation charge two years ago. On his promise to quit advertising in a sensational manner, his case was continued until the Graham case could be decided by the courts, as the same principles were involved. It is charged that Dolle violated this agreement but he has since ceased objectionable advertising, and his case was continued until the July meeting.

### DR. McCLELLAN APPOINTED TO MEMBERSHIP ON THE BOARD.

#### Governor Willis Makes an Appointment that will be Popular Throughout the State.

On April 26 Governor Willis appointed Dr. Ben R. McClellan, of Xenia, to the state medical board. He succeeds Dr. A. Ravogli, of Cincinnati, who retires after a splendid service of two terms. Dr. McClellan will serve until April, 1922. He was not aware that his name was under consideration and was not an applicant for the position—in fact, he was surprised when informed from Columbus that he had been appointed.

Governor Willis had several applications for the place. Realizing that at this time membership on the state medical board is of considerable importance, the Governor conducted an investigation on his own initiative. His selection of Dr. McClellan for the position is a splendid tribute to his keen perception as it is undoubtedly true that he could not have made an appointment more popular with the medical profession throughout the state.

Dr. McClellan's appointment at this time is propitious for several reasons. He is in close touch with the hospital and nursing situation and his service in instituting nurse registration under the new Sprague law will be invaluable. He has been a leader in the movement to regulate the cults and is splendidly equipped to aid in the satisfactory inauguration of this difficult and intricate innovation of medical licensure.

#### CLEVELAND PARTY RETURNS.

Surgeons and nurses comprising the staff of the Western Reserve University unit of American Ambulance hospital, Paris, returned to Cleveland, April 10, after three months service abroad. Dr. W. E. Lower, who accompanied the party, declared that the soldiers in France are being cared for in the present war better than in any previous war, and that the French army is distinguished by a wonderfully high type of men. The physicians and nurses with the exception of Dr. Lower, left Cleveland December 28 in charge of Dr. Crile. Dr. Lower left Cleveland in February to relieve Dr. Crile.

Dr. Robert B. Cameron, who for thirty-one years has practiced medicine at Jewell, Defiance county, has disposed of his practice and property and removed to Defiance, where he will limit his practice to office work. Dr. Cameron has been for two terms Representative from Defiance county in the Ohio Legislature, where he has been prominent on various committees dealing with medical affairs and has been active in the interests of organized medicine.

## CHARITY HOSPITAL FOR CARE OF SICK, CRIPPLED AND DEFORMED CHILDREN HAS BEEN OPENED AT ELYRIA

(Report, by Request, by George Gill, M. D., of Elyria)

The W. N. Gates Home for Sick, Crippled and Deformed Children was opened for public inspection at Elyria, April 1 to 4. On the afternoon of the 3rd, the dedication services were held in the sun parlor. Prayers were offered, and remarks made by several of the trustees, also a very pleasing address was given by R. G. Patterson, of the Ohio State Board of Health, who told of the many calls that came to him for placing children, who need just such medical or surgical care as this hospital is designed to give.

The Gates Home is entirely charitable in its conception, and is owned and controlled by the Elyria Memorial Hospital Company, the site and necessary improvements having been furnished by this company.

The building fund was donated by Mrs. Gates, in memory of her husband, Mr. Wm. N. Gates. The equipment was given by relatives of Mrs. Gates and the school children of Elyria.

The building is ideally located, modern in all its facilities, practically fire-proof, and will accommodate about forty-five patients. It has the trazzo floors with inlaid linoleum, throughout, and all furnishings are either white enameled steel or fumed oak. The bathrooms are fitted up with the raised tubs, small size, and marble bathing slabs. A pleasant school room has been finished with black boards and small tables and chairs, and as soon as it is possible, a regular school will be maintained and all who are physically able will be expected to attend school.

The four private rooms are somewhat of a novelty, each being fitted with its miniature dresser, wash stand, wardrobe, and chairs, all in white steel.

### Eligibility Rules.

The Gates Home was built especially for the children of Lorain county, but the trustees reserve the right to receive children from other counties. Its object is to care for and cure, sick, crippled children and to correct deformities in children. In carrying out this work it will know no class, creed, sex, color, or religious denomination.

The following children will be eligible to the Home:

1. Children under the age of fourteen, not having contagious disease.
2. Children with paralysis, deformities, disease of spine, hip, knee or other affections likely to require extended care and treatment.
3. Children suffering from nervous disorder, not

feeble minded. A child needing hospital care and treatment, however, is not excluded because of mental defect, especially if too young to be admitted to a state school for feeble minded.

4. Epileptic children under ten years of age. Older children, not over fourteen years of age, may be accepted for exceptional reasons.

5. Children needing operations or the fitting of supports. These are usually returned to their homes in a few days, and may be brought back to the hospital at frequent intervals for examination.

6. Children not needing operations or supports but having deformities which may be corrected by educational work. Such children will come to the hospital a certain number of times per week at prescribed hours and return to their homes.

### Means of Support.

The Home is supported by the following methods:

1. Those who are able are expected to pay in accordance with the accommodations desired. The average cost is figured at approximately one dollar per day.
2. A charity rate of four dollars per week has been established and any township in which a child has a legal residence may take advantage of this rate.
3. There will be a limited number of free beds. Those supporting the same can nominate children to occupy them.
4. A free bed may be maintained by an annual payment of three hundred dollars. An endowment of five thousand dollars establishes a permanent free bed.

Dr. W. H. Hull, who is taking a post-graduate course at Harvard Medical School, returned April 26th and has charge of the orthopedic work and all cases not otherwise provided for.

### CHIROPRACTOR CONVICTED.

Peter J. Visser, a Youngstown chiropractor, was found guilty in Common Pleas Court on April 19 of practicing medicine without a license. The National Chiropractic Association sent attorneys to Ohio to defend Visser. He was charged with treating a woman for rheumatism through "spinal adjustments," and with later procuring medicine for her. The case was brought to the attention of the prosecuting attorney by the Mahoning County Medical Society, which is waging an effective warfare upon all forms of quackery in its district.



## NEWS NOTES OF OHIO

Dr. D. J. Price, Newark, is attending clinics in New York.

Whooping cough was widespread in Columbus during April.

Dr. F. D. Carson, formerly of Millerburg, is now located at Holmesville.

Dr. F. H. Obetz, Columbus, has returned from a trip to Panama and South America.

Zanesville board of health has inaugurated a fly extermination and pure-food campaign.

Dr. M. Z. McKibben has sold his practice at Wilkesville, and is now located at Albany, Ohio.

Dr. W. H. Begg, Columbus Grove, has returned from Florida, where he endeavored to recuperate failing health.

Dr. W. G. Zanting, of Jefferson, is recovering from a severe illness. He was recently operated at Ashtabula hospital.

Dr. James J. Walsh, of New York, delivered a lecture on "England in the Time of Shakespeare" in Columbus on April 17.

Physicians and dentists of Dayton are considering the erection of a special club building for the use of professional men.

Dr. K. H. Yeretzian has resigned from the staff of Columbus State Hospital and has opened an office for general practice in Columbus.

A four-story office building for exclusive use of physicians and dentists will be erected on Cleveland Avenue, Canton, by Dr. C. A. Crane.

Members of East Liverpool city federation of women's clubs are distributing pamphlets through the city dealing with the prevention and control of tuberculosis.

Dr. John T. Spellman, of Cincinnati, sailed April 17 for Belgium for service under the American Red Cross. He is first lieutenant in the medical corps. O. N. G.

Dr. C. A. L. Reed, Cincinnati, addressed the W. C. T. U. of Lexington, Kentucky, at a recent medical temperance banquet. He discussed the effect of alcohol upon the human system.

Dr. P. B. Barckhoff, of Salem, has sued the city for \$2355 damages for injuries sustained in January, when his automobile was partially wrecked, owing to the imperfect condition of the street.

Officers of the second councilor district society met recently in the office of Dr. L. G. Bowers, Dayton, to make preliminary arrangements for the next annual meeting, to be held in Dayton on October 26.

Dr. J. H. J. Upham on March 30 read a paper on pyorrhea before the Columbus Dental Society. The paper was discussed by Drs. E. F. McCampbell, J. F. Baldwin, Gillette Hayden and Homer C. Brown.

Drs. Boris Bogen, Cincinnati, and E. J. Emerick, Columbus, were appointed by Governor Willis as delegates to the National Conference of Charities and Correction which is now in session in Baltimore.

Dr. D. W. Iford has been appointed health officer of Toledo and is reorganizing his department in line with recommendations made by Dr. Carroll Fox, U. S. P. H. S., who has been conducting a health survey in Toledo.

The long continued epidemic of smallpox in Sandusky has been checked. Since April 10, 1913, there have continually been smallpox patients in the detention hospital. The last was dismissed in April. In all, 165 were cared for in the hospital and more than that number were under quarantine.

Dr. Sidney M. McCurdy, surgeon to the Youngstown Sheet and Tube Company, delivered an interesting lecture on April 14 before 200 members of the Youngstown Chamber of Commerce, foremen of the various industrial plants and other business men. He outlined the value of prevention in the modern industrial field.

Dr. J. H. J. Upham, president of the State Society, in an address before the University Club of Columbus on April 20, outlined the attitude of medical men toward chiropractors and various other cults. He made plain to the laymen present that the physicians are only interested in demanding that limited practitioners are qualified in such manner that the public will be protected.

Dr. G. J. Walsh, Columbus, assistant medical examiner for the Industrial Commission of Ohio, serving under a provisional appointment, has been succeeded by Dr. W. F. Bay. The retirement of Dr. Walsh, who stood at the head of the list of applicants in a recent competitive civil service test, was the occasion of much criticism and was given wide publicity. He was a Democrat.

**James Crosser, M. D.**, died at his home in Salineville, March 29. Dr. Crosser was born September, 1844, in Hollytown, Lenardshire, Scotland, and came to America in 1881. He has been



a resident of Salineville for 33 years, practicing medicine continuously during that time. He is survived by a wife and several children. Congressman Robert Crosser, of Cleveland, is a son.

**Samuel H. Collins, M. D.**, Miami College, Cincinnati, 1876; formerly of Cincinnati, but a practitioner for thirty years in Lawrenceburg, Ind.; died April 4, after a long illness. During the yellow fever epidemic in Memphis in 1879, Dr. Collins went to the stricken city at the head of a band of nurses. For his services the government awarded him a gold medal. He leaves a widow and family.

**J. G. Elliott, M. D.**, aged 89, formerly of Dayton, died at the home of his daughter in Ardmore, Pennsylvania, April 9. Dr. Elliott served four years as a surgeon during the Civil War. Following the war, he was appointed U. S. marshal at Helena, Arkansas, and since then has held several positions in the government medical service. He is survived by a widow and four children.

## \*\*\*\*\* \* **ACTIVITIES OF OHIO CITIES** \* \* **IN PUBLIC HEALTH WORK** \* \* **HOW ABOUT YOUR CITY?** \* \*\*\*\*\*

Systematic training of nurses in the care of the insane was advocated April 20 by Dr. E. A. Baber, superintendent of the Dayton State Hospital, in an address before Miami Valley Hospital nurses. He advises replacing untrained attendants with nurses skilled in caring for the mentally unbalanced.

Miss Stella Tappan, Belmont county public health nurse, regarded as one of the most efficient in the state, was recently dismissed by the county commissioners. Recognizing the value of her splendid service the Belmont County Medical Society appointed a committee to confer with the commissioners in an effort to have her retained.

Prof. C. L. Metcalf, Ohio State University, during April issued a series of newspaper articles dealing with the menace of the house fly, which were printed in a large number of Ohio newspapers.

Teachers of school district No. 2, Logan county, at a meeting April 9 adopted resolutions requesting the institution of school medical inspection. The resolutions assert that it is their belief that such supervision would result in better moral and intellectual development for the pupil.

## \*\*\*\*\* \* **NEWS OF INTEREST** \* \* **FROM OHIO HOSPITALS** \* \*\*\*\*\*

A third floor, with solarium, has been added to the Salem city hospital.

A fireproof nurses' home with accommodations for 150 pupils will be added to Grant Hospital, Columbus.

Ashtabula general hospital has received \$10,000 from J. H. Burton, superintendent of Union Dock Company, with which to build an addition.

The capacity of Warren city hospital will be doubled through additions to cost about \$40,000. The new institution will have a capacity of 70.

Lack of a contagious disease hospital in Columbus recently caused the housing of a chickenpox patient in the city hall in the office of Dr. Louis Kahn, health officer.

Cheap one-room frame cottages, erected at a cost of \$100 or less, have been recommended for the Montgomery-Prebble bi-county tuberculosis hospital which is to be rebuilt.

Dr. F. F. Lawrence, Columbus, is planning the erection of a five-story modern hospital overlooking a ravine in the northern section of the city. Plans being drawn call for a \$40,000 building, modern in every detail.

A research laboratory will be opened in connection with the Cleveland City Tuberculosis Sanatorium, and will be under the direction of Dr. Robert H. Bishop, Jr., who will return on June 1st from an extended sojourn at Saranac Lake, New York, where he has been studying modern methods of treating tuberculosis. Advanced research work will be carried on in the Cleveland laboratory.

Attorney General Turner in an opinion rendered on March 27 to the prosecuting attorney of Licking county, holds that a city council may apportion the proceeds of a levy for hospital purposes between two hospitals, providing they are organized not for profit. He further interprets the law to mean that a municipality may make a reasonable arrangement with a hospital corporation organized for profit providing the arrangement is based upon payment by the municipality to the hospital for actual services rendered the sick poor. The ruling is of considerable importance in a number of Ohio cities where municipalities contribute directly and indirectly to the maintenance of hospitals.

## NEWS NOTES OF OHIO

State civil service examination will be held in Columbus May 27 for assistant physician, Boys' Industrial home, Lancaster. Salary, \$1200 and maintenance.

Work has started on the Twin City Hospital to be located in Dennison.

Dr. E. S. Protzman, Kenton, has taken the offices formerly occupied by Dr. Frank D. Bain.

Dr. C. G. Swan, formerly of Greenville, removed with his family April 1 to Warsaw, New York.

Dr. and Mrs. J. C. Fahnestock, of Piqua, have returned from a winter at Palm Beach, Florida.

Dr. P. F. Southwick, Sandusky, has been elected health officer, vice Dr. Henry Graefe, resigned.

Dr. William Thomas Corlett, of Cleveland, has returned from South America where he spent the past three months.

Two hundred and seventy-five persons were treated at the Franklin County Tuberculosis Hospital during the year ending April 1.

Dr. Joseph E. Stephan, formerly of Cloverdale, Ohio, but more recently of South Pekin, Ill., has located at Jewell, Defiance county.

Dr. W. G. Stinchcomb, Bellefontaine, was appointed delegate to the state meeting to fill the unexpired term of Dr. J. S. Deemy.

A contagious disease hospital has been established by the East Liverpool authorities. A recent outbreak of smallpox made it necessary.

Dr. R. C. McNeill, Belle Center, who recently sustained a severe injury to the foot and ankle, is able again to be about without crutches.

Dr. C. W. Chidester, of Delaware, on April 21 was reelected for the third time as great medical examiner of the Great Camp of Ohio Maccabees.

Dr. George Hatton, of Harveysburg, Warren county, celebrated his ninetieth birthday on March 19. He is hale and hearty and continues his office practice.

Attorney General Turner has ruled that bequests to sectarian hospitals and homes which favor any particular class of people, are subject to the inheritance tax.

Mrs. J. S. Deemy, of Bellefontaine, who was taken severely ill at the time her husband was stricken, is slowly regaining her strength after a severe attack of double pneumonia.

Dr. George J. Roberts, Westminster, Allen county, was injured on April 6 in an automobile accident. It is charged that the drivers of the car which collided with his were intoxicated.

Dr. E. A. Hamilton, Columbus, major in the medical corps, O. N. G., sailed from New York on April 20 for service under the Red Cross, at Gleiwitz, Silesia. He will be abroad at least six months.

Dr. D. H. Crawford, Zanesville, sentenced to the penitentiary November 12, 1913, for performing criminal abortion, whose license was revoked by the State Medical Board, has been granted a parole, effective June 1.

Dr. E. F. McCampbell on April 9 addressed the students of Miami University at Oxford, on "Socialization of Medicine." In the evening he spoke at the public health exhibit then showing in Oxford, on "The Business of Postponing Death."

Dr. W. R. Hosick has retired from the practice of medicine to accept a position in the First National Bank of Newcomerstown, Tuscarawas county. Dr. H. A. Beck, of Uhrichsville, will locate in Newcomerstown, and occupy the office vacated by Dr. Hosick.

Throughout the state a large number of physicians' offices have been burglarized during the past few weeks and quantities of narcotics taken. The operation of the stringent federal narcotic regulation has been the cause. In a number of communities, physicians' offices have been the objects of systematic raids.

The Republican Publishing company, of Hamilton, has issued a memorial volume in memory Dr. Dan Millikin. It contains a fine portrait of the doctor, a short biographical sketch, and full proceedings of the memorial services held by the citizens of Hamilton. Copies may be secured from the publishers for \$1.00.

The Publication Committee investigates the columns of The Journal, and as all the pharmaceutical preparations advertised in The Journal are endorsed by the Council on Pharmacy and Chemistry we commend them to your consideration and suggest that in your correspondence with the advertiser you will mention the fact that you saw the ad in The Journal.



# EVERY COUNTY A ONE HUNDRED PERCENT COUNTY

## Put your County on the RIGHT SIDE

### The Minus One Hundred Percent Side

### One Hundred Percent Side

#### These Must Hurry

	Members 1914	Members 1915
Ashtabula .....	28	20
Athens .....	57	50
Auglaize .....	22	21
Brown .....	15	13
Carroll .....	..	..
Champaign .....	29	28
Crawford .....	31	28
Cuyahoga .....	484	483
Defiance .....	11	3
Erie .....	27	23
Franklin .....	305	304
Fulton .....	25	22
Geauga .....	8	6
Greene .....	32	30
Hamilton .....	451	431
Hocking .....	14	9
Jackson .....	22	21
Lake .....	10	6
Lawrence .....	18	16
Licking .....	41	33
Lorain .....	46	43
Lucas .....	213	212
Madison .....	16	9
Medina .....	23	20
Monroe .....	12	10
Noble .....	9	8
Perry .....	23	17
Portage .....	28	25
Preble .....	5	4
Trumbull .....	28	26
Tuscarawas .....	41	35
Union .....	15	13
Van Wert .....	24	23
Warren .....	30	29
Washington .....	41	35
Wayne .....	26	25
Wood .....	12	..
Total .....	2222	2081

#### One Hundred Per Cent Club

		Members 1914	Members 1915
1 Paulding .....	Dec. 23	14	23
2 Muskingum .....	" 23	22	36
3 Hardin .....	Jan. 7	23	29
4 Gallia .....	" 13	25	31
5 Pike .....	" 20	13	13
6 Morgan .....	" 26	12	14
7 Vinton .....	Feb. 3	9	9
8 Belmont .....	" 10	44	51
9 Ottawa .....	" 10	13	13
10 Morrow .....	" 11	13	15
11 Mercer .....	" 13	27	28
12 Holmes .....	" 25	7	8
13 Clermont .....	" 25	12	14
14 Highland .....	" 26	18	22
15 Seneca .....	Mar. 1	30	35
16 Logan .....	" 1	23	36
17 Hancock .....	" 3	37	37
18 Summit .....	" 4	130	156
19 Allen .....	" 4	75	80
20 Fairfield .....	" 4	39	41
21 Harrison .....	" 5	6	12
22 Scioto .....	" 5	48	48
23 Ross .....	" 5	19	21
24 Putnam .....	" 5	18	29
28 Stark .....	" 5	119	122
26 Shelby .....	" 5	16	18

#### Additional One Hundred Per Cent Counties

		Members 1914	Members 1915
27 Darke .....	Mar. 16	50	56
28 Meigs .....	" 23	11	11
29 Miami .....	" 23	45	46
30 Coshocton .....	" 24	17	21
31 Clarke .....	" 26	59	63
32 Wyandot .....	" 29	10	16
33 Richland .....	" 31	29	30
34 Jefferson .....	" 31	36	36
35 Guernsey .....	Apr. 1	27	29
36 Butler .....	" 3	51	56
37 Mahoning .....	" 5	93	95
38 Montgomery .....	" 6	158	167
39 Henry .....	" 6	2	4
40 Pickaway .....	" 7	21	22
41 Knox .....	" 9	31	33
42 Fayette .....	" 16	18	18
43 Huron .....	" 17	9	10
44 Clinton .....	" 19	24	24
45 Ashland .....	" 19	18	19
46 Delaware .....	" 21	26	26
47 Marion .....	" 23	27	28
48 Adams .....	" 23	23	23
49 Sandusky .....	" 26	21	21
50 Columbiana .....	" 26	37	39
51 Williams .....	" 28	31	32
Total .....		1686	1868

	1908	1913	1914	1915
Total members	3912	3559	3908	3946
On April 30		1790	3209	3949

## ALL STATE SOCIETY MEMBERSHIP RECORDS BROKEN! BUT FOUR COUNTIES LAG IN THE GREAT CAMPAIGN

The Ohio State Medical Association is a One Hundred Per Cent Society. When this was written (April 30th) we had 3949 members. In the first four months of this year we have exceeded our last year record by 41, and our best record (1908) by 37. We have 340 members who have never before been affiliated with the organization.

In the **Sixth** district all but one are one hundred per cent counties. The **Third** district, however, leads in actual number of one hundred per cent counties. It has eight, while the **Sixth** district has seven. The **First** and **Third** districts each have all but two of their counties on the one hundred per cent side. The **Second**, **Fourth**, **Seventh**, **Ninth** and **Tenth** districts each have all but three on the one hundred per cent side. In the **Eighth** district, five counties are still on the wrong side. The **Fifth** district has but one one hundred per cent county, with eight on the other side.

In spite of the great interest prevailing in our organization, Preble county in the **Second** district continues barely to exist. The same condition is true of Defiance and Henry counties, of the **Fourth** district.

Wood county, in the **Fourth** district, is quite dead, although there is a decided demand for membership in the state society. This county can be reorganized without effort.

### SOME OF THE DETAILS.

Carroll county of the **Seventh** district is as dead as ever.

All other counties, with a few exceptions, are within one or two members of being one hundred per cent.

Paulding county, of course, leads the one hundred per cent list and deservedly so. They have every man in the county. Adams county, with our friend Sproull at the helm, also has every man in the county.

C. E. Holzer is the busy man in Gallia county. His county is six to the good.

Belmont is hitting the high spots this year. They had 44 last year, 51 this. J. S. McClellan, of Bellaire, is the secretary. Keep your eye on him.

Logan is coming forward fast, with a gain of 13 over last year. A. J. McCracken is one of our big boosters.

The first large county to make one hundred per cent is Summit, with 25 members to the good. Their society is growing like the rubber industry. A member in Summit never drops his membership. McCormick says they now have nine living outside the county, making a total of 164.

Allen jumped from 75 to 80. G. R. Clayton is the live secretary.

Harrison doubled. Write to R. P. Rusk, of Cadiz, and find out how he did it.

G. E. Robbins is putting Ross county again on the map.

Our friend C. F. Douglas is doing some splendid work in Putnam county. He raised the 1914 record 11, and he expects to get every man in the county.

Stark was 119 last year, is 122 this year. The mails are too slow for Buchman. He does his business by telegraph.

Hunter of Darke county is on the job as usual. Darke is six in advance this year.

Coshocton is growing. J. D. Lower reported 21 this year.

Clark is growing, is up to 63 now. Our business relations with this county are always satisfactory. Taylor is treasurer, and, by the way, Jack McDowell is secretary there now.

Wyandot is coming nicely. They rose from 10 to 16. Smith is on the job.

Butler responds splendidly, as usual. Griffith is down there, you know. Butler is up to 56 this year.

Montgomery can always be relied upon for an increase. They have 167 members now. Prather is a good collector of dues. By the way, his lists come in typewritten and in good order.

Morris, of Columbiana, reported 39 and said there are more to come.

Since the table on the opposite table was prepared **Franklin** has qualified with one more than last year! It is the largest one hundred per cent county. Bigelow has been on the job day and night.

And look at Cuyahoga! Tuckerman, as usual.

And Lucas! Morgan. Enough said.

Hamilton is just a trifle behind the Big Four, and is coming fast.

### IMPORTANT CLINICAL NOTICE.

The second alumni clinic week of Ohio Miami Medical College, Cincinnati, is announced for June 9, 10, and 11, with headquarters at City Hospital. June 9, J. C. Oliver, Cincinnati, and Thos. D. Carothers, Hartford, Conn., will conduct clinics. June 10: Frank Billings, Chicago, and B. K. Rachford, Cincinnati. June 11: Samuel G. Grant, New York, and Oliver P. Holt, Cincinnati. There will be a business meeting June 12, and a banquet at the University. Commencement exercises are scheduled for that day.

This announcement was received late. Otherwise more details of this interesting program would have been given.



## CINCINNATI MEETING BREAKS ATTENDANCE RECORDS; VOTE TO RAISE DUES AND CONTINUE PRESENT PLANS

(Report by the News Editor of The Journal)

The seventieth annual session of the Ohio State Medical Association, which came to a close in Cincinnati at noon on May 6, was undoubtedly the most successful in the history of the State Society. It was so voted by the record-breaking number of members who attended. Next year the Cleveland Academy of Medicine must "go some" to outdo their Cincinnati brethren.

It was an important meeting in many ways.

First, it was the largest in the history of the Society. The total registration reached 972, exceeding by 22 the previous record established at Columbus in 1914, and far exceeding any other registration in history. In other words, it was a "one hundred percent" convention.

Secondly, important action to insure the future development of the Association was taken. The need of a greater annual revenue to continue The Journal, the state legislative work and the other activities of the State Society, was clearly recognized. With very few dissenting voices the House of Delegates voted to double the annual state membership dues—an increase of from \$1.50 to \$3.00 per year—and voted to pro rate this increase for 1915, so that it takes effect immediately. In line with this increase all members in good standing who have paid their dues for 1915 will be assessed an additional dollar to place them in good standing for the remainder of the year. Those who have not paid their dues for 1915 will be assessed \$2.50 for the year. In the future the state dues will be \$3.00, payable January 1st.

### Increase Needed.

This action, while seemingly radical, seemed to meet with entire approval of the hundreds of members present from over the entire state. Since the scope and size of The Journal has been materially increased, and since the state legislative work has been materially broadened, it has been certain that more money would be necessary to continue the work.

Those in attendance expressed great pleasure at the successful outcome of the society's legislative campaign. Many were good enough to express approval of The Journal. The great majority felt that the medical profession of the state cannot afford to abandon any of its present work, as would have been immediately necessary had not the dues been increased.

President Upham, in his address, recommended the increase; the state council unanimously approved it at a meeting on May 3; the reports of almost every officer and every standing committee pointed out its need. It is believed that the society will, through this action, lose a small per cent of its members. But it is believed, also, that the increased revenue will make possible the strengthening of the organization to such an extent that these will later return and that almost every physician in the state qualified for admittance will seek entry.

The House of Delegates, acting on the recommendation of Council, laid groundwork for the institution two years hence of a plan for co-operative defense against civil malpractice suits by the state society, Members of Council and of the House of Delegates generally felt that the increase in dues, necessary to carry on the present activities, made it impractical to immediately take up this medical defense plan, which would have involved a still further increase in state society dues.

### Medical Defense.

At the meeting of Council at the University club, Cincinnati, on May 3, the report of the special committee on medical defense was made by Dr. J. E. Tuckerman, of Cleveland, the chairman. Council voted to accept this report and continue the committee. Using this report as a basis, the Council through Secretary Teachnor reported to the House of Delegates in favor of the eventual institution of co-operative defense, and suggested an amendment to Chapter 7 of the by-laws providing for the appointment of a standing committee of three to devise plans for, institute and direct medical defense.

This proposed amendment will be introduced at the next meeting of the House of Delegates, at Cleveland next year. Under the constitutional rule it will be held for consideration one year, which will make possible the final institution of medical defense after the annual meeting in 1917.

One strong argument in favor of this plan is that, with the increase in annual dues voted at this meeting, it is probable that the state society will before 1917 create a surplus which may then be turned over to the committee appointed to inaugurate medical defense. It is not improbable that, if The Journal advertising increases as it has in the past year, and the membership continues to increase, the present annual dues will in two years be sufficient to include medical defense at little or no additional cost.

### Councilor Terms Shortened.

Another very important action taken by the House of Delegates was the complete revision of the election of councilors. In the past members of council have been elected for a term of five years. For some years there has been developing a sentiment that councilors should be elected for a much shorter term. It has been argued that men

who develop into active councilors are certain of continued service through re-election, while the shorter term affords the society an opportunity to supplant less active men.

This sentiment crystalized at this meeting and the House of Delegates voted by a substantial majority to adopt the amendment to the constitution introduced at the Columbus meeting last year to change the term of councilor from five to two years. Prior to the adoption of this Dr. C. N. Smith, councilor of the Fourth District, filed his resignation with Council. Dr. T. Clarke Miller, councilor of the Sixth District, resigned several weeks ago. The terms of Dr. R. H. Grube, of Xenia, councilor of the Second, and Dr. John E. Groves, of Uhrichsville, councilor of the Seventh District, expired, and they insisted that new men be appointed in their places. These resignations and withdrawals left four vacancies in the board to fill. The remaining six councilors were unamously re-elected for one and two year terms as a mark of appreciation for their past service.

So much for the business features of the session, which are more fully covered in the detailed report of the sessions of the House of Delegates, in this issue. The scientific and social features are too important to longer overlook.

#### That was "Some" Committee.

In the first place, President J. W. Murphy of the Cincinnati Academy of Medicine, started the ball rolling by appointing a splendidly efficient committee on arrangements. This committee, headed by Dr. E. O. Smith, worked diligently for weeks, and worked to good advantage.

Everything was "under one tent." The Hotel Gibson is magnificently equipped to handle a convention such as ours, with one floor designed especially for convention purposes and so flexible in its construction that it may be arranged for the smallest section or the largest banquet.

Dr. Smith had fine co-operation in the committee on arrangements. Dr. W. S. Keller, the treasurer, was constantly on the job to see that things went smoothly. Dr. Frank B. Cross, as publicity committeeman, kept the newspapermen in good humor. The Cincinnati papers, particularly the Enquirer, carried splendid and unusually accurate reports of the sessions. As entertainment committeeman Dr. Mark A. Brown deserves a vote of thanks from everyone present for the worth-while smoker and a banquet that was a genuine pleasure instead of a genuine bore. Dr. Frank Lamb saw to it that every visiting member secured first-class hotel accommodations, without mortgaging of the old home place to meet the usual convention rate boost. Dr. Charles T. Souther, in charge of badges, handled the situation so nicely that every one was supplied with an unusually attractive souvenir, with the name plainly typed. Dr. J. Louis Ransohoff ably directed the exhibits, which were attractive and unusually free from the shady and near-quack companies which sometimes bloom forth in our exhibit halls.

## NEW OFFICERS FOR 1915-1916

President—William Edgar Lower, of Cleveland.

President-elect—Harmon B. Gibbon, of Tiffin.  
Secretary-treasurer—Clarence D. Selby, of Toledo.

Managing Editor of The Journal—Dr. Selby.  
National Legislative Committeeman for Ohio—J. H. J. Upham, of Columbus.

### Members of Council.

(One-year terms in the odd-number districts, two-year in the even.)

First District—Robert Carothers, of Cincinnati.

Second District—John E. Hunter, Greenville.

Third District—Dana O. Weeks, Marion.

Fourth District—Charles W. Moots, Toledo.

Fifth District—Clyde E. Ford, Cleveland.

Sixth District—Edgar J. March, Canton.

Seventh District—James S. McClellan, Bellaire.

Eighth District—William E. Wright, Newark.

Ninth District—Joseph S. Rardin, Portsmouth.

Tenth District—Wells Teachnor, Columbus.

Dr. Lower, member ex-officio, acts as chairman; Dr. Carother has been elected vice chairman, and Dr. Teachnor has been re-elected secretary.

### Delegates to A. M. A.

These were elected for the one-year term:

Delegates—

H. T. Sutton, Zanesville.

J. C. M. Floyd, Steubenville.

Alternates—

U. K. Essington, Newark.

S. S. Halderman, Portsmouth.

These were elected for the two-year term:

Delegates—

A. B. Walker, Canton.

H. C. Haning, Dayton.

J. H. J. Upham, Columbus.

Alternates—

S. M. McCurdy, Youngstown.

M. J. Lichty, Cleveland.

Carl W. Sawyer, Marion.

### Ladies Well Cared For.

The visiting ladies were taken care of in a pleasant manner by a special committee consisting of Dr. Nora Crotty, Dr. Elizabeth Campbell and Dr. Bertha Lietze. While the men were busy with the section work Tuesday the ladies were taken to the Women's club in Walnut Hills where tea was served. In the evening while the smoker was in progress the ladies were entertained at the Grand by Cyril Maude in "Grumpy." Later a buffet luncheon was served at the Gibson. Wednesday afternoon they were taken in autos through the beautiful hill-top residence section of Cincinnati and to many points of interest. Wednesday night many were present at the banquet.

Former President G. A. Fackler headed the reception committee, which devoted much time to making it pleasant for the visitors. He was assisted in this work by Drs. E. W. Mitchell, R. B. Hall,



W. D. Haines, J. A. Thompson, Sidney Lange, Oscar Berghausen, Robert Carothers, and C. L. Bonifield.

Editor Charles H. Castle and his staff on the Cincinnati Lancet Clinic again demonstrated their up-to-the-minute progressiveness by issuing a daily convention bulletin, which not only carried the registration lists but brought to the attention of the visitors many of the timely announcements. It was an innovation much appreciated by the visitors.

In fact, to make a long story short, the members of the Cincinnati Academy of Medicine proved splendid hosts.

#### Started The Week Right.

Activities of the week started on Sunday, when a number of the churches of the city were thrown open to visiting medical men. President Upham, of Columbus, Dr. Ben R. McClellan of Xenia, Dr. Floyd of Steubenville, Dr. Bonifield, of Cincinnati, and others delivered "public health sermons" from various pulpits throughout the city. It afforded an excellent opportunity to spread the gospel of good health.

The sessions of the Ohio State Clinical Association, which opened Monday morning, brought to Cincinnati a good advance guard. Clinics were held Monday at the various hospitals, with a registration of 123. In the evening at the Hotel Gibson, Dr. Charles L. Bonifield, of Cincinnati, delivered the annual presidents address, and Dr. H. Russell Gaylord, of Buffalo, head of the New York State Laboratory for Cancer Research, delivered a very interesting paper on "Recent aspects of the Cancer Problem."

Dr. F. F. Lawrence, of Columbus, was elected president of the association for the ensuing year, and Dr. L. L. Bigelow, of Columbus was elected secretary-treasurer. Drs. Mark Stevenson, of Akron, and William H. Buechner, of Youngstown, were elected vice presidents, Dr. Charles Hamilton, of Columbus, was elected to membership on the executive committee.

It was decided to hold the 1916 meeting in Columbus, and to abandon the plan of holding these sessions in the same week the state society meets.

At the opening session of the State Society, Dr. J. H. J. Upham, President, presented his annual address, in which he briefly reviewed the work of the year, recommended an increase in the annual assessment, commended the state legislative committee and complimented The Journal, advised the extension of associate membership to men in allied professions, and suggested a consolidation of the work of the secretary-treasurer and Journal offices. His address will be published in full next month.

Mayor Frederick Spiegel welcomed the visitors on behalf of the city of Cincinnati, and Dr. Murphy extended the welcome of the Academy. Tuesday afternoon was devoted to section work, with unusually large attendance in every section. In the Section on Medicine, for instance, the sessions

## NEW SECTION OFFICERS

### Section on Surgery.

J. C. Oliver, Cincinnati, Chairman.  
Earl M. Gilliam, Columbus, Secretary.

### Section on Eye, Ear, Nose and Throat.

R. D. Gibson, Youngstown, Chairman.  
Charles L. Minor, Springfield, Secretary.

### Section on Obstetrics and Pediatrics.

Andrews Rogers, Columbus, Chairman.  
John R. Gardiner, Toledo, Secretary.

### Dermatology, G. U., and Proctology.

E. O. Smith, Cincinnati, Chairman.  
Charles J. Shepard, Columbus, Secretary.

### Hygiene and Sanitary Science.

J. R. McDowell, Springfield, Chairman.  
O. A. Peters, Cincinnati, Secretary.

The Section on Medicine failed to receive the report of the nominating committee in time to elect. The report will be accepted as election, when reported to Council.

The Section on Nervous and Mental Diseases held no session at the Cincinnati meeting.

averaged an attendance of 200, while 450 attended the joint session of the medical and surgical sections on Wednesday morning when symposiums on diagnosis and treatment of gastric and duodenal ulcers and on arthritis deformans from the medical and surgical standpoints were presented. The always active Section on Eye, Ear, Nose and Throat held its usual lively sessions. The only section to default was the Section on Nervous and Mental Diseases, which did not prepare a program. A movement is already on foot to reorganize this section for the Cleveland meeting.

### Many Side Activities.

The numerous collateral activities made this year's meet very pleasant.

On Monday evening the Cincinnati Women's Medical Society entertained with a banquet at the Hotel Sinton. Dr. Bertha Van Hoosen, of Chicago, presented a paper on painless childbirth. An endeavor was made to form a state organization of medical women, separate from the state association, by the 40 women physicians present, but plans did not materialize.

The Interstate Association of Anesthetists was formally launched, with an initial membership of 75 and prospects of becoming a strong organization. A splendid program was presented, and those present declare that it has promise of becoming one of the strongest associations of its kind in the country. We hope to present a more complete report of their meeting next month.

Alumni of Rush Medical College held their annual banquet on Wednesday evening at the

Hotel Sinton, with about 20 present. Dr. Albert S. Barnes, of Columbus, was re-elected president, and Dr. E. F. McCampbell, of Columbus, secretary-treasurer.

The Ohio State Board of Health held its regular monthly meeting at the Gibson on Tuesday evening, while members of the staff of the board addressed the local health officers of Hamilton county, Tuesday afternoon. The traveling public health exhibit of the state board of health was shown at convention headquarters in connection with the commercial exhibits, and attracted much attention.

Members over the state interested in school inspection work participated in an interesting conference Wednesday noon, at the Gibson, called by Dr. P. B. Brockway, of Toledo. This group has been actively co-operating with State School Commissioner Miller, and plans are maturing for effective medical inspection work throughout the state. Dr. Homer C. Brown, of Columbus, member of the state board of health, who is taking an active part in the dental inspection features of the work,

reported that in a recent communication Mr. Miller declared that had school inspection been in effect when he attended school it would have been worth \$1,000 to him, as it would have made possible the prevention of the partial loss of his hearing.

#### **Dry and Speechless.**

The crowning social event of the meeting, to repeat, was the banquet on Wednesday evening in the magnificent ball room of the Hotel Gibson. The committee made the affair "dry and speechless," meaning that the usual postprandial nuisances were entirely abandoned and that the guests had a choice of coffee tea, or milk.

When the dinner was served there were 420 guests gathered at the tables. First class vaudeville, with many local "hits" made pleasant the hours until midnight. At the smoker on the preceding evening an even larger crowd enjoyed the hospitality of the Cincinnati Academy members, and had a pleasantly informal evening.

Taking it all in all, the Cincinnati meeting established a precedent which well be very difficult to beat.

## **HERE IS A DETAILED RECORD OF THE THREE BUSY MEETINGS OF HOUSE OF DELEGATES: IT'S WORTH READING**

The first session of the House of Delegates of the seventieth annual meeting of the Ohio State Medical Association was called to order promptly at 11 a. m., on Tuesday, May 4, by Dr. J. H. J. Upham, of Columbus, the president.

All of the officers and members of the Council were present with the exception of Dr. C. N. Smith, councilor for the Fourth District. Fifty-three delegates answered the roll call.

Dr. John Thompson, Cincinnati, under the head of miscellaneous business, moved the appointment by the president of a committee of five for special consideration of the address of the president, with instructions to report on recommendations contained therein, either at a subsequent meeting of the House of Delegates or at the next meeting of the Council of the State Society. Seconded by Dr. J. W. Murphy, of Cincinnati.

The president, before the close of the session, appointed the following committee: Drs. C. W. Moots, Toledo, chairman; L. L. Bigelow, of Columbus, W. M. McClelland, of Ashland, J. R. McDowell, of Springfield, and H. M. Hazelton, of Lancaster. Dr. E. O. Smith, chairman of the Committee on Arrangements of the Academy of Medicine of Cincinnati, announced the arrangements of the meeting, including the various social events.

On motion, duly seconded, the minutes of the 1914 session of the House of Delegates, as published in *The Journal*, were approved.

On separate motions from the floor, the following members of the nominating committee were approved.

#### **The Nominating Committee.**

First District, Dr. John A. Thompson, Cincinnati; Second, Dr. E. M. Huston, Dayton; Third, Dr. J. C. Tritch, Findlay; Fourth, Dr. H. J. Morgan, Toledo; Fifth, Dr. Charles Graefe, Sandusky; Sixth, Dr. H. H. Jacobs, Akron; Seventh, Dr. C. W. Maxson, Steubenville; Eighth, Dr. H. M. Hazelton, Lancaster; Ninth, Dr. Lafayette Roush, Pomeroy; Tenth, Dr. C. D. Mills, Marysville.

On motion of Dr. T. Clarke Miller, seconded by Dr. H. M. Hazelton, the annual report of the secretary-treasurer, together with his supplemental report (see *Journal*, April, 1915, page 268) was received and placed on file.

The annual report of the Committee on Public Policy and Legislation, Dr. Ben R. McClellan, chairman (see *Journal*, April, 1915, page 237); the annual report of the Publication Committee, Dr. C. D. Selby, chairman (see *Journal*, April, 1915, page 236); the annual report of Bureau of Promotion, Dr. J. H. J. Upham, chairman (see *Journal*, April, 1914, page 238); the annual report of the special Committee on Workmen's Compensation, Dr. C. F. Bowen, chairman (see *Journal*, April, 1915, page 239), were received and placed on file.

Dr. J. E. Tuckerman, Cleveland, briefly reviewed the partial report of the auditing committee (see *Journal*, April, 1915, page 270) and submitted a supplementary report which was, on motion, accepted and ordered placed on file.

Dr. E. M. Huston, of Dayton, chairman of the standing Committee on Public Health Education,



presented the annual report of his committee, which will be published in a subsequent issue of The Journal. On motion of Dr. C. D. Mills, of Marysville, seconded by Dr. S. J. Goodman, of Columbus, it was accepted and ordered published.

#### National Legislation.

Dr. Ben R. McClellan, of Xenia, Ohio auxiliary legislative committeeman for the American Medical Association, presented his annual report, which, on motion was ordered accepted and printed in The Journal.

Dr. J. E. Tuckerman, Cleveland, chairman of the special Committee on Medical Defense, presented the annual report which was published in full in The Journal, November, 1914, page 686, in the form in which it was presented to the Council of the State Society on October 12, 1914. He made a brief supplementary report. On motion of Dr. Jacobs, duly seconded, the report was accepted and placed on file, and the special committee was continued for another year.

In the absence of Dr. C. F. Bowen, of Columbus, chairman of the special Committee on Workmen's Compensation, the published report of that committee (see Journal, April, 1915, page 238) was presented. On motion by Dr. H. R. Geyer, of Zanesville, seconded by Dr. G. O. Maskey, of Upper Sandusky, the report was ordered accepted and placed on file, and the committee was ordered continued for the ensuing year.

Dr. D. O. Weeks, councilor for the Third district, moved that where the accredited delegates of the county societies are not present at the meeting and members of the State Society are in attendance, the chair be authorized to issue delegate credentials to said members. Before the motion was seconded, J. E. Tuckerman, of Cleveland, declared that there should be some penalty inflicted upon counties which failed to comply with the constitution and by-laws by failing to properly certify the names of their delegates to the secretary of the State Society in advance of the annual meeting. He pointed out that the motion offered by Dr. Weeks would seriously conflict with the question of credentials. Dr. Weeks withdrew his motion.

On motion, duly seconded, the House of Delegates adjourned to meet at 7 p. m., Tuesday evening.

#### SECOND SESSION.

House of Delegates was called to order promptly at 7 p. m. by the president. On roll call by the secretary 49 delegates answered.

The first order of business was the annual reports of the councilors. Every councilor reported with the exception of Dr. C. N. Smith, of Toledo, councilor of the Fourth district, who had resigned at the Council meeting on the previous evening. The reports developed the fact already brought out by the membership summaries that with the exception of six counties, the organization is in splendid shape throughout Ohio.

The second order of business was the considera-

tion of proposed amendments to the constitution and by-laws. Secretary Selby read the amendment to Section 2 of Article 7 of the constitution which was first presented to the House of Delegates at the second session of the sixty-ninth annual meeting, which was held in Memorial Hall, Columbus, Tuesday, May 5, 1914. He reported that in compliance with the constitution and by-laws of the State Society, this proposed amendment had been laid over under the rules and that official copies had been submitted to each component society and that under date of March 4, 1915, in further compliance with the constitutional requirement, additional copies had been sent to each component society for consideration. He then read the text of the amendment as submitted by Dr. Monger, as follows:

**Length of Term of Councilor.** In line 6 of Section 2 of Article VII of the constitution of the Ohio State Medical Association, strike out the word "five" and insert the word "two" so that the sentence shall read: "Two councilors shall be elected every year for a term of two years."

Dr. J. M. Moore, Cleveland, moved that the proposed amendment be amended to read as follows: "The term of office of councilor shall be two years, five to be elected each year."

The introduction of the amendment to the amendment precipitated a discussion. Dr. T. Clarke Miller raised the point of order that an amendment to amend provisions of the constitution and by-laws must lie over for one year. Dr. Upham, the presiding officer, at the close of the discussion, cited a precedent at the Dayton meeting where a proposed amendment that had been under consideration one year had been amended and voted on at one session. He ruled that inasmuch as the Moore amendment to the Monger amendment did not materially change the intent of the original proposition, the amendment to the amendment would be entirely in order.

Dr. Graefe, of Sandusky, moved that the House of Delegates first vote upon the adoption of the amendment to the amendment. By rising vote the amendment to the amendment was carried by a vote of 37 to 12. The delegates then proceeded to vote upon the amendment as amended. By rising vote this proposal was carried, 36 to 17. The chair announced the result and declared the amendment to the constitution adopted.

The nominating committee selected at the previous meeting was officially informed of the result and requested to add to their original list of nominations, nominations for councilor from each of the ten districts, as the adoption of the Monger amendment had automatically vacated the office of councilor in each district.

The chair announced that under the order of business, proposed amendments to the constitution and by-laws would be in order.

H. J. Morgan, of Toledo, presented the following amendments and requested that they be laid over

under the rule, until the 1916 session of the House of Delegates.

"That section 2 of Chapter II of the by-laws be amended to read as follows: 'Section 2. The officer of each section shall be a chairman who shall serve for one year or until his successor has been elected.'

"That Section 5 of Chapter VII of the by-laws be entirely omitted."

"Section 1 of Chapter VIII be amended by inserting the words 'A committee on program' and that an additional section shall be added to this chapter to be known as Section 1-2, to read as follows:

"The program committee shall consist of the President and Secretary of the Association and the chairman of the several sections. It shall determine the character and scope of the scientific proceedings of the Association for each session, subject to the instruction of the house of delegates, or the provisions of the constitution and by-laws. Thirty days previous to each annual session, it shall prepare and issue a program, announcing the order in which papers, discussions and other business shall be presented. This program shall be adhered to by the Association as nearly as practicable."

Dr. Wells Teachnor, as secretary of Council, was called upon for the report of Council on the matter of instituting co-operative Medical Defense by the State Society. At a previous meeting of the Council, the special committee on Medical Defense had made its report to Council. Dr. Teachnor reported to the House of Delegates that Council had appointed a sub-committee to consider this report, and that the report of the sub-committee had been adopted as a report of council to the House of Delegates. He then presented this report, as follows:

#### Medical Defense Report.

"The Council, to whom was referred at the last meeting of the House of Delegates the matter of instituting Medical Defense, after mature deliberation, decides it has no authority to institute plans for the same, but begs to recommend to the House of Delegates the following by-laws:

"To amend Chapter VIII, Section 1, by adding after the words, 'a committee on arrangements,' 'A committee of three on medical defense, one of whom shall be for one year, one for two years and one for three years and one each year thereafter, to devise plans for, institute and direct a defense against suits for civil malpractice brought against members of this Association.

"There shall be one member elected annually by each county society, to serve as auxiliary to said committee."

## NEW STANDING COMMITTEES

### Publication Committee—

C. D. Selby, Toledo, Chairman.  
Leslie L. Bigelow, Columbus.  
J. E. Tuckerman, Cleveland.  
George S. Mytinger, Portsmouth.  
Geo. V. Sheridan, Columbus, Secretary.

### Legislation and Public Policy—

J. H. J. Upham, Columbus, Chairman.  
J. C. M. Floyd, Steubenville.  
Edwards H. Porter, Tiffin.  
W. E. Lower, Cleveland.  
H. B. Gibbon, Tiffin.  
C. D. Selby, Toledo.  
Geo. V. Sheridan, Columbus, Secretary.

### Public Health Education—

John H. Landis, Cincinnati, Chairman.  
J. R. McDowell, Springfield.  
Eleanora Everhard, Dayton.

### Bureau of Promotion—

W. E. Lower, Cleveland, Chairman.  
C. D. Selby, Toledo.  
C. E. Ford, Cleveland.  
L. L. Bigelow, Columbus.  
George S. Mytinger, Portsmouth.  
J. E. Tuckerman, Cleveland.  
Geo. V. Sheridan, Columbus, Secretary.

Dr. R. D. Gibson, of Mahoning, spoke in favor of immediate action on the part of the State Society in instituting co-operative medical defense.

On motion duly seconded, the report of Council was accepted and placed on file.

Dr. L. L. Bigelow, of Columbus, secretary of the special committee appointed at the previous session of the House of Delegates to consider the recommendations made in the President's address, reported for the committee as follows:

### Presidential Recommendations.

"On motion, the committee commends the high tone of the President's address and his keen insight therein expressed as to the necessary actions needed to continue the progressive work already started and it especially recommends the adoption of the several suggestions therein made, as follows:

"First—Substantial increase of annual membership dues.

"Second—The appointment of a committee consisting probably of the Secretary-treasurer, the News Editor of The Journal, and the Auditing Committee to work out a plan to avoid reduplication of work.

"Third—A change of the term of office of council from five years to two years.

"Fourth—The appointment of a committee on amendments and revisions to the constitution and by-laws, to which committee is commended the



suggestion that provisions be made for the reception into association membership of members of the allied professions with privilege of receiving The Journal at cost.

"(Signed) C. W. Moots, Chairman; L. L. Bigelow, Secretary; W. N. McClelland, J. R. McDowell, H. M. Hazleton."

On motion, duly seconded, the report by unanimous vote was accepted and placed on file.

Secretary Selby read a telegram from C. N. Smith, of Toledo, Councilor for the Fourth district, presenting his resignation from that office and expressing his extreme regret that increasing professional demands rendered it impossible for him to give the time necessary to carry out the duties of the position. Secretary then announced the resignation of T. Clarke Miller, of Massillon, Councilor of the Sixth district, which had been presented at a previous meeting of Council, and regretfully accepted.

On motion, duly seconded, resignations were accepted with an expression of extreme regret on the part of the House of Delegates.

Dr. J. A. Weitz, Montpelier, was accorded the floor and placed the question as to which districts would elect councilors for one year and which for two years, under the amendment to the constitution which had been previously adopted. Dr. J. A. Thompson, Cincinnati, moved that the nominating committee be instructed to nominate for a term of one year, the Councilors from the First, Third, Fifth, Seventh and Ninth, and that the nominating committee be instructed to nominate candidates for a term of two years for the Second, Fourth, Sixth, Eighth and Tenth districts. Dr. H. M. Hazleton, of Lancaster, seconded this motion, which was carried *viva voce*. The president so instructed the chairman of the nominating committee.

On motion of Dr. J. S. Rardin, Portsmouth, councilor of the Ninth District, the application for a charter for the Hocking County Medical Society was granted.

Dr. Wells Teachnor, secretary of Council, called to the attention of the House of Delegates the recommendation included in the reports of the various standing committees that the annual dues of the members of the State Society be raised in order that a sufficient annual revenue be derived to permit the continuance of The Journal on its present scale and to permit the continuance of the legislative, membership, and other activities of the State Society. As Secretary of the Council he offered the following motion, which was duly seconded:

"Be it Resolved, That the annual dues of the members of the Ohio State Medical Association be increased from \$1.50 per year to \$3.00 per year, and that the assessment for 1915 be pro-rated."

#### Increase Annual Dues.

Secretary Selby was called upon for an expression as to the amount of increase necessary to

provide for the present activities. He stated that in his opinion, an increase to \$3.00 would be sufficient at the present time and that there might be a residue which could be devoted to a fund for the establishment of cooperative medical defense.

Dr. Upham, in answer to a question, stated that the state dues in Ohio are much lower than in any other state which maintains a journal. He quoted the dues in several other states which range as high as \$6.00. Dr. Hazleton, of Lancaster, and others stated that they had canvassed the sentiment in their respective districts and found them almost unanimously in favor of an increase in dues rather than a diminution of activity.

Dr. Teachnor rose to a point of order and stated that inasmuch as the membership of Council had been discontinued, and there might be some question as to his right to make his previous motion, he requested that it be withdrawn. This request was granted *viva voce*.

Dr. J. A. Thompson then moved that the annual per capita assessment of the members of the Ohio State Medical Association be increased from \$1.50 to \$3.00, and that an assessment of \$1.00 per year be levied against each member of the State Society in good standing for 1915, thereby raising the complete annual assessment for 1915 to \$2.50 per year. Seconded by E. L. Crum, of Medina.

The chair then called for a vote on the motion of Dr. Thompson. On a rising vote, motion was carried 35 to 6. The chair then officially instructed the secretary-treasurer of the State Society to notify the treasurers of the various county societies that the per capita assessment for 1916 for the state society would be \$3.00 and that an additional sum of \$1.00 be immediately levied, thereby raising the total assessment for 1915 to \$2.50 per capita.

On motion, duly seconded, the House of Delegates adjourned to meet Wednesday, May 5, at 1:00 p. m.

#### THIRD SESSION.

House of Delegates was called to order in the third session, Wednesday, May 5, at 1:00 p. m. by Dr. Upham. Secretary called roll and 69 delegates answered their names.

The chair called for the report of the nominating committee which was presented by the chairman, J. A. Thompson, of Cincinnati, as follows:

"The nominating committee appointed by the House of Delegates with instructions to appoint candidates for the constitutional offices, begs to report the following candidates:

#### For President-elect, (one to be elected.)

H. B. Gibbon, Tiffin,  
Julius H. Jacobson, Toledo,  
T. Clark Miller, Massillon.

#### Public Policy and Legislation, (three to be elected).

J. H. J. Upham, Chairman, Columbus,  
J. C. M. Floyd, Steubenville,  
Edwards H. Porter, Tiffin.

**Managing Editor of The Journal.**

C. D. Selby, Toledo.

**Publication Committee, (three to be elected).**

L. L. Bigelow, Columbus,  
J. E. Tuckerman, Cleveland,  
Geo. S. Mytinger, Portsmouth.

**Public Health Education, (three to be elected).**

John H. Landis, Cincinnati,  
J. R. McDowell, Springfield,  
Eleanor Everhard, Dayton.

**National Legislative Council.**

J. H. J. Upham, Columbus.

**COUNCILORS.****First District.**

Robert Carothers, Cincinnati.

**Second District.**

J. E. Hunter, Greenville.

**Third District.**

D. O. Weeks, Marion.

**Fourth District.**

C. W. Moots, Toledo.

**Fifth District.**

Clyde E. Ford, Cleveland.

**Sixth District.**

E. J. March, Canton.

**Seventh District.**

James S. McClellan, Bellaire.

**Eighth District.**

H. M. Hazelton, Lancaster.

**Ninth District.**

J. S. Rardin, Portsmouth.

**Tenth District.**

Wells Teachnor, Columbus.

**Delegates to the American Medical Association.****One Year Term, (two to be elected).**

H. T. Sutton, Zanesville,  
J. C. M. Floyd, Steubenville.

**Two Year Term, (three to be elected).**

A. B. Walker, Canton,  
H. C. Haning, Dayton,  
J. H. J. Upham, Columbus.

No nominations were made for the position of alternate.

It was moved and duly seconded that the report of the nominating committee be accepted. Chair then called for nominations from the floor. Dr. J. C. Larkin, of Hillsboro, nominated Dr. E. O. Smith, of Cincinnati. Nomination was seconded by Dr. Carothers, of Cincinnati.

Dr. J. E. Tuckerman moved that in order to facilitate voting, the name of the candidate having the smallest number be eliminated after each ballot. Seconded. Carried.

Balloting for candidates for president-elect proceeded. T. Clark Miller, of Massillon, entered the hall at this point and, rising to a point of order, announced that he refused to accept the nomination for president-elect and that he would not accept the office were it tendered him. The chair ruled that he was out of order.

Result of the first ballot for president-elect was

as follows: Miller, 15; Jacobson, 12; Gihbons, 25; Smith, 7.

Dr. E. O. Smith requested that his name be withdrawn from the ballot. Request granted. Dr. Miller requested that his name be withdrawn from the ballot. Request granted.

**Dr. Gibbon Leads.**

House of Delegates proceeded with second ballot for president-elect, with the following result: Jacobson, 20; Gibbons, 44; Miller, 2; Dr. Gihbons having received a constitutional majority of the votes cast, was declared elected.

Dr. E. M. Huston, of Dayton, spoke under a point of order protesting the right of the nominating committee to designate in its report the chairmen of the various committees. After discussion the chair ruled that under a precedent firmly established by the Association such right was lodged with the nominating committee.

On motion to suspend the rules and permit the secretary to cast the ballot for the House of Delegates, the committee's nominations for three members of the Committee on Public Policy and Legislation; three members of the Publication Committee; three members of Committee on Public Health Education; for Managing Editor of The Journal and for member National Legislative Council, was adopted.

Dr. Tuckerman, of Cleveland, moved a committee of three be appointed by the chair to escort the president-elect to the room. The chair appointed Drs. J. C. Larkin, of Hillsboro, J. C. Tricht, of Findlay, and K. Dunham, of Cincinnati.

On separate motions which directed the Secretary-treasurer to cast the ballots of the House of Delegates, the recommendations of the nominating committee for membership on the Council were accepted for the First, Second, Third, Fourth, Fifth, Sixth and Seventh Districts.

When the nomination for the Eighth District was brought before the House Dr. H. R. Geyer, of Zanesville, placed in nomination the name of Dr. W. E. Wright, of Newark, the retiring member of the Council. The chair called for a rising vote, which elected Dr. Wright over Dr. H. M. Hazelton, of Lancaster, by a vote of 41 to 18.

The House proceeded to voting to qualify the election of the two remaining councilors as follows: Ninth—J. S. Rardin, Portsmouth, one year; Tenth—Wells Teachnor, Columbus, two years.

House of Delegates proceeded with the halloting for delegates to the American Medical Association. The nominations of the committee were ratified as follows: For one year: H. T. Sutton, Zanesville; J. C. M. Floyd, Steubenville; for two year term: A. B. Walker, Canton; H. C. Haning, Dayton, and J. H. J. Upham, Columbus.

Nominations for alternates to these positions were made from the floor, as follows:

Alternates for one year: Drs. U. K. Essington, Newark, and Stephen S. Halderman, Portsmouth;



for two years: Drs. S. M. McCurdy, Youngstown, M. J. Lichty, Cleveland, Carl W. Sawyer, Marion.

The secretary, on motion duly seconded, was instructed to cast the ballot of the House of Delegates for the above named alternates.

#### Petition to the Governor.

Dr. Tuckerman presented the following resolution:

"Whereas, The Ohio State Medical Association this day assembled in Cincinnati, in its seventieth annual convention, do very strongly endorse the sentiment which was developed throughout the state that one member of the Industrial Commission of Ohio should be a qualified surgeon, familiar with the very important surgical features of the operation of the Workmen's Compensation Act, and do realize as the result of experience with the operation of the Act, that the success of the plan is in large measure dependent upon insuring the best possible medical and surgical service to those who benefit by the provisions of the Act, and that to accomplish this a qualified surgeon is needed on the Commission to work out these intricate medical and surgical problems, therefore be it,

"Resolved, That the Ohio State Medical Association do most respectfully request Gov. Frank B. Willis when there shall next occur a vacancy to appoint a surgeon, qualified by experience in the problems of industrial surgery, so important in determining workmen's compensation, and be it further

"Resolved, That this Association recommend for this appointment of Dr. Clarence D. Selby, of Toledo, who has had extensive experience in the problems of industrial surgery, believing him to be not only very acceptable to the four thousand physicians and surgeons members of this Association but to all other members of the profession in the state, and that he would make more efficient this very important department of the state's service."

On motion Dr. K. Dunham, of Cincinnati, seconded by Dr. J. C. M. Floyd, it was adopted unanimously.

Chair announced that the order of business would revert to consideration of proposed amendments.

The Secretary-treasurer announced that Dr. Morgan, of Toledo, who had introduced the proposed amendment at the second session of the House of Delegates on May 4, changing the supervision of the annual program, had left the city but that in the meantime it had been discovered that this proposed amendment to the by-laws conflicted with the constitution. The chair, with the consent of the House of Delegates, ruled out of order this proposed amendment.

Dr. L. L. Bigelow introduced the following proposed amendment to the constitution in line with the recommendations of the special committee appointed at the first session:

#### Associate Memberships.

To amend Article IV, Section 1, to read: "This Association shall consist of members, delegates, guests and Association members."

Add to Article IV a new section to be numbered "Sec. 5," to read:

"Sec. 5. Members in good standing in state associations or societies of allied professions may be elected associate members by the House of Delegates upon recommendation of the Council or by majority vote of the council at any regular meeting of that body upon payment to the treasurer of the Ohio State Medical Association, a proportional part of the annual assessment. Said assessment is to be fixed by Council. They shall be entitled to receive the Journal, to attend the meetings of the Association, but have no representation in the House of Delegates."

The chair ruled that under the constitution the proposed amendment shall lie over one year; that component societies shall be presented copies in the meantime and shall come up for consideration at the second session of the House of Delegates at the 1916 session.

Dr. E. M. Huston, of Dayton, moved that the Association pay the expenses of Dr. M. R. Ravenel, who was invited by the officers of the Section on Hygiene and Sanitation to address that section. Seconded by Dr. C. E. Ford, of Cleveland. Carried.

Dr. Upham presented communications from the National Association for the Study and Prevention of Tuberculosis and from the National Association for the Control of Cancer, asking the co-operation of the Association. On motion, duly seconded, they were referred to the Committee on Public Health Education.

#### Bouquets.

On motion, duly seconded, a vote of thanks was unanimously accorded the Committee on Public Policy and Legislation for its excellent work and for the results accomplished during the past year. On motion, a rising vote was extended the Academy of Medicine of Cincinnati and the members of the local committee on arrangements for the splendid entertainment accorded the society.

Dr. C. E. Ford, Cleveland, invited the society to hold its annual meeting in 1916 in Cleveland. Dr. J. E. Tuckerman moved that invitation be accepted; seconded by Dr. G. H. Matson, of Columbus. Carried unanimously.

Dr. S. P. Kramer, of Cincinnati, was accorded the privilege of the floor. He announced that a meeting would be held on the following day to organize a society for the study of the problem of dealing with alcohol, and extended an invitation to all members to be present.

The committee appointed to escort to the hall the president-elect, Dr. Gibbons, reported that he could not be found in the building.

Dr. Upham called to the chair Dr. William E. Lower, of Cleveland, the new president, and after

thanking the members of the House of Delegates for their courteous treatment during the year, formally presented to Dr. Lower the gavel and retired.

Dr. Lower, in a brief address, promised his best

efforts during the ensuing year. On behalf of the State Society an engraved gavel was presented to Dr. Upham.

Dr. J. A. Thompson, Cincinnati, moved that the House of Delegates adjourn sine die. Carried.

## COUNCIL, IN THREE MEETINGS, STARTS MEDICAL DEFENSE PLAN, AND RECOMMENDS RAISE IN ANNUAL DUES

(Official Minutes by Wells Teachnor, M. D., of Columbus, the Secretary)

Council of the Ohio State Medical Association met May 3, 1915, at the University Club, Cincinnati, Ohio, as the guest of Dr. Robert Carothers, with President Upham in the chair. Members present: Drs. Carothers, Grube, Weeks, Ford, Miller, Groves, Wright, Rardin, and Teachnor. Dr. W. E. Lower, President-elect, Dr. C. D. Selby, Secretary-Treasurer, Dr. Ben R. McClellan, chairman of the Committee on Public Policy and Legislation, Dr. J. E. Tuckerman and Mr. Geo. V. Sheridan, of the Journal.

The minutes of the last meeting were read and approved.

Dr. J. E. Tuckerman, chairman of the Medical Defense Committee, gave a detailed report for the committee, which was accepted and placed on file. On motion of Dr. Rardin and seconded by Dr. Carothers the Council extended thanks to the committee for its efficient work. On motion of Dr. Carothers and seconded by Dr. Wright the president was requested to appoint a sub-committee of three from Council to formulate a report, to be made to the House of Delegates, in accordance with the recommendations of this committee. The special committee appointed by the president, consisting of Drs. Carothers, Miller and Rardin, presented the following recommendation for the Medical Defense proposition.

"The Council, to whom was referred, at the last meeting of the House of Delegates, the matter of instituting Medical Defense, after mature deliberation, decides it has no authority to institute plans for the same but begs to recommend to the House of Delegates the following by-law. To amend Chapter VIII, Section 1, by adding after the words 'A committee on arrangements.'

"A committee of three on Medical Defense, one of whom shall be elected for one year, one for two years and one for three years and one each year thereafter to devise plans for, institute and direct a defense against suits for civil malpractice brought against members of this Association. There shall be one member elected annually by each County Society to serve as auxiliary to said committee."

This was carried on motion of Dr. Grube and seconded by Dr. Groves.

On motion of Dr. Ford and seconded by Dr. Grube, the following recommendation was made to the House of Delegates. "That the annual assessment for the State Association be fixed at

three dollars (\$3.00) per year and that this assessment be pro rated for the remainder of this year." This motion was carried after discussion by Drs. Lower and Selby, and the secretary was instructed to present it to the House of Delegates at its second meeting.

The secretary reported that the program was complete, with the exception of the section on Nervous and Mental Diseases.

Dr. McClellan was instructed to draw up and present a resolution to the House of Delegates making it obligatory to elect the chairman of the Public Policy and Legislation Committee and the secretary-treasurer as delegates to the American Medical Association.

Dr. Selby reported for the 100% club.

The resignation of Dr. C. N. Smith, of the Fourth District, was presented by Dr. Carothers, and accepted, to take effect at the next meeting of the House of Delegates.

The secretary offered the following resolution which was carried, on motion of Dr. Grube. "It is the sense of Council that it officially record its appreciation of the efficient services to the Association of the secretary-treasurer, Dr. C. D. Selby, and the News Editor of the Journal, Mr. Geo. V. Sheridan, during the last year."

### Second Meeting.

Cincinnati, Ohio, May 4, 1915.

Council of the Ohio State Medical Association met with the House of Delegates at 7 p. m., in the assembly hall in the Hotel Gibson. Each councilor made an annual report to the House of Delegates for his district, with the exception of Dr. C. N. Smith.

The secretary presented the motion to raise the annual dues of the Association to \$3.00, and to prorate the increase for 1915.

### Third Meeting.

Cincinnati, Ohio, May 5, 1915.

The Council of the Ohio State Medical Association met in the assembly room of the Hotel Gibson immediately after the annual election, with the following members present: President Lower, Drs. Carothers, Hunter, Weeks, Ford, March, Wright, Rardin and Teachnor, and organized by electing Dr. Robert Carothers vice-chairman and Wells Teachnor secretary for the ensuing year.

There being no further business to come before Council at this time adjournment was taken to the last Monday in June at 1 p. m. at Columbus, Ohio.



## ONE HUNDRED PER CENTERS BOAST A BIT AND MAKE PLANS TO KEEP UP ENTHUSIASTIC MEMBERSHIP WORK

Live members of the Ohio State Medical Association gathered around the tables in the Fountain Room of the Hotel Gibson, Wednesday noon, at the first annual luncheon of the One Hundred Per Cent Club. Not all the live members were there, of course, but those who were there had demonstrated their right to that title.

Dr. Upham and Dr. Lower divided honors in presiding. The club was particularly fortunate in having as guests Dr. J. W. Kincaid, of Catlettsburg, president of the Kentucky State Medical Association, and Dr. A. T. McCormack, of Bowling Green, the active executive officer of the Kentucky State Board of Health. Both responded briefly to requests for advice. Dr. McCormack, who has been very active in medical organization work, emphasized the necessity of co-operation on the part of every member of the state society in patronizing the firms which use the advertising columns of *The Journal*. He pointed out that consistent advertising support is absolutely necessary to the continued development of *The Journal*, and that reputable commercial firms which assist in this development, by patronizing the advertising columns, are entitled to strong support of every member of the society.

### Many Good Talks.

According to program, the luncheon started on time, and the brief addresses were held to exact schedule. The intention was to offer suggestions helpful in county organization work. Dr. W. E. Griffith, of Hamilton, urged secretaries to issue bulletins to their members monthly, endeavoring to get two or three readable thoughts in each. Dr. Nelia B. Kennedy, of Findlay, told how she had used the One Hundred Per Cent idea as a lever to get "the boys" to pay their dues. Dr. L. R. Fast, of Paulding, told of the work which brought Paulding county first in line. Dr. L. A. Buchman, of Canton, told of the system of personal work which has been so effective in keeping up the Stark county membership. Dr. D. V. Courtright, of Circleville, confessed that to qualify in the club he had paid the members' dues in advance and collected later. Dr. J. S. Rardin, of Portsmouth, emphasized the need of an active secretary. Many others spoke briefly in the hour devoted to this meeting. The News Editor wasted three valuable minutes in demonstrating that as a speaker he is simply rotten.

The One Hundred Per Cent Club has been a great success, and it will be continued as an annual feature. At the Cincinnati meeting those who had qualified were awarded special badges, and these were worn with considerable pride.

### Among Those Present.

Those who attended the luncheon and signed the roster were:

J. L. Caldwell, Waverly; L. R. Fast, Paulding; L. A. Buchman, Canton; O. O. LeMaster, Sidney; W. E. Griffith, Hamilton; J. H. Pool, Port Clinton; Jas. T. Lantz, Lancaster; C. G. Axline, Lancaster; G. C. Goudy, Canton; C. F. Douglas, Kalida; J. F. George, Ft. Jennings; L. T. Arthur, Montezuma; Nelia B. Kennedy, Findlay; William Lower, Cleveland; J. W. Kincaid, Catlettsburg, Ky.; J. H. J. Upham, Columbus; C. D. Selby, Toledo; A. T. McCormack, Bowling Green, Ky.; J. E. Tuckerman, Cleveland.

R. W. Holmes, Chillicothe; H. R. Geyer, Zanesville; J. S. Rardin, Portsmouth; C. W. Wendelken, Portsmouth; B. M. Sharp, Sidney; Geo. Mytinger, Portsmouth; A. T. Cole, Millersburg; R. E. Bower, Chillicothe; G. E. Robbins, Chillicothe; D. V. Courtright, Circleville; O. H. Dunton, Circleville; Dr. A. W. Holmes, Circleville; H. D. Jackson, Circleville; G. H. Colville, Circleville; Dr. B. E. Watterson, Continental; Dr. W. W. Henry, Hamden; C. W. Ely, Cheshire; J. H. Wolfe, DeGraff; Shelby Mumaugh, Lima; A. S. McKittrick, Kenton; B. O. Williams, Martins Ferry; J. S. McClellan, Bellaire; D. R. Milliette, Anna; M. F. Hussey, Sidney; A. H. Buck, Delaware, and said News Editor.

### LECTURE.

Dr. A. J. Carlson, Professor of Physiology, University of Chicago, addressed a joint meeting of the Alpha Omega Alpha honorary medical fraternity of the Western Reserve Medical School and the Experimental Medicine Section of the Cleveland Academy of Medicine on Friday, May 14 at the Medical Library. Subject: "Some Recent Contributions to The Physiology of The Stomach."

The new Ohio Valley Hospital of Steubenville is nearing completion and will be ready for patients by the summer of 1915. Miss Cora Linduff, who has been superintendent of the hospital since its organization, has resigned and Miss Lulu Nixon is now in charge.

Cincinnati General Hospital has received a donation of \$1,000 from Joseph A. Mangus, to be used for purchasing a Leitz universal projecting apparatus for the new amphitheatre.

The Columbus budget for 1915 provides \$22,500 for public health activities. In 1914 \$22,300 was spent.

## LAUNCH ORGANIZATION AT CINCINNATI MEETING TO EDUCATE PUBLIC ON EVIL OF ALCOHOL AND NARCOTICS

On the closing day of the Cincinnati session there was launched a new organization which attracted wide attention throughout the state—the "Ohio Society for the Study of Alcohol and Other Narcotics."

Such an organization had been in prospect for some time. Dr. S. P. Kramer, of Cincinnati, took the lead in its formation, and it started with an initial membership of 25, and will be extended throughout the state. It was organized to investigate and teach the effects of alcohol and other narcotics on the health, happiness and economic welfare of the people of Ohio.

The initial membership included the retiring president, president, and president-elect of the state association, and many others active in state affairs. The permanent organization was not definitely affected, but Dr. Kramer was made chairman and arrangements were made for another meeting later in the year.

It was announced that the organization would in no way affiliate with any political party or other organization, but that it had been formed to meet the growing demand on the part of the medical profession to educate the public in the dangers of abuse of narcotics. The various Cincinnati newspapers gave considerable prominence to the meeting. Included in their reports were the following quotations from talks at the opening session:

### Must Rectify Wrong.

Dr. S. P. Kramer, of Cincinnati, said: "In the past the medical profession made a mistake in telling patients that alcohol was a valuable medicine. We were wrong and are responsible for a large part of drinking. Alcohol is but a narcotic, a sleep-producing drug. The profession has not informed the public of that fact, and it is our duty to do so."

Dr. J. H. J. Upham, of Columbus, stated: "We should not become a political organization affiliated with the dries, but should work strictly as a medical society. The hope of temperance is not in the dry political movement. The true hope of temperance lies in awakening the big firms to a realization of the economic conditions and the economic waste resulting from alcohol. Doctors have often been quoted as favoring the use of alcohol. We must correct the impression."

"I agree with that," remarked Dr. Rufus B. Hall, of Cincinnati. "We must remain a scientific and not become a political body. For years we thought that typhoid cases needed alcoholic stimulants, but we know better now. After every operation it was thought that in desperate cases whiskey was the proper stimulant. In the last 10

years I have not used whiskey in a surgical case. Strychnia does more as a stimulant without upsetting the mind."

### What? Dr. Ben "Dry!"

Dr. Ben R. McClellan, of Xenia, member of the State Board of Medical Examiners, said: "Let us not join with the dries, but make our campaign along scientific lines. The true solution of the liquor evil will come when all employers realize that industrial efficiency is not promoted by the use of alcohol."

"I have reduced the prescribing of alcohol to almost nothing," testified Dr. A. G. Ray, of Byer, Ohio. "For the last six months I have been prescribing hot coffee as a stimulant. Anything that deranges the mind of man should be eradicated."

"If there were no saloons in Cincinnati in two years a hospital half the size of the new City Hospital would be too large for your city's needs," declared Dr. J. W. Costolo, of Sidney, former Superintendent of the Tuberculosis Hospital at Lima, Ohio. "It is liquor that fills the hospitals. At the saloon election in Sidney the wets burned red fire in front of my house, the band played and they told me to get out of the fight against alcohol. But I refused. My practice has grown larger and my prestige, too. We medical men have been farcical in our attitude on this question. We have been afraid to whisper the truth about alcohol. We can't accomplish anything with milk-and-water methods of combating this evil. Let us come out in the open against it."

**Pike County.**—With several out of town guests in attendance the Pike County Medical Society held a very enthusiastic and beneficial meeting at Waverly on April 5,

Dr. C. D. Hoy, of Columbus, lectured on bone transplantation, illustrated by a number of specimens and lantern slides. He was assisted by Dr. Casey. Dr. J. S. Rardin, councilor of this district, gave a very interesting talk on Medical Societies, telling what they had already accomplished and their future plans for the betterment of humanity. Dr. J. A. Riebel of Columbus talked on diseases of the urinary tract.

Several physicians from Scioto and Jackson counties were in attendance. This was the most successful meeting ever held by our local society, there being over thirty-five physicians in attendance. The officers of the society are determined to make it one of the most attractive in the state.

E. M. Dixon, Correspondent.

Note our clean advertising columns.



## IS YOUR NAME WRITTEN HERE? IF NOT, YOU MISSED ONE OF THE VERY BEST MEETINGS EVER HELD IN OHIO

The following is a fairly complete list of those registered, with the exception of those who registered from Hamilton county:

**Adams.**—T. C. Crawford, West Union; S. J. Ellison, West Union; J. Irwin, Seamon; Edwin J. Kennedy, Peebles; R. Y. Littleton, Stout; O. T. Sproull, West Union; J. W. Guthrie, Manchester; T. Stephenson, Winchester; J. C. Wittenmyer, Peebles.

**Allen.**—Andrew Bice, Lima; O. E. Chenoweth, Lima; Geo. R. Clayton, Lima; S. B. Hiner, Lima; A. D. Knisely, Lima; Shelby Mumaugh, Lima; O. S. Robuck, Gomer; Wm. Roush, Lima; T. T. Sidener, Lima; Chas. Smith, Elida; O. S. Steiner, Lima; F. G. Steuber, Lima; C. A. Tallman, Lima; H. A. Thomas, Lima; T. R. Thomas, Lima; J. B. Tillotson, Delphos; W. B. Van Note, Lima; Edw. Edwards, Delphos; T. R. Terwilliger, Lima.

**Ashland.**—W. M. McClellan, Ashland; A. L. Sherick, Ashland.

**Ashtabula.**—C. E. Case, Ashtabula.

**Athens.**—T. A. Copeland, Athens; N. Hill, Nelsonville; A. F. Holmes, Albany; C. S. McDougal, Athens; A. L. Pritchard, Nelsonville; W. S. Rhodes, Nelsonville; G. D. Swett, Albany; F. A. Osborn, Athens; W. H. Vorban, Athens.

**Auglaize.**—Chas. C. Berlin, Wapakoneta; E. F. Heffner, Wapakoneta; Guy E. Noble, St. Marys; C. L. Dine, Minster; G. A. Havemann, New Bremen; C. P. McKee, St. Marys; H. S. Noble, St. Marys.

**Belmont.**—Ed. V. Arbaugh, Martins Ferry; R. A. Blackford, Martins Ferry; J. A. Clark, Bellaire; E. C. Cope, Barton; A. M. Forsythe, Maryland; Chas. B. Messerly, Martins Ferry; D. M. Murphy, Bethesda; J. S. McClellan, Bellaire; B. O. Williams, Martins Ferry.

**Brown.**—A. W. Francis, Ripley; H. S. Guthrie, Higginsport; Wesley Love, Higginsport; A. Gilfillen, Russellville; R. L. Chambers, Sardina; J. A. Hodkins, Georgetown; R. T. Prine, Ripley; A. A. Winkoff, Decatur.

**Butler.**—E. O. Bauer, Middletown; H. L. Burdall, Hamilton; T. A. Dickey, Middletown; F. M. Fitton, Hamilton; John Francis, Hamilton; L. H. Frechtling, Hamilton; Frank J. George, Okeana; David F. Gerber, Middletown; A. A. Gorbald, Ross; Wilmer E. Griffith, Hamilton; W. D. Hancock, Hamilton; G. A. Herman, Hamilton; Chas. N. Huston, Hamilton; W. C. Huston, Hamilton; G. D. Lummis, Middletown; E. B. Markey, Hamilton; P. M. Sater, Hamilton; Bryan Sharkey, Middletown; Harry Silver, Middletown; Mark Millikin, Hamilton; F. M. Barden, Hamilton; W. H. Williams, Middletown; A. L. Smedley, Hamilton; M. F. Vereker, Hamilton; Georgetta Williams, Hamilton; F. P. Zerfas, Hamilton; H. H. Smith, Middletown; W. T. Shipe, Middletown; J. O. Scheel, Hamilton; Wm. S. Reed, Stockton; Mary P. Manning; A. J. Dell, Middletown; C. T. Hull, Hamilton; D. B. Bundy, Middletown; R. H. Cook, Oxford.

**Champagne.**—E. R. Earle, Urbana; D. C. Houser, Urbana.

**Clarke.**—F. P. Anzinger, Springfield; E. R. Brubaker, Springfield; P. E. Cromer, Springfield; F. A. Hartley, Springfield; C. L. Jones, Springfield; J. A. Link, Springfield; T. W. Mahoney, Springfield; O. M. Marquet, Springfield; Harry Martin,

Springfield; H. T. Miller, Springfield; C. L. Minor, Springfield; J. R. McDowell, Springfield; W. A. Ort, Springfield; R. Rind, Springfield; W. C. Taylor, Springfield; Bennett Tittow, Springfield; J. F. Wainwright, Chicago; R. H. Jones, Medway.

**Clermont.**—C. A. Bennett, Withamsville; J. L. Fomorin, Marathon; F. A. Ireton, Newtonsville; F. E. Snider, Goshen; J. D. Wakefield, Loveland; R. C. Belt, Milford; W. J. Hughes, Moscow.

**Clinton.**—G. R. Conard, New Vienna; Kelley Hale, Wilmington; Frank A. Peele, Wilmington; C. A. Tribett, Westboro; G. W. Wire, Wilmington; Robert Conrad, Blanchester; C. E. Kinzel, Wilmington; E. Briggs, Wilmington; Henry M. Brown, New Vienna; P. D. Espey, Port William; W. T. Matthews, New Vienna.

**Columbiana.**—H. Bookwalter, Columbiana; W. N. Gilmore, E. Liverpool; Frank R. Harrison, E. Liverpool; E. M. Wilson, Leetonia; H. K. Yaggi, Salem.

**Crawford.**—C. A. Lingenfelter, Bucyrus; L. Kemp, Bucyrus; W. A. Koch, Bucyrus; P. A. Murr, Dalton; A. A. Starner, Marion.

**Cuyahoga.**—N. S. Banker, Cleveland; Wm. T. Barger, Dansville, N. Y.; Samuel S. Breger, Cleveland; H. A. Berkes, Cleveland; A. H. Bill, Cleveland; M. E. Blahd, Cleveland; C. E. Briggs, Cleveland; Frank E. Bunts, Cleveland; F. S. Clark, Cleveland; J. E. Cogan, Cleveland; H. N. Cole, Cleveland; C. E. Ford, Cleveland; F. J. Gallagher, Cleveland; F. C. Herrick, Cleveland; W. H. Humiston, Cleveland; W. I. LeFevre, Cleveland; M. J. Lichty, Cleveland; Wm. E. Lower, Cleveland; Myron Metzenbaum, Cleveland; J. M. Moore, Cleveland; G. M. Morrill, Cleveland; Chas. F. Nelson, Cleveland; Fred C. Oldenburg, Cleveland; Henry L. Sanford, Cleveland; W. E. Shackleton, Cleveland; R. E. Skeel, Cleveland; Chas. C. Stuart, Cleveland; J. E. Tuckerman, Cleveland; G. F. Beachler, Cleveland; G. C. Stewart, Cleveland; Martin Friedrich, Cleveland; H. A. Becker, Cleveland; W. J. Benner, Lakewood; G. W. Crile, Cleveland; Clyde L. Cummer, Cleveland; C. Lee Graber, Lakewood; John Phillips, Cleveland; J. P. Sawyer, Cleveland; Chas. K. Teter, Cleveland; W. C. Tuckerman, Cleveland; W. H. Tuckerman, Cleveland; Weston A. Price, Cleveland; E. S. Kreidler, Cleveland.

**Darke.**—I. H. Hawes, Arcanum; J. E. Hunter, Greenville; B. F. Metcalf, Greenville; A. F. Sarver, Greenville; R. H. Spither, Greenville; C. Wittenmeyer, Arcanum; P. W. Byers, Arkana; W. T. Fitzerald, Greenville; W. H. Matchett, Greenville; C. H. Harris, New Paris; D. Robeson, Greenville; O. P. Wolverton, Greenville.

**Delaware.**—A. H. Buck, Delaware; G. E. Cowles, Ostrander; C. W. Chidester, Delaware.

**Erie.**—Smith Gorsuch, Castalia; Charles Graefe, Sandusky.

**Fairfield.**—G. O. Beery, Lancaster; G. W. Boerstler, Lancaster; A. A. Bradford, Freeman; A. L. Guthrie, Lancaster; C. H. Hamilton, Lancaster; H. M. Hazelton, Lancaster; James M. Lantz, Lancaster; A. K. Smith, Logan; C. G. Axline, Lancaster.

**Fayette.**—J. H. French, Jeffersonville; R. M. Hughey, Washington C. H.; H. L. Stitt, Washington C. H.; G. W. Blakely, Washington C. H.; W. E. Ireland, Washington C. H.; A. F. Kaler, New Holland

**Franklin.**—John B. Alcorn, Columbus; J. F. Baldwin, Columbus; L. L. Bigelow, Columbus; A. W. Binckley, Columbus; F. G. Boudreau, Columbus; H. O. Bratton, Columbus; W. C. Davis, Columbus; V. A. Dodd, Columbus; E. W. Euans, Columbus; Fred Fletcher, Columbus; E. M. Gilliam, Columbus; Sylvester J. Goodman, Columbus; I. B. Harris, Columbus; Arthur M. Hauer, Columbus; Emery R. Hayhurst, Columbus; W. D. Inglis, Columbus; R. R. Kahle, Columbus; Louis Kahn, Columbus; F. F. Lawrence, Columbus; E. F. McCampbell, Columbus; C. W. McGavran, Columbus; G. B. Nessley, Columbus; Joe Price, Columbus; C. O. Probst, Columbus; James Manara Rector, Columbus; R. A. Rice, Columbus; Andrews Rogers, Columbus; G. A. Rowland, Columbus; Chas. J. Shepard, Columbus; C. M. Shepard, Columbus; C. L. Spahr, Columbus; Andrew Timberman, Columbus; J. H. J. Upham, Columbus; W. S. Van Fossen, Columbus; Yeatman Wardlow, Columbus; A. C. Wolfe, Columbus; Frank C. Wright, Grove City; J. W. Wright, Columbus; Wells Teachnor, Columbus; J. H. Lease, Columbus; Miss C. McNamara, Columbus; Homer C. Brown, Columbus; E. W. Martindale, Columbus; J. W. Robinson, Columbus; C. S. Means, Columbus; H. B. Blakeley, Columbus; John E. Brown, Columbus; J. E. Beery, Columbus; Albert S. Barnes, Columbus; Andre Crotti, Columbus; John D. Dunham, Columbus; T. A. Evans, Columbus; F. L. Keiser, Columbus; G. H. Matson, Columbus; H. J. Means, Columbus; John W. Means, Columbus; W. H. Morgan, Columbus; W. H. McKay, Columbus; Walter A. Noble, Columbus; J. A. Stout, Columbus; George V. Sheridan, Columbus; Chas. E. Turner, Columbus; Frank Warner, Columbus; Frank Winders, Columbus.

**Gallia.**—Mary L. Austin, Gallipolis; C. W. Ely, Cheshire; Ella G. Lupton, Gallipolis; G. G. Kineon, Gallipolis.

**Greene.**—W. H. Findley, Xenia; R. H. Grube, Xenia; W. H. Humphrey, Yellow Springs; L. M. Jones, Jamestown; Reed Madden, Xenia; A. C. Messenger, Xenia; B. R. McClellan, Xenia; H. O. Whitaker, New Burlington; F. C. Adams, Clifton; W. A. Galloway, Xenia; C. G. McPherson, Xenia; D. E. Spahr, Xenia.

**Guernsey.**—A. R. Cain, Cambridge; Fred W. Lane, Cambridge; F. M. Mitchell, Cambridge; F. M. Mitchell, Cambridge.

**Hancock.**—E. G. Hersh, McComb; Nelia B. Kennedy, Findlay; J. A. Kimmel, Findlay; J. C. Tritch, Findlay; L. S. Woods, Roslyn; J. P. Baker, Findlay; John V. Hartman, Findlay.

**Hardin.**—C. R. Blosser, Dunkirk; A. S. McKittrick, Kenton; C. C. McLaughtin, Dunkirk; D. P. Phillips, Kenton; E. S. Protzman, Kenton; O. H. Tudor, Kenton; J. A. McGrew, New Athens; J. Snodgrass, Kenton.

**Highland.**—H. W. Chaney, Sugartree Ridge; J. C. Larkin, Hillsboro; K. R. Teachnor, Leesburg; R. E. Holmes, Leesburg; A. H. Bean, Hillsboro; J. T. Gibson, Lynchburg; L. Nelson, Hillsboro; F. M. Granger, Russell; J. D. McBride, Hillsboro; W. B. Roads, Leesburg.

**Hocking.**—J. S. Cherrington, Logan.

**Holmes.**—A. T. Cole, Millersburg; R. F. Shallioll, Winesburg.

**Huron.**—F. M. Kent, Bellevue.

**Jackson.**—E. T. Dando, Wellston; H. L. Gahm, Jackson; J. S. Hunter, Jackson; Homer E. Jones, Oak Hill; J. J. McClung, Jackson; W. J. Ogier, Wellston; W. H. Parker, Wellston; W. A. Ray, Jackson; A. G. Ray, Byer.

**Jefferson.**—J. P. Young, Empire; J. C. M. Floyd, Steubenville; W. A. Lindsay, Amsterdam; C. W. Maxson, Steubenville.

**Knox.**—S. A. Douglass, Mt. Vernon; V. L. Fisher,

Mount Vernon; F. C. Larimore, Mt. Vernon; J. F. Lee, Mt. Vernon; W. W. Pennell, Mt. Vernon.

**Lawrence.**—N. K. Moxley, Ironton; O. U. O'Neill, Ironton.

**Licking.**—C. B. Hatch, Newark; E. H. Johnston, Alexandria; W. H. Lewis, Newark; John A. Mitchell, Newark; W. E. Wright, Newark; H. B. Anderson, Newark; U. K. Essington, Newark.

**Logan.**—F. B. Kaylor, Bellefontaine; Ben S. Leonard, W. Liberty; E. C. Louthan, W. Mansfield; W. G. Stinchcomb, Bellefontaine; W. W. Hamer, Bellefontaine; John H. Wolfe, DeGraff.

**Lorain.**—Valloyd Adair, Lorain; S. V. Burley, Lorain; E. P. Clement, Elyria; S. S. Cox, Lorain; Bert Garver, Lorain.

**Lucas.**—W. W. Alderdyce, Toledo; F. W. Alter, Toledo; S. B. Andrews, Toledo; P. B. Brockway, Toledo; D. J. Clark, Toledo; Thos. M. Crinnion, Toledo; J. A. Duncan, Toledo; C. E. Fisher, Toledo; W. H. Fisher, Toledo; J. M. Frick, Toledo; John Gardiner, Toledo; C. W. Harpster, Toledo; Walter H. Hartung, Toledo; Oscar Hasencamp, Toledo; T. F. Heatley, Toledo; J. W. Hull, Toledo; F. Jacobi, Toledo; J. H. Jacobson, Toledo; J. G. Keller, Toledo; Mary Ketring, Toledo; C. C. Kirk, Toledo; B. E. Leatherman, Toledo; L. A. Levison, Toledo; Chas. Lukens, Toledo; Chas. W. Moots, Toledo; H. J. Morgan, Toledo; John L. Murray, Toledo; M. B. McGonigle, Toledo; F. B. McNierney, Toledo; C. S. Ordway, Toledo; C. D. Selby, Toledo; P. G. Tait, Toledo; Edwin D. Tucker, Toledo; T. Zbinden, Toledo; William O. Bonser, Toledo.

**Madison.**—J. F. Kirkpatrick, London; W. F. Smeltzer, London; A. J. Strain, London.

**Mahoning.**—W. H. Buechner, Youngstown; R. D. Gibson, Youngstown; S. W. Goldcamp, Youngstown; S. M. McCurdy, Youngstown; J. M. Ranz, Youngstown; J. A. Sherbondy, Youngstown; J. L. Washburn, Youngstown.

**Marion.**—Maud L. Bull, Marion; D. O. Weeks, Marion; H. K. Mouser, Marion; H. S. Rhu, Marion; E. O. Richardson, Marion; J. W. Jolley, Morral; Carl W. Sawyer, Marion.

**Medina.**—E. L. Crum, Lodi; N. S. Everhard, Wadsworth.

**Meigs.**—J. Nye Gilliford, Pomeroy; L. F. Roush, Pomeroy.

**Mercer.**—L. T. Arthur, Montezuma; M. L. Downing, Rockford; J. O. Wickerham, Rockford; B. T. Storer, Rockford; J. P. Symons, Rockford.

**Miami.**—Warren Coleman, Troy; Gainor Jennings, W. Milton; Frank Thomas, Piqua; Thos. M. Wright, Troy; E. A. Yates, Piqua; J. S. Prince, Piqua; A. B. Frame, Piqua; R. M. Shannon, Piqua; J. S. Shinn, Troy; W. R. Thompson, Troy; H. W. Kendall, Covington.

**Montgomery.**—E. R. Arn, Dayton; F. Dale Barker, Dayton; B. W. Beedy, Dayton; R. S. Binkley, Dayton; Horace Bonner, Dayton; L. G. Bowers, Dayton; E. L. Braunlin, Dayton; E. S. Breese, Dayton; J. L. Carter, West Carrollton; C. N. Chrisman, Dayton; D. B. Conklin, Dayton; L. R. Courtright, Dayton; M. E. Coy, Dayton; T. H. Dickinson, Germantown; M. W. Duckwall, Dayton; H. V. Dutrow, Dayton; G. B. Evans, Dayton; Eleanora S. Everhard, Dayton; Gertrude Felker, Dayton; R. S. Gaugler, Dayton; N. D. Goodhue, Dayton; P. L. Gunckel, Dayton; Harry B. Harris, Dayton; Chas. T. Hunt, Miamisburg; E. M. Huston, Dayton; C. S. Judy, Miamisburg; Dudley Keever, Centerville; C. W. Kink, Dayton; J. D. Kramer, Dayton; W. F. Lauterbach, Dayton; A. L. Light, Dayton; J. G. Marthens, Dayton; W. C. Mendenhall, Trotwood; D. E. Miller, Dayton; J. W. Millette, Dayton; A. J. Moorman, Dayton; J. W. McKemy, Dayton; C. C. McLean, Dayton; R. C. Pennywitt, Dayton; A. O. Peters, Dayton; Matthew Porter, Dayton; F. W.



Roush, National Military Home; W. A. T. Ryan, Dayton; C. W. Salisbury, Dayton; S. N. Sallume, Dayton; R. Shank, Trotwood; Webster S. Smith, Dayton, Chas. H. Tate, Dayton; W. Burnett Weaver, Miamisburg; C. H. Breidenbach, Dayton; C. D. Slagle, Centerville; E. A. Baber, Dayton; S. M. Beck, Dayton; E. E. Bohlender, Dayton; Wm. B. Bryant, Dayton; A. W. Carley, Dayton; W. J. Conklin, Dayton; E. R. Crew, Dayton; J. B. Fouts, Dayton; J. George, Dayton; F. C. Gray, Dayton; H. C. Haning, Dayton; J. Morton Howell, Dayton; C. H. Humphreys, Dayton; A. C. Hunter, W. Alexandria; Lynn M. Jones, Dayton; D. C. Mills, New Lebanon; J. H. McCassey, Dayton; Frank S. Thompson, Dayton.

**Muskingum.**—Frederick S. Baron, Zanesville; H. R. Geyer, Zanesville; H. T. Sutton, Zanesville; C. M. Lenhart, Zanesville.

**Noble.**—J. L. Gray, Caldwell.

**Ottawa.**—H. J. Pool, Port Clinton.

**Paulding.**—L. R. Fast, Paulding.

**Pike.**—J. L. Caldwell, Waverly.

**Pickaway.**—John B. May, New Holland; C. R. McConnell, Williamsport; H. C. Allen, Circleville; G. H. Colville, Circleville; D. V. Courtright, Circleville; Howard Jones, Circleville; O. H. Dunton, Circleville; A. W. Holman, Circleville; H. J. Jackson, Circleville.

**Preble.**—H. Z. Silver, Eaton.

**Portage.**—M. D. Ailes, Garrettsville.

**Putnam.**—W. S. Alexander, Oxford; C. O. Beardsley, Ottawa; C. F. Douglas, Kalida; J. F. George, Fort Jennings; F. C. Heffner, Fort Jennings; B. E. Watterson, Continental.

**Richland.**—A. H. McCullough, Mansfield; H. H. Smith, Lexington.

**Ross.**—R. E. Bower, Chillicothe; Ralph W. Holmes, Chillicothe; G. Robbins, Chillicothe.

**Sandusky.**—E. M. Ickes, Fremont.

**Scioto.**—H. F. Clark, Rarden; J. W. Fitch, Portsmouth; J. D. Jordon, Portsmouth; George S. Mytinger, Portsmouth; J. S. Rardin, Portsmouth; C. W. Wendelken, Portsmouth; L. D. Allard, Portsmouth; D. A. Berndt, Portsmouth; J. N. Ellison, Portsmouth; S. B. McKerrihan, Portsmouth; H. A. Schirrmann, Portsmouth.

**Seneca.**—Proctor Benner, Tiffin; R. C. Chamberlin, Tiffin; Charles F. Daniel, Tiffin; H. B. Gibbon, Tiffin; E. H. Porter, Tiffin; R. R. Hendershott, Tiffin; R. A. Palmer, Fostoria.

**Shelby.**—J. W. Costolo, Sidney; M. F. Hussey, Sidney; O. O. LeMaster, Sidney; D. R. Milliette, Anna; A. Silver, Sidney; B. M. Sharp, Sidney.

**Stark.**—D. F. Banker, Canton; H. H. Bowman, Canton; Austin C. Brant, Canton; E. D. Brant, Canton; L. A. Buchman, Canton; J. P. DeWitt, Canton; E. S. Folk, Canton; F. W. Gavin, Canton; G. C. Goudy, Canton; Frank E. Hart, Canton; A. J. Hill, Canton; G. L. King, Alliance; E. J. March, Canton; J. F. Marchand, Canton; T. C. Miller, Massillon; E. O. Morrow, Canton; J. J. McLeod, Massillon; H. P. Pomerene, Canton; Alonzo B. Walker, Canton; W. H. Weaver, Canton; Geo. F. Zininger, Canton; S. A. Zwick, Massillon.

**Summit.**—H. H. Jacobs, Akron; T. K. Moore, Akron; Harry D. Todd, Akron; J. H. Weber, Akron; D. M. McDonald, Akron; H. H. Finefrock, Barberton; H. R. Heckert, Akron; R. H. McKay, Akron; G. W. Stauffer, Akron.

**Trumbull.**—W. W. McKay, Warren; Joseph Ward, Cortland.

**Tuscarawas.**—H. A. Coleman, New Philadelphia; G. I. Goodrich, Canal Dover; J. E. Groves, Uhrichsville; E. D. Moore, New Philadelphia; S. B. McGuire, Canal Dover; D. W. Shumaker, Canal Dover; J. A. McCollam, Uhrichsville; L. H. Hughes, Denison.

**Union.**—H. G. Southard, Angus McIvor, and C. D. Mills, Marysville.

**Van Wert.**—A. C. Bartholomew, Van Wert; S. K. Christy and wife, Wilshire; S. A. Edwards, Middlepoint; R. J. Morgan, Van Wert; Chas. B. Reid, Van Wert.

**Vinton.**—W. H. Henry, Hamden.

**Warren.**—Mary Cook, Waynesville; H. J. Death, Franklin; D. B. Hamilton, Mason; N. A. Hamilton, Franklin; T. E. Keeler, Lebanon; C. G. Randall, Harveysburg; A. C. Roberts, Morrow; Maria M. Romine, Harveysburg; John E. Witham, Kings Mills; B. H. Blair, Lebanon; Hershel Fisher, Lebanon; Chas. A. Hough, Lebanon; L. Mounts, Morrow; S. S. Stahl, Franklin.

**Washington.**—C. B. Ballard, Marietta; S. A. Cunningham, Marietta; H. P. Gillespie, Lower Salem; G. L. Lyne, Lowell; A. Howard Smith, Marietta; A. G. Sturgiss, Lower Salem.

**Wayne.**—J. W. Irvin, Wooster; G. W. Ryall, Worcester; J. G. Wishard, Wooster.

**Williams.**—F. H. Pugh, Bryan; J. A. Weitz, Montpelier.

**Wyandotte.**—J. Craig Bowman, Upper Sandusky; G. O. Maskey, Upper Sandusky; G. W. Sampson, Upper Sandusky; I. N. Zeis, Carey.

#### From Other Localities.

Edw. W. Smith, Meridian, Conn.; David P. Smith, Maridian Conn.; W. D. Young, Newport, Ky.; C. R. Slater, Erlanger, Ky.; W. T. Reid, Erlanger, Ky.; J. H. Caldwell, Newport, Ky.; R. DuCasse, Paducah, Ky.; G. A. Glasgow, Rochester, N. Y.; J. Bordnar, New York City; J. E. H. Atkeisson, Chicago, Ill.; E. B. Wilson, Chicago, Ill.; G. H. Sherman, Detroit, Mich.; J. G. Wilson, Washington, D. C.; P. E. Herman, Baltimore, Md.; J. U. Christ, Cleveland, O.; Edwin Olstad, Cleveland, O.; L. C. Cowen, Rising Sun, Ind.; W. R. Burdick, Kane, Pa.; F. W. Krueger, Richmond, Ind.; A. D. Hobart, Toledo, O.; W. P. Clay, Convo, O.; W. W. Hayford, Newcastle, Pa.; J. E. Duff, Newcastle, Pa.; Fred Schmitt, Cincinnati; T. W. Moore, Huntington, W. Va.; A. C. Wintermyer, Covington, Ky.; R von Foregger, New York, N. Y.; F. M. Miller, Lawrenceburg, Ind.; O. E. Lamphear, Kalamazoo, Mich.; Chas. L. Scudder, Boston, Mass.; A. T. McCormack, Bowling Green, Ky.; J. W. Kincaid, Catlettsburg, Ky.; Mrs. G. H. Sherman, Detroit, Mich.

#### SPLENDID WORK IN SAVING BABES IS CARRIED ON IN CINCINNATI

Figures Show the Tremendous Amount of Work Done and the Results Accomplished.

The campaign waged in the summer of 1914 by the Cincinnati Department of Health to reduce infant mortality has shown splendid results, according to a brief report on the work prepared for The Journal by Dr. William H. Peters, chief medical inspector and assistant health officer.

Nine milk stations were operated last year by the health department.

The average daily attendance at the nine centers was 636. The total number of cases registered was 758, classified as follows: Breast-fed under observation, 149; babies taking certified milk, 433; nursing mothers drinking certified milk, 17; mal-nourished children under the age of three years not bottle-fed, 159.

The average daily attendance during the Sum-

mer of 1913 was 441 and during the Summer of 1912, 228. The average daily attendance in 1911 was 120. Each succeeding year shows a healthy increase in the volume of business.

Records show 43,951 pints of certified milk were distributed. Of this number 26,182 pints were sold at cost, and 17,469 were given away through the generosity of Mrs. Charles P. Taft. The milk was packed and iced in little buckets. Ice tickets furnished by Mr. John R. McLean, were distributed to the poor patronizing the stations.

Nurses made 3,607 home visits teaching parents how to care for their babies, instructing them in the proper modification of milk and correcting fundamental errors in the home.

Daily clinics were conducted at the various stations, with the district physicians in attendance.

Seven deaths were recorded among those registered. Of this number two children were the victims of congenital syphilis; one baby had not been registered long enough to receive the first bottle of modified milk. One death certificate should have given as the cause of death "neglect."

Twenty-five thousand pamphlets advertising the stations and including instructions to mothers on the "Care of the Baby" were distributed through the school children, Little Mothers' Leagues and Social Agencies.

Early in September little community contests were held at six stations, in order to accommodate those parents who were unable to enter their children in the Better Babies Contest held at Chester Park during the month of June.

Three stations, namely, the Jewish Settlement, Union Bethel and the Dyer, are open all year.

During the past four years we have witnessed remarkable diminution in the number of deaths in children under the age of two years, due to Gastro Enteritis. In 1910, 378 babies under two years were the victims of intestinal diseases. In the two following years, the number of deaths due to the same cause was reduced to 272, and last year saw a still greater reduction; namely, to 245. If the corresponding period of last year may be used as a basis of comparison, then we may assume that there will be 40 deaths less this year than occurred in 1913 due to Gastro Enteritis and other intestinal diseases.

There are many factors which are responsible for this saving in human lives. Among these may be mentioned—the purity of our market milk; the establishment of a Milk Commission by the Academy of Medicine and the educational propaganda by the medical profession; the Children's Bureau of the Ohio Miami Clinic; the Visiting Nurses' Association; the organizing of Little Mothers' Leagues and Better Babies Contests; and finally, the establishment of Milk Stations and Baby Clinics.

## NEWS OF CINCINNATI ACADEMY OF MEDICINE

(Report by W. R. Abbott, M. D., Correspondent)

Meeting of April 5.—Dr. J. Edw. Pirrung presented a patient with hyperthyroidism which had been presented before the Academy two years ago. Patient is of low mentality, has a tremor of lower extremities, infantile uterus, and only slight menstruation. Gradually improving under mixed treatment and pituitary extracts.

Dr. Goosmann presented two patients, emphasizing his plea for post-operative X-raying in carcinoma cases to prevent development of serious new growths from the few cells that may escape extirpation. The first case, which had nodules develop in the scar after an operation for removal of carcinomatous breast was of interest in that the patient had experienced burns caused by both radium and X-rays. There is no marked difference. Progress so far satisfactory. Second case was a patient, eighty-four years of age, with epithelioma of the face. Now healed after X-raying.

Dr. W. D. Haines presented a specimen of hydatid mole. This condition is to be differentiated from early pregnancy and placenta previa. The question of removing remaining detritus will be considered as soon as the patient's general condition warrants.

The paper of the evening on "Medical and Surgical Fees" by Dr. Thomas M. Stewart, was of great interest and the subject well handled. Because of the fact that medical practice is not based on contracts, the difficulty of arranging the fee to the satisfaction of the patient and the just compensation of the doctor's skill and time is always present. The fee is based upon the doctor's skill and knowledge, the responsibility assumed, and the time, labor and means employed and the charge determined by the patient's efficiency in the general economic scheme.

Dr. W. J. Thomasson's paper on "Clinical Significance of Faucial and Pharyngeal Tonsils" was a splendid review of the subject. Diseased tonsils and adenoids are more frequently removed than formerly, due to the improved methods of examination and because we are better acquainted with the sequelae. Not only do grave consequences result, but many minor ills, from which few people, if any, escape, such as headache in the regions of the sinuses, are caused by diseased adenoids. In enlarged thyroids, diseased tonsils are often concurrent. Diphtheria is less frequent, due to removal of tonsils.

Meeting of April 12.—Dr. J. Ambrose Johnston presented as a rare specimen, a sac of a hydrocele of the right round ligament, which had formed a mass in the inguinal region. These conditions



are to be differentiated from inguinal hernia. The sac, very long and thick, was dissected to the peritoneum. In closing, the round ligament was sutured to the Poupart's ligament, and the wound closed as in operation for hernia. In discussion, Dr. Haines spoke of the unusualness of hydrocele as a complication of hernia. Dr. Ricketts mentioned a case of double hydrocele complicating double hernia. Dr. Pirrung also reported three similar cases.

Dr. Ricketts presented a specimen of a prostate gland, removed by the suprapubic method.

Dr. Moses Schlotz presented a patient, eight years old, with bullosom erythema multiforme, simulating pemphigus, the etiology unknown. A second patient was presented with trichophytosis corporis (ringworm), which is to be differentiated from tertiary circinated syphilide.

Dr. Souther's presentation was an interesting case of double recurring inguinal hernia in a male fifty-seven years of age. Some years ago this patient was injected with paraffin. Later a double herniotomy was performed without success. On both sides, the external and internal oblique fascia and the conjoined tendon were completely blended. After separating the external oblique from the internal oblique, the outer covering of the rectal muscle was split, and in this way, the closing of the internal half of the opening was facilitated. This operation is of interest in that the sacs were not removed because of the intimate relation of them with the cords and therefore the danger of a post-operative hematoma. The sac was dissected as far back as the neck and tied; it was then inverted as in a bottle operation for hydrocele. The operation was finished by the Bassini method.

Dr. Frank Fee, in his paper on "Ligation of the Common Iliac Artery," reviewed the literature of this subject. The first recorded operation was performed in July, 1812, for the hemorrhage. The first deliberate operation for the cure of ilio-femoral aneurism was made by Dr. Mott, March, 1827, and resulted in a good recovery. The history of this case was reported in full.

In ligation this general law is accepted: the larger the artery, or the nearer the heart, the less the impairment of the circulation attending its ligation.

The indications for ligation are: First, for the arrest of hemorrhage; second, for the cure of aneurism; third, for the cure of pulsating tumor; fourth, for the prevention of hemorrhage in the removal of morbid growths. The mortality is very great.

The essayist reported a personal case of ligation for an aneurism of the external iliac artery, caused by a blow seven years previous to the operation. The patient made a good recovery and resumed his former occupation.

In discussion, Dr. Ricketts reported an operation on a seven-weeks'-old child, for rupture of

femoral artery. History of injury to mother before birth of the child. Dr. Ricketts reported nine cases of angioma.

**Meeting of April 19.**—The committee appointed to arrange for transportation to the A. M. A. meeting in San Francisco have determined on joining, with the Indiana State Medical Society, the Hoosier Special, which is a train furnished by the Burlington Route, leaving June 9. The itinerary is most attractive.

Dr. Moses Schlotz presented a patient with lesions on the face, one on the chin and one on the left cheek. They were of fungoid character, sharp, clear-cut, and oozing a viscid, homogenous secretion. This condition was diagnosed as fungoid tertiary syphilides, and is to be differentiated from tuberculosis and streptococic infection.

Dr. W. H. Peters addressed the Academy, asking the aid of the oculists in the new work of the Board of Education, in conjunction with the Health Department, of establishing vision classes for those who are only partially blind. These unfortunates, heretofore, have been compelled either to struggle as best they could in the regular school work, or to follow the course of instruction laid out for the totally blind, which is equally inappropriate.

It is planned that these patients must first be referred by an oculist to the Department of Health and by them to the Department of Education. A definite standard of vision is to be decided upon.

Mr. Irwin, of Cleveland, the newly appointed supervisor of the blind, spoke of the work done along this line in Cleveland, where it is conducted under the direct supervision of an eye specialist. The result has been highly satisfactory. A specially light room, but not glaring, large print, and most of the work done on blackboards, are some of the requirements for this course.

Superintendent of Schools Condon suggested that part, at least, of the State pension fund for the blind, be diverted into this channel.

Dr. Chas. S. Rockbill's paper dealt with hilus tuberculosis, or tuberculosis of the glands about the trachea and bronchi. This is the earliest stage of tuberculosis, which to diagnose requires keen and particular physical examination, and the stereo-radiograph being of the utmost importance in its accomplishment. The symptoms, usually indefinite, are principally those of a low grade toxemia. The manner of infection is through the areogenous route, the bacilli being deposited upon the mucous membrane and then absorbed by the lymph channel. Practically 100 per cent are affected, the infection occurring in childhood. This condition is not in itself serious if arrested, but later there may occur a breaking down of these glands, followed by a general tuberculosis of the lungs.

In discussion, Dr. Dunham believed that the origin is in the smaller bronchial glands.

Drs. Lang and Doughty spoke of the various interpretations of the X-ray pictures. This paper was also discussed by Drs. C. C. Fihe, and J. W. Murphy. The latter reported a personal case of rupture of a gland into the trachea, death being caused by suffocation.

## NEWS OF CLEVELAND ACADEMY OF MEDICINE

(Report by J. E. Tuckerman, M. D., Correspondent)

The eighty-first regular meeting of the Experimental Medical Section was held Friday, April 9, at 8:00 p. m., at the Cleveland Medical Library. Program: 1. Renal Mycosis (Lantern Demonstration), H. R. Wahl; 2. Some conditions affecting the toxic dose of Strophanthin, T. Sollmann; 3. A Preliminary Report on the Preparation of an Artificial Breast Milk, by H. J. Gerstenberger, H. D. Haskins, H. H. McGregor, and H. O. Ruh.

### COUNCIL MEETING.

At the meeting of the Council of the Academy of Medicine held Wednesday, April 14, at the Bismarck, the following members were present: The first vice-president, Dr. M. J. Lichty, in the chair; Drs. J. J. Thomas, Moorehouse, Webster, Sawyer, Weir, Storey, Way, Ford, Follansbee, Lester, Taylor and J. E. Tuckerman.

On motion the application of Dr. Frederic C. Curtis was denied. On motion Dr. J. W. Epstein was elected to active membership. On motion the names of the following applicants for active membership were ordered published: B. I. Brody, M. D.; L. S. Brookhart, M. D.; Robert Clarke, M. D.; N. L. Coy, M. D.; A. N. Dawson, M. D.; E. W. Garrett, M. D.; Otto L. Goehle, M. D.; W. C. Greenwald, M. D.; Jerome A. Heath, M. D.; Frank J. Kern, M. D.; Hubert C. King, M. D.; L. W. Krauss, M. D.; L. B. Lemon, M. D.; Abraham Strauss, M. D.

On motion the names of the following applicants for associate membership were ordered published: Bradley M. Patton, Ph. D.; Weston A. Price, D. D. S.; Chas. K. Teter, D. D. S.; Wm. C. Teter, D. D. S.

The following were reinstated in membership in the Academy: Active membership: J. H. Brett, M. D.; O. P. Walker, M. D. Non-Resident Membership: Arthur J. Hill, M. D., of Canton, Ohio.

The resignations of Dr. Junius H. McHenry, now of New York City, and of Dr. J. D. Pilcher, University of Nebraska, Omaha, Nebr., were accepted.

On motion Dr. H. V. Riewel was given a letter of recommendation and transfer to the San Diego County Medical Society of California.

On motion the transfer of Dr. Nicholas F. Curtis, a member of the Toledo Academy of Medicine, was authorized upon the receipt of the annual dues for 1915.

The Secretary was directed to communicate to Dr. E. C. Konrad that he could be reinstated in active membership upon complying with the provisions of the Constitution and By-Laws of the Academy.

The Secretary called the attention of the Council to a tentative plan proposed by D. Jay Collver of Collver & Miller, for a physicians special tour to the A. M. A. and Exposition. On motion the Council expressed its belief that such a trip would be profitable for physicians who found it available, and directed the secretary to state to Mr. Collver that he could use the Academy as reference in arranging such a tour.

### SECTION MEETING.

The seventy-ninth regular meeting of the Ophthalmological and Oto-Laryngological Section was held Friday, April 23, at 8:00 P. M., at the Cleveland Medical Library. Program: 1. Report of a Case of Syphilis of the Internal Ear, D. Prendergast, M. D.; 2. Report of Cases Handled by Suspension Laryngoscopy, Wm. B. Chamberlin, M. D.; 3. Report of Case of Traumatic Detachment of the Retinae, Leo Wolfenstein, M. D.

**Experimental Medicine Section.**—The sixty-ninth regular meeting of this section was held Friday, February 12, at the Cleveland Medical Library, the Chairman, T. W. Todd, in the chair. The program follows:

1.—**Effect of feeding thyroid, in variable amount and iodine content, on tadpoles**, by C. W. Lenhart. The tadpoles used for the experiment were free-swimming forms about one week old. They were fed on hogs liver every other day. On the alternate day the tadpoles were fed thyroid, in powdered form, and of known iodine content. After the period of thyroid feeding which extended over one hour each day, the water in which the tadpoles were kept, was changed.

The effect of feeding potassium iodide was found to be negative. The tadpoles fed on iodo-album developed some disease associated with the formation of large, lateral, abdominal vesicles.

Various forms of iodine thyroid and otherwise were used in the feeding. The general result from the entire series was that the feeding of thyroid in small quantities and consequently with a low or moderate iodine content produced more rapid growth and differentiation in the tadpoles, the latter showing large functioning hind-legs, large frog heads and large mouths, with prominent eyes. The tadpoles showed rapid emaciation when fed large amounts of iodine.

Feeding of cracker dust or keeping the tadpoles in a refrigerator was found to delay the progress of emaciation and to postpone death. In the case of the cracker dust the result was due to the fact that this food helped the animal to meet the demand of a more active metabolism, due to thyroid stimulation, without such extensive destruction of body tissues. Also, when the tadpoles were kept



in a refrigerator the metabolism tended to be reduced by the cold, and emaciation was consequently less rapid.

It would be consistent to suppose that the action of the iodine in causing both differentiation and emaciation is merely the same pharmacological action of the same drug, when used in larger or smaller quantities. The fact that animals are so sensitive to even the smallest increases in the amount of iodine in thyroid fed them, might offer an excellent test for the iodine content of any given thyroid.

2.—**Clinical Actions of Veratrin**, by R. J. Collins. Report covered the effect of veratrin administration on eight patients. The patients studied were divided into two groups: one composed of convalescent nephritics, the other of several cases of hypertonus. In each case, on administration, the results were a marked diminution in the systolic and diastolic blood pressures, with slowing of the pulse. The reduction in the diastolic pressures were not as great in the hypertonus cases, as in the convalescent nephritics, however.

The average dose given was fifty minims. Most of the patients suffered from nausea after administration. The present results are to be checked up later with a larger series.

3.—**Effects of Chelidonium on smooth muscle in intact and surviving organs**, by P. J. Hanzlik. Chelidonium is the alkaloid of *chelidonium majus*, which belongs to the Papaveraceae. Previous investigators have found the general and systemic effects of this drug to be closely similar to those of morphin, with the important difference that chelidonium produces practically no subsequent irritation of the central nervous system. Therapeutically the drug should prove beneficial in the treatment of such symptoms as asthma, colic and various enteralgias and gastralgias and particularly in pediatric practice.

4.—**Precipitation of serum albumen and gluten by alkaloidal reagents**, by P. J. Hanzlik. The mechanism of the precipitation of horse-serum and gluten by tannin is different from that of certain precipitates commonly known as alkaloidal reagents. With these a certain amount of free acid (hydrogen ion concentration) is necessary for the formation of the complex, insoluble compounds. Tannin behaves like certain alcohols, e. g., resorcin, phenol, hydroquinone and prophyl alcohol, since the maximum of precipitation in both cases corresponds to the isoelectric point in serum-albumin and gluten. Precipitation of serum is uninfluenced by wide difference of concentration and the addition of such neutral salts as chloride and sulphocyanide.

**Ophthalmological Section.**—The meeting of the ophthalmological and oto-laryngological section was called to order at 8:20 p. m., on January 22, the Chairman, Dr. J. E. Cogan, in the chair.

1.—Presentation of clinical eye cases, by Dr. Webb P. Chamberlain. (a) Dr. Chamberlain pre-

sented a man, 35 years of age, with a small tumor of the iris in the upper portion of the iris, about 4 mm wide by 3 mm in breadth. The eye has suffered several attacks of iritis. Past history negative. Wassermann negative. Von Pirque negative. Probable diagnosis malignancy.

(b) A man with blood pressure over 260 and the retinal arteries reduced to a fine streak.

(c) A patient with retinitis pigmentosa.

(d) A patient with exudate in retina and choroid very marked,—has progressed some since under observation. Wassermann negative. Diagnosis a question.

(e) A patient from whom a foreign body had been removed from the eye with excellent results.

2.—Dr. Edward Laudar's paper, "**The Use of Tropometer in Muscle Imbalance**," was very interesting. It was discoursed by Drs. L. K. Baker, R. B. Metz and W. C. Tuckerman. Dr. Laudar brought out the important point that in prisms the prism should not be divided between the two eyes as the tropometer often showed that the entire prism correction properly belonged before one of the eyes. He cited several cases in support of this contention.

3.—Dr. W. C. Tuckerman presented three interesting cases. In the instance of the second case, a patient with total blindness presented for diagnosis, the members hazarded no statement as to cause.

Members present were Drs. Cogan, Laudar, Metz, W. H. Tuckerman, W. C. Tuckerman, J. E. Tuckerman, Chamberlain, Hartzell, Kochmit, Colvin, Prendergast, Monson, Rowland, L. K. Baker and Dr. Gill of Elyria.

## NEWS OF THE COLUMBUS

## ACADEMY OF MEDICINE

(Report by L. L. Bigelow, M. D., Correspondent)

The following programs were presented at the Columbus Academy of Medicine during April:

April 5.—The Histology of Tuberculosis. Lantern slide demonstration, Ernest Scott; Bacteriologic Studies in Tuberculosis, E. R. Shilling; discussion by J. McL. Phillips; the Diagnosis of Diphtheria, J. A. Beer; discussion by Carl Spohr; The Interpretation of the Wassermann Reaction, R. L. Barnes; discussion by H. A. Baldwin.

April 12.—Types of Non-Tuberculous Infections of the Bone and their Treatment, A. M. Steinfeld; discussion by Thomas Hoover and V. A. Dodd. The Surgery of Paralysis, C. M. Shepard; discussion by W. D. Deuschle and C. A. Howell.

April 19.—The Use of Autogenous Rib Graft in Reconstructive Skull Surgery. (Roentgen Ray Demonstration), R. R. Kahle; discussion by C. F. Bowen and L. L. Bigelow. A Study of Experimental Transplantation of Bone. (Lantern

Slide Demonstration), V. A. Dodd; discussion by Jonathan Forman.

April 26.—Gun Shot Wound of Brain; removal of bullet, E. W. Gilliam; Intussusception from Intestinal Polyp, J. W. Means; Sclero-Corneal Trephining for Glaucoma, A. J. Timberman; Unusual Obstretic Accidents, S. J. Goodman; a Case of Trichinosis, S. A. Hatfield; X-Ray Lantern Slide Demonstrations, Hugh Means; Plication of Bladder Sphincter for Incontinence, Luke V. Zartman; Contusion of Kidney, W. F. Bay; Thyroidectomy for Hoarseness, R. R. Kahle.

## COUNTY SOCIETIES

### FIRST DISTRICT.

**Butler County.**—At the meeting of April 14 the following program was offered:

Dr. Ben R. McClellan, of Xenia, chairman of the committee on public policy and legislation of the state society, spoke upon "The Importance of Medical Supervision of Legislative Matters Touching Public Health Welfare."

Dr. C. L. Ferguson, of Christ hospital, Cincinnati, was present and read a paper upon the resuscitation of the asphyxiated with demonstration of the "pulmotor."

Several Butler and Preble county physicians attended the meeting of the Union District Medical Society, held at Connorsville, Ind., April 22.

### SECOND DISTRICT.

**Montgomery County.**—At the regular meeting of the Montgomery County Medical Society, held at the Court House, Friday evening, April 2, 1915, Dr. Geo. R. Evans read a very interesting paper on "Cystoscopy and Correct Interpretation of Bladder Symptoms." This was followed by a paper entitled: "The End Results of Correct Diagnosis of Bladder and Kidney Affections," by R. A. Bunn.

A special meeting was called by President Dr. C. C. McLean, on April 5, 1915, at the Academy rooms, to arrive at some plan by which the physicians of Dayton and vicinity would be allowed to drive faster than the regular speed limit, when making emergency calls. The president appointed three physicians to meet with the city authorities and present to them a solution of this problem.

Medical bills then before the legislature were discussed at this time.

The regular meeting of the Montgomery County Medical Society was held at the Court House, Friday evening, April 16, 1915. Dr. E. J. Emerick, superintendent of the institution for the feeble minded located at Columbus, gave a very interesting talk on some of the problems in the treatment of the feeble minded. He gave a very extensive

discussion of heredity as a cause of feeble mindedness, and showed charts illustrating how by the mating of feeble minded people we may expect a great majority of their offspring to be degenerates. He showed the great expense these families are to the State or the community in which they live. He touched on the question of the production of sterility in certain of these feeble minded people, but felt the public should be better educated on these subjects before such laws are enacted by the State. Until the public is so educated his idea is to segregate these degenerates in such a way that they can not produce offspring.

The paper was discussed by Dr. Baber, of the Dayton State Hospital, and several questions were asked by other members of the society.

Plans for the formation of a Medical Club were drafted by a committee composed of Drs. J. C. Gohn, W. F. Prather and E. H. Mallow.

B. W. Beatty, Correspondent.

**Darke County.**—The Darke County Medical Society held their regular monthly meeting on April 13th at Union City, in joint session with Randolph County, Indiana, Society.

An enthusiastic gathering of fifty members from both Societies was present.

Dinner was served at the Branan Hotel. An auto ride to Frances Ford Hospital, then to the Federal Club where good papers were read on: "Safety in the Management of Thyroid Diseases," by Dr. Goethe Link, of Indianapolis, and "Specific Urethritis," by Dr. C. A. Coleman of Dayton.

J. E. Hunter, Secretary.

**Champaign County.**—The April Meeting of the Champaign County Medical society was held on the night of April 8th at the office of Dr. E. R. Earle. After calling the meeting to order the president announced that the paper of the evening would be on tuberculosis, and would be presented by Dr. E. R. Shilling of Columbus. Dr. Shilling presented some of the new points in laboratory diagnosis and his paper was thoroughly enjoyed by all present.

It was decided to hold the May meeting with Mr. Loren Harner, one of the local druggists, who promises something extra good at that time. Several from out of town were present.

David H. Moore, Correspondent.

**Shelby County.**—At the regular meeting of the Shelby County Medical Society for April there was a very good attendance to hear Dr. A. W. Hobby read a very timely and instructive paper on remedies other than opium for the relief of pain. The paper was very well received and was discussed by the members present.

The next regular meeting of the Society will be held on the second Thursday in May on account



of the State Medical Association meeting coming on the regular meeting day. We look for a very good attendance from our society at the State meeting.

J. W. Costolo, Correspondent.

### THIRD DISTRICT.

**Hancock County.**—The Hancock County Medical society had Dr. Dana O. Weeks present for the meeting April 7. He congratulated the society on its being included in the 100 per cent club and expressed his satisfaction at being councilor over the hanner district. Many communications concerning legislation were heard and passed upon. Dr. Tritch presented a clinic of a child with curious growth of the second little finger, from the little finger of one hand by pedicle. Drs. Weeks, Hartman, Tritch and Kimball reported very interesting cases.

Nellie B. Kennedy, Correspondent.

**Seneca County.**—The regular monthly meeting of the Seneca County Medical Society was held in the ordinary of the Hotel Shawhan, Thursday evening, April 22, at 8 o'clock. The meeting was attended by fifteen members of the Hancock-Seneca Dental Society, who were the guests of the medical fraternity of the county. The physicians present were, G. W. Williard, H. L. Wenner, M. W. Uberroth, R. G. Steele, E. H. Porter, R. A. Palmer, N. C. Miller, B. R. Miller, G. L. Lambright, J. D. Howe, J. A. Gosling, H. B. Gihbon, P. E. Benner.

Just preceeding the rendition of the program, Miss Elizabeth Davison, of Columbus, and who will spend a month in Tiffin as a visiting nurse, briefly addressed the members along her special line of work. Judging from the character of her address, Miss Davison is certainly well equipped for the performance of the various and arduous duties of a visiting nurse. Tiffin will no doubt be greatly benefited by her unselfish lahor in behalf of the betterment of the health conditions of the city.

The program of the evening consisted of papers by V. H. Michener, a Fostoria dentist, and by E. H. Porter, of Tiffin, whose subjects were respectively "Oral Hygiene" and "The Development of the Air Passages." The discussion that developed after the reading of the papers was most thorough and interesting. At the close of the meeting the members hugely enjoyed a most hearty participation in a sumptuous hanquet provided by the medical fraternity. So greatly did the dentists enjoy the hospitality of their medical brethren that they were completely convinced that another meeting of the same kind would prove to be equally as enjoyable. E. H. Sting, president of the dental society, accordingly acted on the good impulse of the moment, and most cordially extended an invitation to the medical society to meet with the members of his society in the near future.

B. R. Miller, Correspondent.

**Wyandot County.**—The Wyandot County Medical society met in the assembly room of the Carnegie library Thursday evening, April 22. Dr. G. O. Maskey, president of the society, presided and Dr. A. N. Smith, secretary, recorded the minutes. Dr. I. N. Bowman read a paper on "Homeopathy" and Dr. John D. Dunham, of Columbus, read a fine paper on "Significance of Treatment of Ahdominal Pain. Both papers were discussed. A report was given of interesting cases by those present.

The meeting adjourned to the Hotel Reber, where a lunch and smoker were enjoyed.

Those present were: Drs. G. O. Maskey, A. N. Smith, B. A. Moloney, I. N. Bowman, J. Craig Bowman, G. W. Sampson, D. S. Smith, L. W. Naus, of Upper Sandusky; Theodore Griest, of Wyandot; I. B. Gihhs, A. L. Walton, W. H. Wickham, of Sycamore; J. J. Heaton, C. A. Heaton, of McCutchenville; W. E. Benton, of Harpster; John D. Dunham, of Columbus.

The next meeting will be held May 20. Dr. W. K. Rogers, of Columbus, will be the principal speaker.

Frederick Kenan, Correspondent.

**Auglaize County.**—Regular Meeting of Auglaize County Medical Society was held at Wapakoneta, April 15, 1915. The secretary appealed for more interest in the society, and recommended that that each member read a paper during the year. This plan was approved, and on motion of Dr. Dine the secretary was instructed to prepare a list and assign two members for each meeting as essayists. On Dr. Stuckey's motion it was decided to hold from now on a meeting every month instead of every two as before.

Dr. Huntley, of Lima, the essayist of the evening, presented an unusually interesting paper in which he criticised the present tendencies to overindulge in fanciful technicalities. He pointed out that the watchword for the surgeon should always be: "Good Surgery and nothing else;" that common sense should always be regarded more important than "surgical fancies." The future welfare of the patient should ever be the guiding star for the surgeon. He recommended the tenotomy of the tendo calcaneus in cases of combined fracture of tibia and fihula, emphasizing the importance of true antisepsis in this little operation and of the position of the foot in the plaster cast.

The society has now 22 paid-up members and a healthy interest is manifest and growing.

C. L. Mueller, Secretary.

**Logan County.**—The Logan County society held its regular meeting April 2 at 1 o'clock. Preceding the meeting a number of members had dinner together at a cafe nearby and enjoyed an hour of sociability. Dr. T. A. Richardson was the essayist. He discussed the diagnosis and treatment of pulmonary tuberculosis. The essayist dwelt at length upon the use of all means, and the need of

**T**HE following, from the Bulletin of the Butler County Medical Society, is applicable to almost any county society in the state:

"That paper you contemplated writing for our edification has not yet been heard. We are sure it is not that you have nothing about which to write but it is simply that you have not gotten right down to business and really made marks with your pen. Papers should be written more frequently by our own men. Don't think, doctor, that you must have a series of 500 cases of a certain kind before you can give us the results of your findings. Choose a subject, read all you can find about it in your journals and text books, weave into your paper all the experience you have along the line of your subject, digest your material very thoroughly, re-write your paper and we will guarantee that when we hear it we will find out some things of which we never heard. We need a paper that will clear the field for us regarding the newer laboratory methods of diagnosis of the present day. Who will write it? Our address is 814 South Fourth Street, Hamilton, Ohio."

utmost care in making a careful and thorough examination of all patients who complain of any cough or cold. The essayist has used a large amount of tuberculin and is very enthusiastic over its use for diagnostic purposes. The paper was fully and freely discussed by all members present. Treatment, hygienic, dietetic and specific.

Two new members were admitted into membership, Drs. J. P. Harbert and J. W. Arbegast, both of Bellefontaine.

Our society has increased its membership almost 50 per cent over 1914 and we still have a few more coming in.

A. J. McCracken, Correspondent.

#### FOURTH DISTRICT.

**Putnam County.**—The Putnam County Medical Society met at Ottawa, April 8, at 1:30 P. M. A small number was present but great interest was shown by those in attendance. Dr. Harrold, of Glandorf, presented a paper on abdominal pain in which he discussed the causes, both direct and reflex. The reflex trouble, seemingly being in the abdomen, is due to irritation of some nerve center, nerve pressure by some tumor, etc. The paper was later discussed by those present.

Dr. Lemley, of Vaughnsville, presented a clinical case with consolidation of one lung, which was aspirated with no result but later was again aspirated at which time three pints of pus and serum were removed. On two subsequent aspirations two pints and one pint, respectively, were removed.

The society then discussed the present legislation which is affecting the medical profession and urged each physician to correspond with the Putnam county representatives in the General Assembly. The society adjourned to meet at the call of the president.

H. A. Neiswander, Correspondent.

**Ottawa County.**—The Ottawa County Medical Society met in Oak-Harbor, April 8th, with a good

attendance. Dr. Ingraham, of Curtice, addressed the meeting at length, giving his experiences, and observations while in Boston, New York and Philadelphia, during the last six months, in the different hospitals. The talk was very interesting and from an educational standpoint convinced the members that the Doctor during his six months stay, was a very busy man.

We expect to have several present at the meeting in Cincinnati next month.

S. T. Dromgold, Correspondent.

**Medina County.**—A meeting of Medina County Medical Society was held April 7, at which time the following officers were elected for the ensuing year: Dr. E. L. Crum, Lodi, president; Dr. Albert Wood, Brunswick, vice-president; Dr. H. P. H. Robinson, Medina, secretary-treasurer.

Dr. C. E. Ford, of Cleveland, was present at the meeting to get the sentiment of the society in regard to the Substitute House Bill 220. The society unanimously voted to endorse the bill. Dr. J. C. Herrick gave a paper on fracture of the upper extremities, and supplemented his talk by the application of splints.

R. G. Strong, Correspondent.

**Ashtabula County.**—The 101st regular meeting of the Ashtabula County Medical Society was held at the Ashtabula General Hospital, Tuesday evening, April 4th, with President M. M. Battels in chair. Minutes of previous meeting read and approved. Program of evening was opened by a very interesting paper on abdominal traumatism, by F. C. Herrick, of Cleveland. C. E. Ford, councillor for the Fifth District, was present and read House Bill 220 now before the Legislature, desiring an expression from society. O. A. Dickson, who was delegate to Columbus from the County Medical Society, pointed out the strong features of the bill and its advantage over the old medical act, and urged the Society to adopt bill. After a thorough discussion it was moved and carried



that the society recommend its passage. A vote of thanks was extended to F. C. Herrick for his paper, after which the meeting adjourned.

The annual banquet will be held in May, with George W. Crile as the society's guest.

J. J. Hogan, Correspondent.

#### SIXTH DISTRICT.

**Richland County.**—The Richland County Medical Society met Wednesday evening, April 21, at Mansfield. Medical defense was discussed and the society decided to increase the membership dues one dollar per member, as suggested by the council of the state medical association. The delegate was instructed to favor the resolution at the Cincinnati meeting next month.

Legislative matters were reported by Dr. C. G. Brown, auxiliary committeeman. The stand taken by Representative Kramer and Senator Stone in these measures was very satisfactory and votes of appreciation and thanks will be sent to these gentlemen by the society.

A paper on Colle's fracture, prepared for one of last years meetings, was kindly given by Dr. G. C. Smith, in the absence of the essayist on the program. Query for the meeting: Give functional tests for the determination of heart muscle. In pneumonia, we are taught that the systolic blood pressure expressed in m m's of mercury has a significance as compared with the number of heart beats per minute. What physical condition does that significance indicate? Does it give any clue to prognosis and treatment? In what condition would that significance be rendered, perhaps, valueless. Dr. Wayne Mecklem took up this feature of the program.

J. Lillian McBride, Correspondent.

**Summit County.**—The monthly meeting of the Summit County Medical Society was held April 6, in the permanent quarters in the People's hospital. The attendance numbered 43 from Akron, Cuyahoga Falls and Washington, D. C. and was presided over by the president, T. K. Moore. A. D. Traul, and R. V. Luce, A. B., M. D., of Akron, were elected to membership and three applications presented.

While many books have been presented to the library by members, many are too old to be of value and not old enough for historical interest. An attempt will be made to obtain newer and more useful works. The latest received were "Organic Chemistry," by I Remsen; "Inorganic Chemistry," by F. von Richter; "Disease of Children" (four volumes), by M. Pfaundler and A. Schlossmann. A. F. Sippy donated four volumes of the "Medical Standard" and six of the "American Medical Journal." J. H. Seiler donated "Pediatrics" (eight volumes), "Archives of Pediatrics" (17 volumes), "Medical News" (21 volumes), "Ohio State Medical Journal" (four volumes).

#### The Program.

1. "Elephantiasis" case presented by A. W. Jones. The patient is an infant aged 11 months and the trouble is an excessive growth of the right leg, which is of enormous size. Discussion was by C. E. Norris, J. G. Blower. The disease is rarely found. Dr. Jones will exhibit some more rare cases later.

2. "Trichiniasis," paper by J. E. Springer, with the account of an epidemic which occurred in Akron in 1914. The chief cause is the eating of improperly cooked food, especially pork, which contains the germs. Many cases occur in Germany, where much sausage and raw ham are eaten or were before the British Navy enforced the blockade of that country. All food should be well cooked. Discussion was by H. H. Jacobs, R. R. Hilborn, C. J. Case, S. St. J. Wright, C. T. Hill, E. W. Barton.

3. "Prescriptions," by E. C. Davis, Ph. G. Mr. Davis is well known among Akron druggists, and a member of the Ohio State Board of Pharmacy, of which he was president in 1913. The paper describes the difficulty of the druggist when confronted with a wretchedly written prescription, and all the various new drugs, combinations and other troubles that worry both druggist and physician. Co-operation between these two great branches of medicine is necessary, and is, fortunately, on the increase in Akron. No less than six members of the Summit County Medical Society have studied pharmacy, J. P. Boyd, W. Beidler, H. S. Davidson, G. A. Miller, A. Rowland, L. L. Toland.

The first prescriptions were written by the Assyrians. They, the Egyptian and Babylonian physicians, were familiar with most of the modern drugs. Abraham Chevert, of Philadelphia, was in 1774, the first physician in U. S. A. to write prescriptions. Mr. Davis' paper was decidedly interesting and instructive, and impartially criticised both physician and druggist, as well as praising their good points in regard to prescriptions.

4. "Ancient Medicine and Surgery," J. G. Grant. Hygeia was the Greek goddess of health, Ixthilton the health god of the Axtecs, Manuka of the Maoris. The best known of early physicians is Hippocrates (Greece 460-360 B. C.). In India, Susruta and Charaka knew and practiced surgery, as do the surgeons of today, except in the matter of antiseptics. They had more than 100 steel instruments; for splints they used bambo.

Egypt had her surgeons. The conquest of that country in 332 by Alexander the Great, introduced the arts and science of Greece. Alexandria and Pergamun became the world's educational centers, especially in the reign of Alexander's successor, Ptolemy I. In medicine the teachers were Herophilus, Erasistratus, Serapion, Galucus. Much progress was made in Anatomy. Rome did little or nothing for medicine. Superstition and quack-

ery were rampant, and soothsayers flourished as do quacks and fakers today, with their useless cults.

Cornelius Celsus, after whom the Celsus Club of Akron was named, was Rome's best surgeon in the first century A. D. Archagathus, a Greek, was expelled from Rome for excessive zeal in desiring to operate upon every one, a warning to some surgeons of today. Claudius Galen (132-200) reorganized the confused and disjointed theories and placed medicine upon a firm footing from which it has progressed steadily. The first hospital was the Hotel Dieu, Lyons, France, founded in 560. Among the Mohammedans, Damascus and Bagdad became medical centers.

Avicenna (Bokhara 980-1037) was the leading Arabian physician. In the sixteenth century Paracelsus, Pare, Vesalius, Fallopius were famous. Harvey discovered the circulation of the blood in 1628.

The leaders in the theory of medicine have been Scotland and Germany, but the most progressive countries in the practice have been Italy, England, France. Dr. Grant described the methods of the ancient physicians and the development from idol and sun worship to "medicine men" and later to the physician.

5. F. S. Drown, of the Department of Labor, Washington, D. C., explained to the meeting the investigation being conducted by him upon infant mortality in Akron.

The Summit County Medical Society expected to have during the year a visit from Sir Alexander McCormick, M. D., F. R. C. S., of Sydney, Australia, one of the leading surgeons of the island continent. He gained distinction during the South African War for his services with the Australian troops. He is now in France attached to the British Military hospital. Another expected visitor was Wesley Mills, M. A., M. D., C. M., D. V. S., F. R. S., for many years professor of Physiology in McGill University, Montreal. Dr. Mills was an entertaining speaker and an authority upon his subject, in which his work had attained world-wide fame. Unfortunately he died recently of angina pectoris in London, Eng., where he had resided for several years. Thus the war and death have robbed the Summit County Medical Society of two exceptionally fine programs.

A. S. McCormick, Correspondent.

**Portage County.**—A very enthusiastic and well attended meeting of the Portage County Society was held April 8 in Ravenna at the office of Dr. John F. Hill.

Paul G. Moore, M. D., of Cleveland, read a very instructive paper on the importance of an early diagnosis of iritis. After giving the diagnosis, the doctor explained the serious consequences which may follow if proper treatment is not instituted

early. The discussion following was general and interesting.

A fee bill, which has been under consideration for several months, was adopted and the committee instructed to have copies printed and sent to each physician in the county with the request that each adopt it.

After completion of regular business, the meeting adjourned to meet in May with Dr. W. B. Andrews in Kent.

John F. Hill, Correspondent.

**Wayne County.**—The Wayne County Medical Society held its quarterly meeting in Wooster, April 13. Dr. George F. Zinniger, of Canton, gave a very interesting paper on exophthalmic goitre. Dr. L. A. Yocum discussed circumcision, ancient and modern. Dr. R. C. Paul reported a case in which he had used vaccine therapy. Each member present joined in the general discussion following each paper. It was a very interesting and profitable meeting.

Jean S. Douglas, Secretary.

#### SEVENTH DISTRICT.

**Columbiana County.**—The Columbiana County Medical Society met in Lisbon, April 13, with a fair representation of the profession. Dr. H. K. Yaggi, Salem, gave a very interesting account of his trip abroad. His observations regarding European clinics in Paris, London and several German cities were of unusual interest. Many photographs that were taken by the doctor, especially those showing many of the beauty spots of Switzerland and the quaint customs and conditions in Holland, elicited much comment from the members of the society.

The society passed a resolution empowering the secretary to wire Senators Howard and Moore that the society unanimously urge support of Platt-Ellis bill.

W. E. Morris, Correspondent.

**Jefferson County.**—The Jefferson County Medical Society met in regular session on Tuesday, April 13th, with a large attendance. A number of very interesting clinical reports were given. Dr. Barkhurst reported a case of difficult labor with abdominal effusion in the mother. The general subject "Is a Clinical Laboratory Needed in Steubenville, and if so, What Shall Be Done About It?" was opened by Dr. Floyd. It was a consensus of opinion that such a laboratory was needed. A committee on ways and means was appointed to report later. Dr. J. E. Groves of Urichsville, Councilor of the Seventh District, was present and addressed the society on a number of business matters pertaining to its welfare. The delegate from Jefferson County to the state society was instructed to vote for Co-operative medical de-



fence, and for Dr. J. E. Groves for councilor for the Seventh District. Senator Justin A. Moore, of Jefferson County, was given the unanimous vote of thanks of the society, for his efforts in behalf of desirable medical legislation, and especially for his attitude and vote during the passage of the Hoy bill.

A general increase in fees has been made since April 1st, for medical attendance in Steubenville. The necessity for such action seems to be generally appreciated by the laity.

J. R. Mossgrove, Correspondent.

**Harrison County.**—The April meeting of Harrison County Medical Society was postponed until May 5. The meeting at this time will be held in Scio. The physicians of Harrison County are busy fighting la grippe. A general epidemic prevails. Hundreds of people are sick. It is impossible to estimate the number of cases. It is not uncommon to have patients come to your office or to find patients walking about their homes with temperature 102 to 104 degrees; no fatal complications. At the same time we have had many cases of pneumonia.

S. B. McGavran, Correspondent.

**Tuscarawas County.**—The Tuscarawas County Medical Society met in the Christian Reading Room and were called to order at 8:15 by President B. F. Larrimore.

The most important business transaction was the discussion of the report of the work of the Public Health Federation and the legislature by our auxiliary member of the legislative committee.

The society voted unanimously instructing the delegate and alternate to vote and use their influence at the state meeting to prevent the adoption of the amendment to the bylaws, changing the term of office of councilor.

After discussion, the regular meeting to be held May 4 was postponed until May 11 to be held in the evening at New Philadelphia.

Dr. W. R. Hosick having retired from the practice of medicine to accept a position in the First National Bank of New Comerstown, Dr. Moore, the alternate, was promoted to the office of delegate and Dr. Coleman was elected alternate.

Dr. E. A. Wolf presented some facts about appendicitis which awakened a general discussion from the members present. The society unanimously adopted resolutions favoring the reelection of Dr. J. E. Groves as councilor of the Seventh District.

J. A. McCollam, Correspondent.

#### EIGHTH DISTRICT.

**Athens County.**—At the regular meeting on April 6 the society adopted the following set of resolutions, on motion of Dr. H. M. Taylor:

"Whereas, For the last past year or two studied

effort has been made by sundry persons, members of the legislature and others to cast aspersions upon the medical profession, and

"Whereas, These persons, wholly unfitted by education or training, to judge the need of proper medical treatment under given conditions have presumed to restrict the freedom of action of licensed physicians in the treatment of disease, and

"Whereas, Such legislation is inimical to the best welfare and interest of afflicted persons and does hamper and restrict our freedom in the treatment of disease and relief to suffering humanity, and

"Whereas, Such legislation is a direct reflection on the integrity and intelligence of every graduate and practitioner of medicine in Ohio as well as every other state in the union,

"Therefore, Be it resolved by the members of the Athens County Medical Society, in regular session assembled that we most earnestly and emphatically protest against this continued reflection on our integrity as medical practitioners by the enactment of such pernicious laws as are now before the General Assembly of Ohio and that we do hereby request that every Medical Society in this State file such protest against the passage of such laws and also ask the repeal of those which have been passed that have a tendency to reflect on our honor as a profession, and

"Be it further resolved that these resolutions be published in the papers and a copy be furnished to every county or district Medical Society in the State with request for action thereon."

Dr. J. L. Henry stated that the emergency committee had filed a protest by telegram to the legislature. At the same time he said he was in sympathy with the Harrison bill.

Dr. McDougall offered a resolution which was passed by a unanimous vote to be sent to Representative M. P. Titman, requesting him to vote for and use his best effort to secure the passage of the substitute for House Bill No. 220.

Dr. J. L. Henry read a paper on post partum hemorrhage and Dr. C. C. Hill described a recent case of acute inflammatory rheumatism.

Remarks condemnatory of healing as practised by the Christian Science people and other cults were made by some of the doctors and in favor of the prevention by law of persons so practising who are not proficient in anatomy, physiology, biology, chemistry, diagnosis and sanitation.

The next meeting will be held on the second Tuesday in May.

C. S. McDougall, Correspondent.

**Muskingum County.**—All winter there has appeared in Zanesville newspapers a great and flaming advertisement of one Dr. William Hill, colored gentleman, and the Leo Hill Medicine Company, of Zanesville. (It seems he has also been operating in Dayton). Recently evidence was collected

by our prosecutor and presented to the grand jury and two indictments returned for practicing without a license.

One daily paper, The Times Recorder, did not mention his arrest. (See what a hold these advertising quacks and fakirs have on the press).

He was released on bond, his wife's grandfather, colored, going on his bond. But the relatives of the hondsman asked for a guardian for him and he asked for a release from the bond. Dr. William Hill was quickly locked up. The sheriff stated that they had his hank book and that one month he hanked \$600. They also found a lot of whiskey in his place, which he is said to have put in his medicine. It was found that white women were among his patients.

The State Board of Medical Registration says that this colored gentleman is not registered and I cannot find him in the 1910 Physicians Directory, U. S. We trust that the medicines sold by this fellow will be analyzed to ascertain if there is any dope in them, and if so, that Uncle Samuel will take up his case.

L. R. Culhertson, Correspondent.

**Muskingum County.**—The fifteenth regular meeting of the Muskingum Academy of Medicine was held in the Chamber of Commerce rooms, April 14, 1915. In the absence of the president, vice-president and secretary, Dr. Higgins was elected chairman and Dr. Wiseman, temporary secretary.

Dr. Higgins reported that the case of Dr. Hill practicing without a license would be placed before the grand jury by Prosecuting Attorney Smith. Dr. A. E. Walters read a paper on, "Opium; Its Use and Abuse." Dr. S. L. Allen discussed shockless operations. Both subjects were discussed at length by Drs. Melick, Sutton, W. P. Wells, Fleming, Warhurton, Crossland, Bainter and Hanna. Dr. Allen closed the discussion.

The secretary reported that he had sent State Senator Carson a telegram urging him to vote "No" on the optometry amendment to the Platt-Ellis bill. Dr. Melick reported that Senator Carson promised him, over the telephone, that he would oppose this amendment. The Academy endorsed the action taken by Dr. Melick and the secretary.

It was moved and seconded that the Academy endorse the city council's plan for a mechanical filter for Zanesville. This motion was ahly discussed by Dr. J. C. Crossland, ex-president of the state board of health, Dr. H. T. Sutton, president of the state board of health, Drs. D. M. Wiseman, Brown, and Wells, members of the city council. Motion carried, two voting against it.

Edmund R. Brush, Secretary.

#### NINTH DISTRICT.

**Scioto County.**—Hempstead Academy of Medicine failed to get into the April Journal but we had a good meeting in March and another in April.

At the February meeting Dr. Geo. S. Mytinger read a paper on "Naso-pharyngeal Catarrh." At the meeting in March a paper on "Prostatic Hypertrophy," written by Dr. O. W. Robe, was read by Dr. A. L. Fast.

Scioto County has been visited by an unusual amount of sickness among her physicians and their families. Dr. S. P. Fetter had an attack of diphtheria complicated by acute nephritis, and is quite ill. Dr. D. M. Hopkins has been laid up for several months with trouble about the knee joint. Dr. W. A. Quinn was operated for gall bladder trouble and appendicitis. Dr. G. W. Chahot and W. W. Smith have been suffering from la grippe. Mrs. O. W. Robe underwent an operation in Cincinnati. Dr. H. Williams was forced to take a vacation on account of his health.

And Dr. O. D. Tatje—now the tide turns—is the father of a large baby girl of five pounds. Tatje says he didn't use his fish scales to weigh this baby.

Dr. S. S. Halderman left on April 12 for an extended trip through California and the Northwest. Dr. Jos. S. Rardin, councilor of the Ninth District, has made visits to the Pike and Jackson County societies, during the past month. Many are planning to take in the state society and the clinical association meetings in Cincinnati.

The society at the April 12 meeting adopted formal resolutions regarding the death of Dr. James Boone Ray, who died at his country home near Harrisonville April 7, and who was a loyal member of Hempstead Academy for 23 years. A committee consisting of J. S. Rardin, L. D. Allard and S. B. McKerrihan, drafted the resolutions.

Geo. S. Mytinger, Correspondent.

**Gallia County.**—The Gallia County Medical Society had another banner meeting at the Ohio Hospital for Epileptics on Wednesday, April 7th. Twenty of our members were present. Dr. Sylvester J. Goodman, Columbus, gave an excellent paper on the puerperal infections. The excellence of his paper and the many good suggestions he made, I am sure, will help us keep up a good attendance at our meetings. In the business session Dr. Charles E. Holzer was elected delegate and Dr. Ella G. Lupton, alternate to the State Meeting.

C. E. Holzer, Correspondent.

**Hocking County.**—The Hocking County Medical Society met April 1st, in Logan, Ohio, with President J. S. Cherrington presiding. Quite an interesting business meeting was held. All the old officers were re-elected for the ensuing year.



Our society, while quite young, is growing rapidly and we are looking forward to an interesting year.

The important legislation pending was discussed and the work of the Committee on Public Policy and Legislation heartily endorsed by all.

M. R. Cherrington, Correspondent.

#### TENTH DISTRICT.

**Knox County.**—The Knox County Medical Society held its April meeting, on the 14th, at the Hospital-Sanitarium, Mt. Vernon, with a good attendance. It was a very good meeting.

The only essayist who was present was Dr. F. C. Larimore, of Mt. Vernon, our dean, who presented a most excellent paper upon "Prophylaxis of the Surgical Infections." The paper reviewed the history of asepsis in surgery, paying a high tribute to Lord Lister, and then gave the method used by the surgeon to prevent infection. It said that surgery is specific, the surgeon who gives relief by the removal of a pathological condition by means of the scalpel, has given just as specific treatment as the internist who relieves malaria by quinine, or lues by mercury or salvarsan.

The society unanimously endorsed the substitute bill, House Bill No. 220, Platt-Ellis, this being the first meeting at which it could be presented to them. However, there had been good work by several of the members individually, in

supporting this measure. The secretary reported that he had been in touch with the senator, that day, both by the telegraph and the telephone.

The committee appointed at a former meeting, relative to meetings throughout the summer, to be held at the smaller towns, and to be social as well as business in character, reported that some arrangements had already been completed, and more announcements would be made at the May meeting.

It was suggested that we were in the "102% class," rather than the "100% class," for the reason that we had two new members.

E. V. Ackerman, Correspondent.

**Pickaway County.**—The Pickaway County Medical Society met in regular session, April 2. Drs. G. H. Colville, O. H. Dunton, and G. T. Rowe were appointed by the president to confer in re-establishing a local collecting bureau for the society. Letters in regard to the state meeting were read and the pending measures in the legislature, endorsed by the committee on legislation, were approved by the society and the secretary was instructed to get in touch with the senator and representative. Dr. Courtright read a paper on "Fracture of the Skull." Dr. E. A. Secoy was named essayist for the next meeting. All members are going to the Cincinnati meeting.

D. V. Courtright, Correspondent.

## OHIO CITIES RANK WELL IN 1914 MORTALITY RECORDS

The Cincinnati Department of Health has collected interesting statistics showing how the four leading cities of Ohio compared with the leading cities of the country in number of deaths from the more prevalent fatal diseases.

The accompanying table sets forth this infor-

mation in an interesting manner, and emphasizes several important points.

Toledo, for instance, has the highest rate from typhoid, while Cincinnati is the lowest—a splendid tribute to Cincinnati's improved water supply.

Cleveland has the lowest tuberculosis rate of the cities listed, while Cincinnati is among the highest.

CITY	Population.	Deaths All Causes.	Rate per 1,000.	Typhoid, Deaths per 100,000	Diphtheria and Mem. Group Deaths per 100,000	Scarlet Fever, Deaths per 100,000	All Tuberculosis Deaths per 1,000	All Pneumonia Deaths per 1,000	Diarrhoeal Diseases under two years. Deaths per 100,000	Deaths all Causes under one year, Per 1,000
New York, N. Y. ....	5,333,337	74,803	14.02	6.26	28.	8. +	1.92	1.80	69.	2.51
Chicago, Ill. ....	2,393,325	33,923	14.18	7.10	32.	9. +	1.62	1.70	127.	2.88
Philadelphia, Pa. ....	1,657,810	26,941	16.25	7.48	20.	8. +	1.89	1.84	102.	2.98
St. Louis, Mo. ....	734,667	11,076	15.07	11.19	33.	21. +	1.53	1.66	48.	2.10
Boston, Mass. ....	733,802	11,823	16.11	8.90	23.	9. +	1.72	*	*	2.73
Cleveland, O. ....	639,431	8,266	12.92	8.28	25.	8. +	1.29	1.02	112.	2.97
Baltimore, Md. ....	579,593	10,551	18.20	22.45	16.	7. +	2.31	2.07	97.	3.37
Buffalo, N. Y. ....	454,112	6,983	15.37	13.00	10.	4. +	1.58	0.54	106.	3.37
Cincinnati, O. ....	402,175	6,428	15.98	5.71	17.	4. +	2.39	1.38	54.	1.85
New Orleans, La. ...	361,221	7,417	20.53	21.60	31.	0.5	2.92	1.75	80.	2.46
Washington, D. C. ...	353,664	5,867	16.58	12.70	8.	0.3	2.01	1.32	40.	2.02
Indianapolis, Ind. ...	259,413	4,362	16.81	22.00	11.	5. +	2.03	1.61	54.	3.01
Denver, Colo. ....	245,523	3,256	13.26	8.57	3.7	10. +	2.52	1.13	23.	1.41
Providence, R. I. ....	245,090	3,725	15.20	10.61	24.0	7. +	1.49	1.58	68.	2.86
Columbus, O. ....	204,567	3,020	14.70	13.19	8.	1. +	1.65	1.23	42.	1.97
Toledo, O. ....	184,126	2,846	15.45	35.00	18.	1. +	1.76	1.11	84.	2.51

\* Information not received.

# The OHIO STATE MEDICAL JOURNAL

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UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

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The House of Delegates at the Cincinnati session in voting to raise the annual state society dues from \$1.50 to \$3.00 further provided for an assessment of \$1.00 to be levied against each member in good standing for 1915. This action was taken because it was feared that without an additional assessment the association would be "on the rocks" financially before the close of the present year.

Since the state meeting a more careful review of the finances of the state society has been made, and it is believed that it will not be necessary to levy this additional assessment in 1915.

The Journal is, of course, the chief source of expense. In order to get through the remainder of the year without making necessary any additional levy, the Publication Committee has decided to retrench somewhat and to postpone for the balance of the year several needed improvements.

Since the House of Delegates took formal action in determining to increase the dues to \$3.00 a year, we have heard very little or no complaint. Even more conservative members agree that it is necessary to spend money to get results. Throughout the state sentiment seems to be in favor of spending sufficient money annually to maintain The Journal on its present basis; to take an active interest in legislative matters along the lines which have proven so successful this year, and to strengthen the state organization in every possible way, instead of crippling it through lack of financial support. To do this it was absolutely necessary to double the dues.

Today our membership is above 4,000 for the first time in the history of the Association. There are in Ohio probably 1,000 eligible physicians who

are still non-members. It should be the aim of every man sincerely interested in organized medicine to not only maintain our present membership next year, despite the raise in dues, but to enlist the remaining physicians in Ohio.

In this connection—speaking of the raise in annual dues—we were greatly interested in the recent comment of a secretary of one of the larger county societies. At the Cincinnati meeting he gravely informed us that in his opinion the action of the House of Delegates in raising the dues meant the wrecking of the state organization. He feared that at least 25 per cent of the members of his society would drop our next year on this account. The other day we received a note from him with this paragraph:

"You will remember that at Cincinnati I felt gloomy over the increase in dues, fearing we would lose a large number of members next year, particularly of men from the smaller towns in the county. In the past month I have been quietly ascertaining sentiment on the subject and find that I was entirely wrong. Our men feel that the State Society has been getting results in legislative and in other fields and that we cannot afford to curtail our work or in any way to cripple The Journal. I think I can see right now that ours will be a One Hundred Percent society very early in 1916 and that we will have several new members by that time."

As a matter of fact, while we may lose a few members over the state because their membership will cost them \$1.50 more next year than this, we will in the end gain many new ones—for with adequate revenue the State Society will be able in the next few years to so materially extend its field and make itself so useful to its members



that no reputable physician can afford to be outside its membership, or to withhold his support from it.

The day is not far distant when membership campaigns will be a thing of the past in Ohio. Instead of the society seeking the physician, the physician will seek the society. This is as it should be.

+ + +

Have your society co-operate in the great national campaign now being conducted by the Commission on Cancer of the Medical Society of the State of Pennsylvania. Every county society in the country has been requested to hold a cancer symposium in June. If your June program does not admit this, hold it in July. The Publication Committee has decided to devote as much space as possible in our July number to the cancer problem.

The Pennsylvania men have been working for five years to arouse more interest among physicians in the cancer problem. Their object is, of course, to call early attention to the warning symptoms and the necessity for treatment with no delay. The statistics collected recently show that the physician has his case under observation for an average of over one year before resorting to radical treatment. Undoubtedly many lives are sacrificed in this country every year by this policy.

In the United States every year more than 75,000 people die from cancer. It behooves every physician to equip himself as completely as possible to deal with this terrible menace.

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The Cleveland Academy of Medicine has started active work in preparing for the next annual meeting of the State Society, which will be held in Cleveland next May. Dr. C. F. Hoover, president, has appointed Dr. Cyde E. Ford, as chairman of the general committee on arrangements—an appointment which insures the success of the meeting. The Cleveland Academy will make every effort to eclipse the splendid record set by the Cincinnati men this year and by the Columbus men in 1914. Fine business. Go to it.

+ + +

Hats off to the progressive Canton Daily News, which, in a front page announcement on May 16, announced a business platform which we believe sounds the knell of fake medical advertising in Ohio. The News announcement is brief and to the point, as follows:

"The Canton News announces that it will no longer accept any patent medicine advertising or other medical advertising, any classified advertising of doubtful legitimacy, such as the advertisements of fortune tellers, or any other objectionable advertising.

"The Daily News will at once ask to be released from all its medical advertising contracts now in existence, and will terminate those contracts as soon as possible.

"The Daily News has formulated and put into effect the highest standards of character in advertising thus far contemplated by any newspaper. It will adhere to them throughout, in order that it may serve its readers as preeminently a newspaper of character, from the first word of each issue to the last, and thus increase its rapidly growing power for good."

This, so far as we can learn, is by all odds the most uncompromising stand ever taken by an Ohio newspaper for clean advertising. We believe that it means the final overthrow of the medical quack and the patent medicine fakir in this state, for now that one great newspaper has taken the lead others are sure to follow. The people will demand it. Legitimate advertisers will likewise demand it, because advertisements must be known by the company they keep and a newspaper that is filled with the filthy drivel of the medical quack and the nostrum fakir is a poor medium for legitimate business.

If the influence of the newspaper is withdrawn from the medical crook, who now depends upon it as almost his sole means of ensnaring victims, his days in Ohio will be numbered. With the enactment by the last legislature of the Hoy bill, which carefully restricts the character of this class of advertising, and with a voluntary action such as that of the News, it would certainly appear that vicious quackery will have tough sledding in this state.

Every friend of decent advertising, and particularly every physician who knows the detestable fraud underlying the usual medical advertising, should support the Canton News in its pioneer stand. We are glad to learn that the Stark County Medical Society took official recognition of its action at its last meeting, and we hope that every physician in the territory of the Daily News will be a Daily News booster.

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The Cincinnati meeting was a one hundred per cent meeting, the largest in the history of our association. Exclusive of guests there were 902 registrations. The guests brought the number up to 984. The comparative records of the last six meetings appear in the following table:

Place	Year	Membership	Reg'n	Pct.
Toledo .....	1910	3725	646	.17
Cleveland .....	1911	3436	731	.21
Dayton .....	1912	3546	752	.21
Cedar Point .....	1913	3559	398	.11
Columbus .....	1914	3908	822	.21
Cincinnati .....	1915	4003	902	.23

The membership totals are those of record on December 31 of years indicated, except that of 1915, which is of May 21. The increase of the 1915 membership to be expected before the close of the year will lower the attendance percentage of this year somewhat.

Naturally the highest percentage of attendance as figured by districts came from the first. It led

with 56%. The second district with 31% came second, and the third district had 22% and the ninth district came in with 20% and the tenth with 18%.

Hamilton county, our host, turned out 61%. Butler county had the next best record, with 59%.

The figures by counties grouped in districts appear below:

	1915 Registration	1915 Membership	1915 Total Percentage	1914 Percentage
<b>First District</b>				
Adams .....	9	23	.39	.09
Brown .....	7	13	.54	.12
Butler .....	33	56	.59	.15
Clermont .....	7	15	.47	.09
Clinton .....	12	24	.50	.42
Fayette .....	6	18	.33	.35
Hamilton .....	268	443	.61	.12
Highland .....	10	22	.46	.50
Warren .....	13	32	.41	.15

<b>Total .....</b>	<b>365</b>	<b>646</b>	<b>.56</b>	<b>.16</b>
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<b>Second District</b>				
Champaign .....	2	28	.07	.16
Clark .....	17	63	.27	.33
Darke .....	12	56	.21	.26
Greene .....	12	31	.39	.32
Miami .....	11	46	.24	.20
Montgomery .....	69	167	.41	.27
Preble .....		5	.00	.00
Shelby .....	6	18	.33	.23

<b>Total .....</b>	<b>129</b>	<b>414</b>	<b>.31</b>	<b>.26</b>
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<b>Third District</b>				
Allen .....	19	80	.24	.22
Auglaize .....	6	21	.29	.10
Hancock .....	7	37	.19	.11
Hardin .....	7	29	.24	.56
Logan .....	6	36	.17	.22
Marion .....	7	28	.25	.48
Mercer .....	5	28	.18	.20
Seneca .....	9	35	.26	.28
Van Wert .....	5	23	.22	.08
Wyandot .....	4	16	.25	.80

<b>Total .....</b>	<b>75</b>	<b>333</b>	<b>.22</b>	<b>.27</b>
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<b>Fourth District</b>				
Defiance .....		6	.00	.00
Fulton .....		22	.00	.04
Henry .....		4	.00	.00
Lucas .....	35	212	.17	.19
Ottawa .....	1	14	.07	.07
Paulding .....	1	23	.05	.00
Putnam .....	6	30	.20	.14
Sandusky .....	1	21	.05	.00
Williams .....	2	32	.07	.07
Wood .....		15	.00	.00

<b>Total .....</b>	<b>46</b>	<b>379</b>	<b>.12</b>	<b>.13</b>
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<b>Fifth District</b>				
Ashtabula .....	1	20	.05	.04
Cuyahoga .....	39	484	.08	.07
Erie .....	2	24	.08	.18
Geauga .....		6	.00	.14
Huron .....	1	10	.10	.11
Lake .....		8	.00	.00
Lorain .....	5	43	.12	.12
Medina .....	2	20	.10	.13
Trumbull .....	2	26	.08	.04
<b>Total .....</b>	<b>52</b>	<b>641</b>	<b>.08</b>	<b>.08</b>

<b>Sixth District</b>				
Ashland .....	2	19	.11	.13
Holmes .....	2	8	.25	.33
Mahoning .....	7	95	.07	.11
Portage .....	1	25	.04	.14
Richland .....	2	30	.07	.38
Stark .....	22	122	.18	.27
Summit .....	9	156	.06	.11
Wayne .....	3	25	.12	.11

<b>Total .....</b>	<b>48</b>	<b>480</b>	<b>.10</b>	<b>.18</b>
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<b>Seventh District</b>				
Belmont .....	9	51	.18	.05
Carroll .....		—	.00	.00
Columbiana .....	5	39	.13	.15
Coshocton .....		21	.00	.35
Harrison .....	1	12	.08	.40
Jefferson .....	4	37	.11	.16
Monroe .....		10	.00	.12
Tuscarawas .....	8	41	.20	.25

<b>Total .....</b>	<b>27</b>	<b>211</b>	<b>.12</b>	<b>.17</b>
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<b>Eighth District</b>				
Athens .....	9	50	.18	.24
Fairfield .....	9	41	.22	.42
Guernsey .....	3	29	.10	.38
Licking .....	7	35	.20	.28
Morgan .....		14	.00	.00
Muskingum .....	4	37	.11	.00
Noble .....	1	8	.13	.28
Perry .....		17	.00	.06
Washington .....	6	35	.17	.12

<b>Total .....</b>	<b>39</b>	<b>266</b>	<b>.14</b>	<b>.27</b>
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<b>Ninth District</b>				
Gallia .....	4	31	.13	.16
Hocking .....	1	9	.11	.00
Jackson .....	10	21	.05	.57
Lawrence .....	2	17	.12	.11
Meigs .....	2	11	.18	.22
Pike .....	2	13	.15	.53
Scioto .....	11	48	.23	.28
Vinton .....	1	9	.11	.22

<b>Total .....</b>	<b>33</b>	<b>159</b>	<b>.20</b>	<b>.30</b>
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Tenth District				
Crawford .....	3	28	.11	.17
Delaware .....	3	26	.12	.44
Franklin .....	59	306	.19	.70
Knox .....	5	33	.15	.59
Madison .....	3	9	.33	.50
Morrow .....		15	.00	.07
Ross .....	3	21	.14	.31
Union .....	3	13	.29	.66
Pickaway .....	9	22	.41	.47
Total .....	88	473	.18	.62
Total .....	902	4003	.24	.21
Guests .....	82			
	984			

The most notable observation arising from an analysis of these statistics is that the bulk of our members do not avail themselves of the annual meetings. But 21 of the 88 counties had an attendance of 25 percent or over. In Hamilton county, where the meeting was held, a few over one-half of the members attended.

An investigation of the records of the past six meetings indicates that the bulk of the attendance invariably comes from the district in which the association is being entertained and those adjoining.

At the time of the Cincinnati meeting there were 3950 members in good standing and eligible to attend. The secretary-treasurer would appreciate a letter from every one of the 3048 members who were not there. This request is made with the sincere hope that each one of the 3048 will tell why the meeting did not attract him, what features could have been added or changes made that would have attracted him.

We were rejoicing over the splendid record of the Cincinnati meeting when we received a few figures on the recent annual meeting of the Texas State Medical Association. We compared the figures with ours:

	Texas	Ohio
Membership .....	3368	3950
Attendance .....	1008	902
Percentage .....	.30	.24

Texas with a smaller organization and greater distances to travel (Texas is almost four times as wide and over three times as long as Ohio) had a larger attendance than our association.

Prior to our meeting, we wrote to Dr. Holman Taylor, the secretary-editor of the Texas association, pointing with pride to the excellent results of our One Hundred Percent Contest.

"We have no use for a one hundred percent contest," the doctor replied. "We have medical defense."

Columbus seems to be a hotbed for that particularly despicable species of medical fakir who elect to wring money from the gullible by promoting so-called epilepsy "cures." During April the Journal of the American Medical Association paid its respects to two of these concerns, both of which are located in the Ohio capital.

The Journal first turned the light on one Dr. J. T. Croney, who poses as a specialist in epilepsy and runs a mail order treatment, the chief assets of which are a few form letters and a "sucker" list. The latter he compiles by writing mayors of small towns and the agents of local express companies and securing from them the names of sufferers from epilepsy in their neighborhoods.

In another issue of The Journal A. M. A. pays its respects to the so-called "Converse treatment for epilepsy" which has made considerable money for a group of Columbus people who operate it as a side line—six bottles, \$5.00, cash with order. It also, under analysis, is found to be merely a bromid mixture which if not discreetly used, may easily result in adding to the epilepsy victim's already serious condition.

Croney is a licensed physician, having gotten under the wire when the Ohio license act was passed in '96 through the years of practice exemption. He claims to have attended an Eclectic college for four months in 1871. We commend him to the State Medical Board for early consideration under the provisions of the Medical Practice Act as they have been strengthened by the Hoy Bill.

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"The Committee on Medical Legislation has achieved a great deal this year, both by way of blocking vicious legislation and of passing bills favored by the medical profession. The Hoy bill, defining dishonest and unprofessional conduct in such a way as to enable the State Board of Registration to rid the state of the riff-raff of our own ranks, is now a law. The cult bills have been blocked by a substitute bill, which compels those who treat human ailments to meet uniform requirements in the fundamentals on which medicine is based. Many bills of relatively minor importance have come before the legislature, notably the bill licensing trained nurses.

"It is a pity that the bill to take the Bureau of Vital Statistics out of politics and put it under the State Board of Health has been defeated. As it is, the statistics do not reach the board of health in time to be of use, and many epidemics do not receive the attention they ought to have. But peanut politicians must have their pie counter, even when, as in this case, it means actual loss of life sacrificed, to the end that the Secretary of State may have \$15,000 worth of jobs for the faithful."—The Cincinnati Lancet-Clinic.

The Eighty-first General Assembly, which closed its long session late in May, will pass into history as the most progressive on record insofar as public health legislation is concerned. And it is probable that no previous General Assembly has enacted so much legislation favorable to the legitimate practice of medicine.

The enactment of the Platt-Ellis bill is, in our opinion, epochal, as it lays down a broad general plan for dealing in the future with the various cults which have sprung into mushroom growth in this state. By placing these limited practitioners under the direction of the state medical board, and requiring of those who enter the practice in the future a knowledge of at least the fundamentals of the structure of the human body, the state has taken a long step forward in protecting its citizens from a constantly increasing menace.

The enactment of the Hoy bill, which increases the power of the state medical board to eliminate from practice dishonest physicians, was another splendid achievement. The effect of this bill, even before it has become a law, has been tremendous. Advertising quacks throughout the state have become thoroughly frightened, and are greatly curtailing their extravagant claims. Some have already quit business. It has also had a very wholesome effect in many communities in curbing the growing evil of dishonest "fee-splitting." Its operation, over a period of years, will mean a medical profession of higher standard in Ohio. This will be a splendid thing for the profession as well as for the public.

Many other bills advocated by the Legislative Committee of the State Society were enacted. In fact, of the dozen or more measures either prepared or approved by this committee, but two or three were defeated.

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Not a single measure opposed by either the Legislative Committee or the Ohio Public Health Federation was passed. This list included a conglomerate assortment—three Christian Science proposals, which would have permitted "healers" of this sect to practice medicine without qualification or regulation; a variety of bills creating special license boards for the non-medical cults; a measure which would have destroyed the effectiveness of the state pure food laws; a bill which would have given much greater latitude to dishonest persons in filing malpractice suits against physicians and dentists. With regularity these measures were either killed in committee or beaten by overwhelming vote, after their dangers had been pointed out by representatives of the State Society or the Federation.

Another point in favor of this legislature was its liberality in appropriating money for humanitarian purposes. Never in history have the state hospitals and eleemosynary institutions received such large sums. The legislators took cognizance of the serious overcrowding that has developed in the past few years, and appropriated accordingly.

The state medical board was given an increased amount to carry on its work, and the state board of health received a heavy increase.

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Not the least important factor in securing such unusually favorable results was the activity, this year, of the medical men in the House and Senate. Without exception they were active in aiding the measures in which the public health organizations of the state were interested.

In the Senate we were fortunate in having three members on the majority side, two of whom had had previous legislative experience and were therefore leaders in the work of the upper branch—Dr. Charles T. Gallagher, of Mt. Sterling, and Dr. J. V. Winans, of Madison. Dr. Elmer E. Vorheis, of Cambridge, was a new member, but he took an active interest in the work throughout the session. Most of the hard fighting on all of the proposals in which the State Society were interested occurred in the Senate, and these men took the lead in the fights—often in face of bitter opposition.

In the House we had three members on the majority and three on the minority side. The former were Dr. Van S. Deaton, of Alcony, who is a veteran in legislative service; Dr. William P. Ellis, of Geauga, whose experience in the 79th General Assembly made him familiar with legislative procedure; and Dr. W. S. Hoy, of Wellston, who throughout the session was one of the most active members of the House.

Dr. Deaton, early in the session, led a hard fight for his bill to transfer the bureau of vital statistics to the state board of health, and later secured the passage of the bill to encourage use of prophylactic in eyes of the new born. Twenty years ago, as a member of the House, he secured the passage of the law which started the blind prevention work in this state. Dr. Ellis took an active part in drafting the cult practice bill, which bears his name, and in securing its passage. One of the hardest workers in the House, he was "on the job" at all times and lost no opportunity to aid the cause. Dr. Hoy established a remarkable record not only introducing and passing the two public health bills which bear his name, but, as chairman of the medical education committee, leading the fight to whip into a form satisfactory to the medical profession the bill providing for the registration of nurses.

The Democratic members were Drs. D. M. Criswell, of Coshocton county, R. B. Cameron, of Defiance, and G. J. C. Wintermute, of Celina. All were members of the Public Health committee, and all were influential in shaping the important medical legislation which originated in the House. They performed splendid service.

These nine men, who spent five months in Columbus, at meager compensation, working frequently far into the night, never swerved in their devotion to the ideals of their profession; and they deserve the gratitude of their professional colleagues throughout the state.



Another factor in bringing about a successful legislative result was, of course, the organization of the Ohio Public Health Federation, which eliminated the old plan of lobbying in legislative halls and substituted a plan of presenting arguments to the individual members of the legislature through their home friends.

The plan worked wonders. On rare occasions it was necessary to have committees appear before the legislature. Instead, through regular mail bulletins and by telephone and telegraph, the local committeemen throughout the state were kept in touch with events at Columbus—and almost without exception they responded promptly, and effectively.

It was, without doubt, the active work of these legislative committeemen in each county who made possible the successful work.

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And, in closing, *The Journal* must pay its respects to the state legislative committee, three members of which laid down the reins at the Cincinnati meeting after their successful administration. Dr. Ben. R. McClellan, of Xenia, Dr. John Thompson, of Cincinnati, and Dr. Robert H. Bishop, Jr., of Cleveland, who as members of this committee were responsible for the work, retired with a record which will force their successors to "go some." Service on the state legislative committee requires hard work. It is a strain, frequently demanding heavy sacrifices of time. These men never shirked. At the end of the session they felt that they had done their share, and they asked to be retired.

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Ohio, after many years, seems to be awakening to a realization of the importance of public health work. This is indicated by the increasing annual appropriations made by the legislature for the state board of health. They are still pitifully small, in comparison to the amounts spent for other activities, but this year's appropriation is large when compared with appropriations in previous years.

This year's appropriation bill carries approximately \$115,000 for the state board of health. Last year the appropriation was \$90,628. In 1913 it was approximately \$80,000, and in 1912 it was \$50,482. Prior to that date the state had never spent \$50,000 a year in maintaining a department to protect the health of its citizens, although it was ready at all times to spend many times that amount to maintain almost useless canals, keep alive a militia, etc.

When Dr. McCampbell assumed charge of the activities of the department as executive officer of the board, in 1912, he launched a campaign to impress upon the people the folly of penuriousness in providing funds for health protection. He showed how past legislatures had readily voted

large sums to manufacture hog cholera serum, for instance, and had flatly refused a state appropriation for diphtheria antitoxin. This point was hammered home until it made an impression on the public, and since then legislators have been far more open minded in considering health appropriations.

The result is shown in the increased work of the board and in the great extension of its field of usefulness. Since the state has adopted a more liberal policy, in 1913, the department has taken up many new lines of work. A division for the study of occupational diseases has been put into effective operation, and information has been and is being secured that will equip the state to deal adequately with this serious problem and to materially curtail this huge annual waste of human life. The state has taken over the supervision of the anti-tuberculosis fight, through the establishment of a division equipped to handle this work. As a result public health nurses are being placed in service in many cities, the state's tuberculosis hospital system is being developed—and the tuberculosis death rate for Ohio has commenced its slow decline.

Through the establishment of a division of public health education one of the best traveling health exhibits in the country has been built up, and the "gospel of good health" is being spread to every corner of the state, driving home to the citizens of even the smallest cities the need of effective local health work. This exhibit has done wonders in startling the state into realization of the need of health conservation.

The monthly bulletin of the board has been developed into a first class health journal, which is becoming an authority on public health matters and is quoted widely through the Middle West.

This year the department will launch a division of child welfare, to begin an organized campaign to cope with the infant mortality problem in Ohio. It will enlarge its laboratories to care for most of the state's food analytical work, and will not only save a large sum annually thereby but will bring the food protection work which is conducted under the agricultural department into closer touch with the state health department. The manufacture of diphtheria antitoxin, which has been started, is another important departure.

It is to be sincerely hoped that the legislature, in succeeding years, will take increasing account of the importance of this work, and will continue to aid this department in developing its program of extending adequate health protection to every inch of territory in the state. Doctor McCampbell, who has been chiefly responsible for securing these increased appropriations, through his presentation of the needs of the department to legislators and state officials, should be supported in his splendid work by every physician in Ohio.

*Original Articles*

## The Indications for Operations

JOHN CHADWICK OLIVER, M. D., CINCINNATI, OHIO

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**I**N presenting this subject to you for discussion, I wish to state most emphatically that the ideas here advanced are those which appear sound and sufficient unto my judgment. No criticism of the opinion of others is intended, nor do I consider the opinions advanced as being the true solution of the problems presented, except in so far as they appeal to my ideas of propriety. Other surgeons may see things differently, and I am ready to grant that their opinions are based upon what they consider sufficient reasons for their line of procedure. I ask but for the same charity in your judgment.

Increased experience has convinced me that surgeons often fail to appreciate two very important features of surgery: First—The element of terror induced by the contemplation of an approaching operation; and, Second—The extreme physical and mental prostration following operative procedures.

It is undoubtedly true that but very few persons can contemplate an operation with equanimity. A horror of mutilation, of danger incurred or of possible death, steals unbidden into the mind of the patient. His thoughts naturally turn to the possible effects that his death will produce upon those who are dependent upon him, and he is distressed over the outlook. This condition is sometimes so intense as to be a mental anguish. The man living upon a meager salary, or the artisan depending upon his day's wages, may be apprehensive of the effects upon the subsistence of his family produced by even a temporary disability. The mother who is called upon to leave her children in order to submit to an operation does so with many misgivings—she cannot fail to appreciate her importance in the household and she, more than any one, realizes to the full what her death would mean to the children.

### Consider the Patient.

The feelings given above are only instances of particular causes of distress in individual cases; they are peculiar to the individual and must of necessity cause sufficient apprehension to produce a decided mental depression, and this cannot fail to induce a corresponding physical deterioration. But aside from this there is an inherent horror of the knife and of the anesthetic common to all mankind—a shrinking from the ordeal, a presentiment of impending disaster, a dread of doom.

There are many instances of people approaching an operation with genuine pleasure. Cruel, unceasing pain will often make one welcome an operation for its relief; the removal of a deformity or blemish may be eagerly sought by some, especially women; operations which remove bars from cherished desires, such as maternity or paternity, are

demanding. But aside from these comparatively infrequent exceptions a surgical operation is, to express it mildly, regarded as an extremely unpleasant occurrence, distasteful in contemplation, appalling in anticipation.

It may be said in a general way that ignorance may mitigate the severity of the mental trauma, it may also magnify the terrors of the approaching ordeal; but we can safely assert that knowledge does not have a tendency to produce assurance. Those who have the most intimate knowledge of surgery seem to shrink from operations fully as much as do those who are ignorant of their details. Physicians and nurses, especially the former, hasten but slowly to the operating table. Their dread of an operation is often pitiful.

Much good is often accomplished by urging immediate or very early operation because prolonged mental depression is thereby avoided. If one's time is pretty thoroughly occupied between the time he is informed of the necessity for operation and the date of its actual performance he may be saved much mental suffering.

### Two Important Points.

From the above we may deduce two important rules to guide surgeons in their practice: First, the inherent danger to life of the operation should not exceed the danger of the disease; and second, the probable result of the operation should be sufficiently good to justify one in undertaking it.

Another point of prime importance in this discussion is a careful consideration of the patient—his individual rights must always be cared for. There is, undoubtedly, at the present time a tendency toward the promulgation of dogmatic rules of conduct in certain diseases—a sort of rule of thumb action which recognizes the disease but fails to take the individual into consideration at all. This method of practicing surgery by a series of hard and fast rules is pernicious because it leaves the most important feature—the patient—entirely out of the reckoning. Were it possible to practice surgery according to this method, mere technique would be all that would be necessary after one became sure that certain diseases were present. There would be no reason for choosing a surgeon with good judgment but every reason for selecting one whose manual dexterity was above reproach. The fallacy of such reasoning is readily apparent to each one of us; if it is not, it would immediately become luminously clear were we to be the patients under discussion.

I think we may start out with the proposition that no surgical operation ought to be performed unless it is highly probable that the patient will be



benefited by its performance. The surgeon should approach each case with the determination to refrain from operation provided he can obtain equally good results by other methods of treatment. Some one has said that "the greatest danger of modern surgery is its safety," and perfection of technique with lack of knowledge has undoubtedly led to the performance of operations which had much better have been left undone. The pages of the records of modern surgery are full of the chronicles of operative measures which a fuller knowledge and a riper judgment have repudiated as being unwise. A study of the modern surgical specialties will convince one that along with the advent of aseptic surgery came a period in which surgical zeal exceeded surgical judgment.

#### A Popular Fallacy.

We have now arrived at a stage of development when the "furor operandi" is to be succeeded by the age of surgical reason. Let us glance over the present field and note the evidences of the "dawn of reason," as exemplified by the present-day methods of procedure.

There is a very wide-spread opinion among the laity, and some physicians have fallen prey to the belief, that when a surgeon is called into a case he is expected to recommend operative measures. Some surgeons seem to feel that the mere fact of being called into consultation constitutes a positive indication for operation. This view of the situation robs the word "consultation" of all of its real meaning, and is pernicious in its influence because it prevents early consultations.

The family physician is in a better position to know the end results of operations because he keeps track of the patient long after he passes out of the ken of the surgeon. For this reason the surgeon can receive much material assistance from the physician in matters relating to the ultimate results obtained. This interchange of observations constitutes a true consultation.

Every surgical operation should have a reason for its performance. It should be life-saving, life-prolonging or life-comforting.

By viewing surgery from the standpoint of the patient we awake to the fact that it must ever have a humane object for its basis, and that humanity and scientific zeal may not be synonymous terms.

One very distressing feature of modern surgical literature is the frantic desire of certain individuals to report great numbers of operations for certain conditions. They assume great credit because their cases of appendicitis run into the hundreds, or because they have removed a thousand or more prostate glands. Such men are not safe leaders because their reports clearly indicate that they operate by rote and not by reason, that they do not discriminate, that they seek an excuse for operation rather than a reason for abstinence. Such men seem to be working for statistics rather than for the good of each individual entrusted to their

care. The younger men are inspired to still more extravagant flights of fancy by their example, and as a result care and caution are cast to the winds and a wild scramble for numbers takes the place of calm, scientific demeanor.

I sometimes find unreasoning objection on the part of physicians to operations of any sort, in other words, a spirit of antagonism against operative measures in general. This spirit, as a rule, has its origin in deep-seated prejudice or in ignorance of the positive value of many operative measures. Many a case of strangulated hernia is treated by taxis and otherwise for too prolonged a period before resort is had to herniotomy. The death of the patient after a very late operation may deepen the antipathy of the physician against operative measures, and he may never be willing to acknowledge that an early operation would have been of the slightest avail—this, too, in spite of overwhelming testimony to the contrary.

#### An Extreme Case.

I remember being called, by the family, into a case of appendicitis which had reached the third week of the disease. Two physicians were in attendance and had been from the beginning of the attack. There was a lump in the right side of the abdomen so large as to be visible across the room. The physicians knew of its existence and recognized it as an appendiceal abscess. They gave as a reason against operation the belief that the abscess might burst into the bowel, and thus would the patient be spared an operation. These men were perfectly honest but their judgment was bad, because they were not giving the patient the best and safest method of relief.

It is neither wise nor needful to multiply instances such as the above. They are given only to emphasize the necessity for clear-headed judgment in each case.

It is doubtless true that many of our surgeons have painted the blessings of operations with too roseate a hue. When physicians find that these alluring pictures lose much of their color and tone from careful or even casual scrutiny, they may be tempted to go to the other extreme and become suspicious of all surgical measures. They fail to discriminate between the true and the false, and I must confess that one cannot censure them very severely, because the enthusiasm exhibited in the writings of some surgeons will mislead the very elect—even the one who makes the statements. We have passed through a period of "frenzied surgery" in which operations have been recommended as panaceas for all ills, but, at present, we are in a position to judge dispassionately of the end results of indiscriminate surgery. The picture is not altogether a pleasant one, but the experience will not have been in vain if the lessons are read right.

We may conveniently and logically divide operations into several classes according to whether the indications for intervention are urgent, advisable or doubtful. There is another class of cases in which operations are positively contra-indicated.

The first question that will present itself to the mind of a thinking physician is: What method of treatment will give the best result to the patient? The answer given to this question will depend upon the judgment of the physician—the value of his judgment will depend upon his native common sense guided by his knowledge of results.

There is a class of cases in which the arguments in favor of operative intervention are absolutely conclusive, because no other method of treatment will meet the conditions. When a limb is crushed beyond the possibility of repair, amputation is imperative, but the physician's knowledge and good sense is shown by his ability to establish the fact that repair is impossible. Primary amputation is never indicated so long as there is a possibility of saving the limb. The benefit of any doubt should be given the patient and every effort should be made to preserve the damaged member.

Cases of strangulated hernia which cannot be reduced by a safe amount of taxis should be subjected to early operation. Delay is much more disastrous in its effects than is operation.

The examples given above will serve to illustrate operations of necessity. Many others might be cited but a multiplication of illustrations is neither necessary nor advisable.

Conditions, in which a choice of time for operating is permissible, or in which the element of success is dependent upon the selection of the correct combination of circumstances, constitute the large majority of the cases which come under the care of physicians and surgeons. A proper estimate of the value of the concomitant circumstances is essential to the best handling of the patient.

The first disease that will almost naturally occur to you is appendicitis. Let us assume that the diagnosis has been made correctly (this is not always the case) and that a surgeon has been called within twenty-four hours after the beginning of the attack. This statement would, in the minds of some, constitute all that need be said in order to call for a positive recommendation for operation, but this is not sufficient, because the important questions of co-existing physical condition, the patient's environment, the possibility of performing an aseptic operation, and the skill of the operator must be weighted in the balance before deciding upon immediate operation. The general rule in such cases is to remove the appendix at once because the disease is then confined to the interior of that organ and its removal eliminates the entire source of danger, but the introduction of infection from without is not a whit less dangerous than the infection from within, hence a badly conducted operation may introduce the very element one is striving to eliminate. Unless we can guarantee that the risk of infection from without is less than that from within, the patient receives no benefit from the early operation.

In reading the articles written by most eminent surgeons, one should not lose sight of the fact that their statistics are derived from operations performed under ideal conditions. Their work has

been done in fully equipped hospitals and every safeguard is thrown around the patient during the operation, and the after-treatment is carried out with all the advantages incident to a well-ordered institution. We must, therefore, remember that ideal results may be obtained under these conditions, while disaster may follow in the wake of operations performed under less favorable circumstances. "Circumstances alter cases" and environment may alter results. Fortunately, hospitals have become more numerous and most operative cases can, in a few hours, be brought under ideal conditions. I have my doubts whether an indiscriminate application of the rule to operate in the first twenty-four hours of an attack of appendicitis, regardless of the surroundings of the patient, would reduce the mortality rate below that in which the disease is permitted to run its natural course.

Many surgeons have reported apparent results which upon closer examination proved to be but coincidences. The apparent relief of a condition by operation (such as trephining for epilepsy) has led to the performance of many unnecessary operations without benefit to the patients.

Certain clinics in which diagnoses are carefully and scientifically worked out have contributed a large and brilliant chapter to our knowledge of when to operate and when to refrain from advising operations. The public, as well as the profession, owe a great debt of gratitude to those who have been pioneers in the application of all known means of diagnosis to individual cases. One is tempted to say that the future will demand this same care on the part of the surgeon in all doubtful cases. Accuracy of diagnosis will ever be the hand-maiden of scientific surgery, and satisfactory results will follow honest, painstaking investigation of each patient.

In spite of the immense progress that has been made in surgery since the introduction of anesthesia and later of asepsis, much remains to be done in the careful application of surgical remedies to disease. The whole subject of the operative treatment of carcinoma and sarcoma needs careful scrutiny and I venture to predict that the final triumph over these diseases will result from other than surgical measures. Early operations seem to give favorable results, but even these are futile in many instances. I fail to see the logic of reserving the use of radium for late, inoperable cases, because from a purely theoretic standpoint the early cases ought to yield most readily. The whole subject of the treatment of malignant diseases is built upon a very insecure foundation—indications for or against operation are uncertain.

I fully realize that "Heaven is not reached by a single bound" and that perfection is only attained by evolution and development. Surgery is no exception to the rule, but we should all realize that evolution is still going on and that our present imperfections should be realized by all of us. Extravagant claims are not compatible with calm, scientific judgment.



## The Annual Address of the President\*

J. H. J. UPHAM, M. D., OF COLUMBUS, OHIO

President of the Ohio State Medical Association, 1914-1915.

IN opening this, the seventieth annual meeting of the Ohio State Medical Association, I do it with a greater recognition of the importance and influence of this body than I have ever previously conceived in the ten years in which I have been connected with it in an official capacity, and with a deep appreciation of the honor of having served as president of such an organization for the past year.

The experiences gained have been most illuminating and inspiring; the spirit of organization is aroused throughout the length and breadth of our state as never before. I believe that physicians everywhere are realizing that these are critical times; that our profession is being weighed and tested; that upon it has been directed the cross-fire of modern criticism and the searchlight of modern thought to the intent that its true status may be established in the social economy of today. We are at the bar of public opinion and are being judged not as individuals but as a profession; and not alone by what we are doing in the treatment of actual disease and the amelioration of human suffering, but also as to our efforts for the prevention of disease and the conservation of the health of our fellow citizens. These last are duties and obligations that we cannot escape. They may have been thrust upon us or we may have assumed them unconsciously as the wonderful developments of the last few decades in the etiology and pathology of disease have demonstrated the possibilities of preventive medicine, but be that as it may, they are now indissolubly connected with our claims to favorable consideration and as we fulfill them well or ill, depends our future standing in the community.

We are being judged as a profession; therefore as a profession must we give answer—not through the single voices and efforts of individuals here and there over the state with any hope of success, but through an organization of all the eligible physicians, speaking in language of no uncertain terms and with a voice of such force as to command attention, we may demonstrate without any difficulty what we all feel to be true, the truly great economic value and inestimable services of our profession to our fellow men!

### Need of Organized Efficiency.

With the need for such organization therefore so plainly obvious, with the opportunities for social service so manifest, the only questions that are pertinent to this meeting, as it seems to me, are those relating to the making of our Association as truly efficient as possible.

As my predecessor pointed out in his address last year, the strength of this Association depends upon the vigor and activity of its component county societies. This is undoubtedly true, and the main function of the state organization is to foster and develop the growth of the county societies in every way possible to correlate their various aims and interests, and to act with and for them in the broad questions affecting the entire profession of our commonwealth. This may best be done, in my opinion, by the construction and maintaining throughout the year of a strong central organization. This Association should be a concrete, living force every day of the year, and not merely an academic body meeting for three days, and then lying dormant for 362. So firmly convinced of this have I been for some time that during the past year I have endeavored to demonstrate, with the splendid co-operation of our efficient secretary-treasurer, the Council, the various standing committees, and especially through the aid of our greatest asset, The Journal, something of what may be attempted and accomplished by such a policy.

First, I would draw your attention to our membership. On December 31, 1914, there were recorded 3908 members in good standing; this was but six under the largest membership ever recorded (in 1908), and today I have great pleasure in announcing that the paid up membership already for 1915 is 3950. With eight months still to run, a record membership of over 4,000 is absolutely assured. This growth may be attributed to many causes, but undoubtedly the Promotion Committee, as suggested by my predecessor, and as inaugurated and operated this year, may claim a good share of the credit. You will hear later in detail a report of its activities.

Second, The Journal. This as at present conducted is, I believe, one of the greatest assets of our Association. The policy of the Publication Committee has been as liberal as possible; it has sought to present to our members items of medical interest from all sections of the state, and to keep them in touch with medical activities of all sorts. It has excluded all advertisements which may be regarded as even questionable, and The Journal ranks in the very fore-front of state medical journals of the country. I believe its success has been due to the intelligent co-operation of the Publication Committee with the energy, devotion and expert services of our News-Editor.

### Legislative Activity.

Third, Legislative activity. This has been the greatest year of constructive legislation in the history of our Association. The instigation of the Ohio Public Health Federation rests with this Association. The details of the formation of this

\* This address was presented at the opening general session of the seventieth annual meeting of the Ohio State Medical Association in Cincinnati, May 4, 1915.

organization may be found in the report of the Legislative Committee, and I can hardly overestimate its influence for good in securing progressive legislation and opposing pernicious measures. I may merely mention that the state has been organized by the Legislative Committee as never before; our members over the state attested their interest in organization matters by the heartiest co-operation, and our Association wielded a great influence, demonstrating this by the amount accomplished and the character thereof.

Fourth, the establishment of an *entente cordiale* with organizations of allied interests. This was principally accomplished through the Ohio Public Health Federation. In addition, as your president, I have conferred with several of these, particularly the Ohio State Dental Society, addressing its annual session and meeting with expressions of approval of plans of closer co-operation of our organizations. I am glad to mention the presence on our program of one of the most eminent members of this profession in our state, as evidence of this feeling.

Other things might be mentioned, but I believe the above indicate in some degree what has been done this year, and point the way as a mere beginning of what may be accomplished in the future. Even this, however, has proven relatively expensive—relative only in the sense of past expenditures. The actual expenditures compared with the results obtained have been very little. If we sow sparingly we must expect to reap sparingly; if we invest but little we can expect but small returns. I can hardly yet see how this Association has accomplished what it has, or wielded the influence it has, with the meager "sinews of war" with which it has been provided. I do not know of any other state association in the country that publishes a journal that has annual dues so low as ours. As our secretary-treasurer has forcibly expressed it in his published report, "We have come to a parting of the ways." If we are content to let things drift along, letting our Journal drop back and our Association accomplish little or nothing, with great opportunities beckoning us on every side—let the dues remain as they are. If on the other hand, you desire to see our Association prove its value and be a party to the solving of the problems of our profession and be members in an organization of which you may all feel pride, see to it that the means for carrying on this work be provided. I recommend for your consideration, a substantial increase of the annual assessment.

There is a condition existing in the administration of two of the main offices of our Association which leads to a certain amount of reduplication of work with the consequent entailing of considerable unnecessary expense. This is the maintaining of separate offices of the secretary-treasurer and of The Journal, with practically duplicate records of members and duplicate office

forces. The Journal office maintains as close connection with the county secretaries as does the secretary-treasurer, and there results considerable correspondence between these two offices which could readily be done away with. The secretary-treasurer suggests that much of the routine work now done at his office, at a cost of \$1,000 annually, be transferred to The Journal office, with a considerable saving of expense and tending toward greater efficiency in the administration of the business of the Association. I do not believe that there need be any constitutional or other amendment, or creation of a new office, but commend this suggestion of the secretary-treasurer to your attention with the recommendation that the secretary-treasurer, or the auditing committee, or both, conjointly form a working plan to be tried out during the ensuing year.

#### Term of Councilors.

There is an amendment to the constitution which was introduced at the last annual meeting, which, having been published in The Journal and due notice having been sent to the component societies, now comes up before this session of the House of Delegates for consideration. This amendment has for its intent the changing of the term of office of the members of the Council, but must be slightly altered in its phraseology to carry out the purpose which its presenters had in view. This amendment is similar to others of like purpose which have been repeatedly offered in the last few years and therefore seems to represent a decided feeling of many members of the Association. It plans to reduce the term of office of the Councilors from five to two years. Inasmuch as certainly in these cases the office seeks the men; as further, there is not entailed any expense in increasing the frequency of these elections, I believe that this plan is worthy of a trial, for the following reasons:

From eight years close official connection with the administration of the affairs of the Association, I believe two years is ample time to demonstrate the fitness of the incumbent.

It is never difficult to re-elect an official to this office who has proven his fitness. This is proven by the fact that every councilor who has held office since the reorganization has been re-elected at the expiration of his term. It is always possible that a councilor may be elected who otherwise capable and efficient, may not be qualified for the peculiar and exacting duties of this position; five years tenure of office under such circumstances might work a decided detriment to the efficiency of the Association.

Therefore, without the slightest thought of criticism of the present personnel of the Council, but believing that a considerable number of our membership approve this amendment, and that at the worst it can work no harm, I believe that this plan is worth a trial.

Since the adoption of the revised constitution,



during the past year there have been found a few inconsistencies and discrepancies that should be corrected lest occasion should arise when they might give rise to embarrassment. Several members have drawn attention to the above facts, and suggestions have been formulated for their correction. I would recommend that a committee of five be appointed to receive any such proposed alterations, and investigate the necessity and expediency of introducing correctional amendments, to report at the third meeting of the House of Delegates, so that action, if necessary, may be taken at the next annual meeting.

Inasmuch as the influence of our Association is largely dependent upon the size of its membership, my final suggestion is toward the encouragement and abetting of the efforts of the Promotion Committee.

#### Associate Memberships.

There are allied professions to our own with a certain community of interests whose co-operation could, I believe, be easily won, with mutual benefit to all concerned. This is particularly true of the dental profession, which is at the present time showing a lively interest in public health problems, the conservation of health and the pre-

vention of disease. In the last few years the growing appreciation of the close relation of many systemic diseases to foci of infection in the mouth, has brought us in closer relation to the dental profession than ever before and this appears to be but the beginning. I believe it would prove of great reciprocal benefit if this could be recognized in an official way, and provision made for associate members of our Association from representatives of collateral professions, furnish them *The Journal* at cost, and endeavor to foster a spirit of unity and co-ordination in those departments of our activities that are practically parallel.

In closing I wish to commend to you the efficient services of the secretary-treasurer, the news-editor, the various committees and other officers, and to thank them, and also the officers of the various county societies, for their hearty co-operation and earnest services which are chiefly responsible for making this one of the most successful years in the history of our Association, the which, however, if you so will it, may be but the beginning of an era of usefulness and influence for good surpassing anything we have thus far dared to dream.

## Anesthesia in Obstetrics

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SINCE the use of gas anesthesia in surgery as a common procedure, most of the advances in surgical anesthesia have consisted in improvements in method of use of material already in use. The technic of administration of both nitrous oxide and ether has been improved, and especially in the case of ether, a considerable number of procedures for inducing anesthesia to a surgical degree have been developed. Various percentages of ether vapor as an auxiliary to nitrous oxide when used for abdominal work have been found by many operators to have advantages over either agent used alone. In most cases the administration is preceded by a hypodermic of morphine, or pantopon, and atropine, to quiet nervousness, and diminish secretion. Various operators are using the additional precaution of a local anesthesia, either at the site of the incision, or, because of the sloughing sometimes induced by this, at a short distance from the incision, thus blocking sensory impulses from the terminal filaments of the nerves involved.

The tendency seems to be to use different combinations of various agents, in varying proportions and by methods selected by the operator for the individual case. This plan corresponds exactly to the time-honored method always emphasized by the therapist of individualizing prescriptions, not only as to dosage and proportions of the vari-

ous drugs employed, but of selecting one combination of drugs for one patient, and another combination or even different drugs in another case, although the patients are afflicted with identical maladies. This does not mean poly-pharmacy, or "shot-gun work," but it does mean treating the patient, not the disease. It means that the cerebral activities of the physician do not come to an abrupt cessation when the diagnosis is made. It means the exercise of those finer qualities of discrimination and judgment which distinguish the man of real ability, from the mere man of learning.

#### A Fallacy.

Obstetricians have been too long handicapped by the traditional notion of a single procedure for the relief of pain in labor. This tradition has consisted largely of a "few whiffs" of ether or chloroform at the beginning of a pain with a moderate degree of relief. The patient usually clamors for more. The doctor, governed by a perfectly justifiable fear of delayed labor or postpartum hemorrhage, as vigorously insists on less.

Now come the Twilight Sleep advocates urging impatiently the immediate adoption of a different method, and its routine use to the practical exclusion of other procedures. Is it not time that we get away from the idea of "adopting" this or that or the other drug, or unvarying procedure, as the

best for obstetric analgesia or anesthesia? Is it not time to forget somebody's exclusive method and technique for obstetric analgesia? Should we not rather begin to insist on sufficient equipment in our institutions, and sufficient training, preparation, and flexibility on the part of the obstetrician to allow good judgment and nice discrimination in the individual case, careful study of the progress of labor, and previously acquired knowledge of the particular patient to decide our handling of the matter of relieving the pains of labor?

For the above reasons it seems that a brief consideration, a bird's eye view, of our present resources to this end may not be amiss. Most of them are old, a few are new. Many of them are deserving more critical study and attention than they have received. These agents may be divided for practical consideration, according to the method of administration, into three groups:

1. By the alimentary tract—mouth or rectum.
2. By hypodermic injection—local anesthesia, spinal anesthesia or systemic effects.
2. By inhalation—analgesia or anesthesia.

Under the first division we have in common use hydrate of chloral and bromides. Both are usually administered by rectum at this time because of the predisposition to vomiting present in many labor cases. They are best used only in the first stage of labor, and particularly in cases of tense cervix or where unusual susceptibility to pain is reflexly inhibiting the effectiveness of the uterine contractions.

Under class two are found the various opium derivatives, such as morphine, narcophen, pantopon and the new French toconalgine obstetrique. These have the common characteristic of depressing the respiratory centers of the medulla. Any interference with the child's respiratory centers at the moment of birth is extremely undesirable, hence none of the opium group should be given less than two hours before the actual moment of delivery and preferably should precede the birth by four hours. This group therefore should be given only in the early part of the first stage of labor. In spite of many assertions to the contrary morphine often noticeably interferes with the strength and frequency of the pains.

#### Shortens First Stage.

Those cases referred to above as indicating the use of chloral or bromides are the ones in which morphine has a favorable effect, and in these patients the first stage of labor is shortened by our therapeutics. Whether the sum total of the hours required for cervical dilatation is shortened or lengthened depends upon how many patients fall under the first or how many fall under the second class. Regardless of the total number of hours required in a series of cases, by using or not using morphine, that total is much less, by discriminating as to the patients who should have it and those who should not.

Local anesthesia and spinal anesthesia by means of cocaine and its derivatives have had their en-

thusiastic advocates, but the judgment of the profession is overwhelmingly against their use except in very exceptional cases.

The use of morphine and scopolamin, in dosage so nicely regulated by close observation of the patient as to produce amnesia and considerable analgesia, without endangering the mother or child, constitute the so-called Twilight Sleep. The period of greatest difficulty in relieving the patient by this method is during the second stage, and the time of greatest risk to mother and child from this procedure is also the latter part of the second stage of labor. Throughout labor the border zone between comfort to the mother, on the one hand, and danger to both child and mother on the other hand seems to be very narrow, and during the perineal stage thins out to the vanishing point, so that many Twilight Sleep advocates recommend the use of some other agent to relieve the mother during this period. Some of the New York institutions that have been so widely heralded as using Twilight Sleep with considerable success, state frankly, if rather inconspicuously, that they usually terminate their cases with a few whiffs of ether.

#### Select Your Agent.

Thus comes the first gleam of returning sanity with regard to this method, and a beginning realization that whatever relief may have been afforded a patient during the early part of labor by any one agent, establishes no reason why this particular agent must be continued throughout the second stage. This realization may interfere with some pretty statistics but it will certainly be of vast benefit to the woman and the new-born babe.

Because of the promptness with which their maximum effect is reached and passed, the agents of class three, i. e., the inhalation class, are best suited to the second stage. The nearer we approach the actual moment of delivery, the more powerful become the reasons for desiring the patient's freedom from pain to be derived from agents whose effects can be curbed in the shortest possible time. A comparison of these drugs, viz., ether, chloroform, and nitrous oxide-oxygen, shows the following advantages for the latter agent.

(1) Chloroform and ether in many cases result in diminishing the frequency and strength of the uterine contractions. This of course increases somewhat the risk of post partum hemorrhage. It sometimes delays the second stage. Occasionally the second stage is accelerated by relief from pain.

(2) Nitrous oxide-oxygen analgesia rarely if ever diminishes the frequency and vigor of the uterine contractions. Almost invariably the second stage is accelerated by its use; relief from pain, without corresponding depression of the uterine action, results in very active voluntary efforts on the part of the patient. There is no increase of the risk of post partum bleeding from its use, not only because uterine action remains



vigorous under nitrous oxide analgesia, but because there exists the additional safeguard that in a few moments the patient is entirely removed from its influence. Its action begins and ceases promptly. The relatively high percentage of oxygen used in this procedure ensures absolute freedom from cyanosis. In fact both mother and babe have a surprisingly good color. Anyone first using this agent with proper proportions of oxygen will be astonished at the pink color of the babies and the promptness with which they cry.

The St. Luke's staff experience with nitrous oxide analgesia in labor now consists of fifty-two cases. Of these, thirty have been under my personal care. The life of at least one mother and probably that of one baby, neither of them nitrous oxide cases, were saved by the presence of the equipment with its oxygen tanks and inhaler ready for instant use in the lying-in-room.

It is needless to say that a knowledge of the method, and familiarity with nitrous oxide anesthesia are essential to its successful use in labor. Our procedure at present for relief from pain in labor is as follows:

First Stage.—A careful selection of cases according to sensitiveness to pain, condition of cervix, and whether primipara or multipara. Mor-

phine 1/6 gr. by hypo, sometimes accompanied by scopolamin and sometimes not, is given or withheld according to these indications. Chloral hydrate is occasionally used when on account of individual idiosyncrasy morphine is contraindicated. When the cervix is completely dilated, and usually after the largest participating circumference of the head has passed the brim, nitrous oxide analgesia is begun. Thirty to fifty gallons of nitrous oxide per hour and fifteen to twenty gallons of oxygen is the usual quantity necessary to secure analgesia, and insure freedom from cyanosis, respectively. The patient should not lose consciousness at all. She should be able to respond to the accoucheurs directions to bear down or to stop when desired.

The procedure has been successful from the standpoint of the patient. We recommend a thorough trial of the procedure. Like Webster and Lynch, of Chicago, we have for years been using nitrous oxide anesthesia for all operative procedures on toxemia cases of every description. The harmful effects of chloroform on the liver, and ether on the kidneys, should be more generally recognized as a bar to their use in eclampsia, either for the prevention of convulsions or for major surgery.

## A Brief History of the Care of Insane in Ohio\*

CHARLES S. McDOUGALL, M. D., OF ATHENS, OHIO

Chairman of the Section on Nervous and Mental Diseases, 1914 Meeting of the State Society.

**S**TANDING before you, the recipient of the highest official honors that can be conferred by this section upon one of its members I aver there is no title within the gift of the Ohio State Medical Association I could hold with greater pride than chairman of this section on Nervous and Mental Diseases. I cherish it not alone by reason of the present distinguished and to me most congenial membership, but I feel that any member of this section may well be pardoned a feeling of exultation and a sense of pride, when reminded that the notices for the first meeting and organization of Ohio physicians were sent by Dr. William M. Awl. This memorable meeting of Ohio physicians, who came together in this city early in January, 1835, and organized the Ohio Medical convention, had for its prime motive the state care of the insane, and the most important and far-reaching act of this meeting was sending that memorial to the legislature which resulted in the enactment, four months later, (May 5, 1835), of the law authorizing state care of the insane, and building the Ohio Lunatic Asylum. This was opened for patients Nov. 30, 1838, with Dr. Awl, who presided over its destinies for twelve years, as its first superintendent.

Dr. Awl took the initiative in state medical organization, championed the cause of state care of the insane, successfully superintended for twelve years the first asylum in Ohio and the first west of the Alleghenies, and Ohio has never paid a more just and deserving tribute to soldier, scientist, statesman, or hero, than the naming of yonder cottage, (at Columbus State Hospital) to the memory and deeds of Dr. William M. Awl.

Though this section is regarded as the youngest off-spring of medical organizations in Ohio, we are in fact the real lineal descendant of the Ohio Medical Convention, which had for its chief primary purpose the state guardianship of the insane. The founders, realizing that it could be effected only by the means of medical organizations, and the thousands who have and are receiving care, treatment, and protection, in the institutions which Ohio has built and dedicated to their needs, demonstrate beyond question the wisdom of that body of distinguished physicians who framed Ohio's first lunacy law, which was enacted seventy-nine years ago today.

Ohio began to care for her insane the year following that memorable and history-making event at Hanwell Asylum, when Conolly formally established the humane and non-restraint treatment of the insane in England, by publicly burning all the devices of mechanical restraint. If in his enthu-

\* Read as Chairman's Address at the 1914 meeting of the Section on Nervous and Mental Diseases, May 5, 1914, at Columbus State Hospital.

siasm, like the Puritan soldiers of Cromwell, he destroyed and banished the things that might with rigid caution be used in exceptional cases, the harm was compensated a thousand fold, as the effect of these revolutionary methods were resounded throughout the old world and echoed beyond the sea—centering in Ohio nearly thirty years ago when the Secretary of the Associated Charities of Great Britain declared that here was located the model institution of its kind in the world.

Though one year behind England, Ohio saw the light three years before France discovered the way, and that nearly fifty years after Dr. Pinel, the world's first alienist, had broken the shackles and opened the dungeon doors at Bicêtre and Salpêtrière and demonstrated to the authorities that the insane were human beings; responsive and as appreciative to kindness as they were rebellious to torture. Esquirol, the student, emulator and follower of Pinel, spent his lifetime labors in efforts to establish the reform of his well loved master, but it remained for the master stroke of Ferrius, who saw the necessity of having the reforms enacted into a law. After eighteen months debate French parliament on June 30, 1838, enacted that most excellent and humane measure: "The Lunacy Law of France."

The foregoing narrative has been given to show the persistent determination with which the alienist from the first has struggled for the elevation of humanity and the advancement of civilization. For him no task has been too prolonged or laborious, no problem too complicated or perplexing, no details too tedious, and in pursuit of reforms and discoveries he sees nothing of promise too lofty for his reach or beneath his notice, nor too hazardous to daunt his courage.

For protection against small-pox, the young domesticated cow is sacrificed, for antitoxin, the gentle equine; harmless and inoffensive guinea-pigs and rabbits have offered up their lives by the thousands, but the alienist goes forth with thong and lariat, seeks and captures the gay and festive, death dealing rattler, robs him of his venom, and frees him in his native haunts, unharmed, except his wounded pride, and the lack of assurance that he may not again be the victim of a holdup.

The provisions, public and private, that have been made during the latter half century for the physical welfare of the insane has no parallel, nor has any department of medicine been able to deal with or locate disease and injuries with a greater degree of certainty than the neurologist. In fact, cerebral localization is one of the most advanced acts in medicine, and the etiology and classification of diseases of the nervous system and the mind have in the evolution of medicine long maintained a place in the front ranks.

From the stupendous biological, pathological and bacteriological discoveries of the last half century, have been wrought revolutionary changes in

the etiology, diagnosis, and classification of diseases. Out of this has come no greater advance or practical benefit than has been utilized by the students and investigators of diseases of the nervous system and mind. Yet there appears the same tendency in this, as in the other departments of medicine, as indicated by the bureaus of census and vital statistics, in attaching so great importance to diagnosis in fatal cases, to be content with the etiology and diagnosis. To all, these are clearly understood as being imperative, but the scientific mind sees little beyond this, save where a germ has been isolated and he has visions of a new serum, that could be attached with a hyphen to his name—a most laudable ambition, for serum-therapy has doubtless added more to the sum of human life during the past twenty years than any other therapeutic measure, and doubtless has contributed to the growing tendency to discard drugs and other remedies of known value. While I feel that every one of us should encourage the investigator, yet I see no reason why we should sit idly by watching for wonders to loom upon the horizon, merely because we have no antitoxin or specific.

There is no place in medicine where prompt and appropriate treatment is more certain of good results, or neglect surer to be followed by chronic and incurable conditions, than in diseases and injuries involving the brain and cord. There are no diseases of like importance, for who in his sanity would not choose instant death to the life of a maniac! There is no place in medicine that calls nearer, imperatively, for the trial of every therapeutic promise, before consigning men and women to the incurable department, where on entering in the long ago they passed under the inscription, as real and melancholy now as when the letters were inscribed: "He who enters here leaves hope behind."

Within a very recent time it has appeared in public print, as the statement of one who has for many years been engaged in the care and treatment of the insane, that working in the ground, out in the open air and sunlight was the best treatment of insanity. Another of experience publicly declares hydrotherapy to be the salient remedy. To one familiar with the many forms and manifold variations of the different types it is difficult to comprehend the cheerful assertion that all the multitudinous conditions presented by the insane can be corrected by a single remedy and there is no apparent reason for limiting the alienist in his remedies.

The insane were treated and cured with medicines even before the days of Aesculapius. The first cures recorded in history were during the reign of Proetus, King of Argos. His young daughters having taken vows of celibacy, developed mania with the delusion that they had been transformed into beasts, and the young princesses roamed the fields and forests in preference to the palaces. The neighboring women became affected



and it developed into a most serious condition, until the King's shepherd, Malampus, who had observed the effects of white hellebore upon goats, gave these young women milk in which the plant had been steeped, and speedily effected a cure.

If drugs were effective then, why should we hesitate now to use them, or any other means when indicated. I bespeak for all that we unite in an effort to keep this section as it always has been, in the front ranks of progressive medicine.

## Prostatectomy Under Spinal Anesthesia: Case Report

E. S. BREESE, A. M., M. D., DAYTON, OHIO

**J.** H. age 86, plasterer, of powerful build; has had good health with the exception of urinary trouble, bronchitis of recent origin, and double inguinal hernia. The hernia on the right side is the larger; both are of considerable size and not well retained by a truss.

His disturbance of micturition dates back ten years and its history, until one year ago, differs in no way or but little from the average case of prostatic hypertrophy as seen in an old man. He began the use of the catheter two years ago and had to employ it almost daily thereafter. Strange as it appears no serious cystitis occurred. One year ago complete retention supervened. It was impossible to relieve him by catheterization, so suprapubic puncture had to be employed.

This is best accomplished by infiltrating the region where the puncture is to be made with some reliable local anesthetic, and making a short incision in the skin just above the pubic bone. A trochar 5-16 in. calibre is preferable. It is started through the incision in the skin and driven into the distended bladder. The skin incision simplifies the procedure. It allows the trochar to pass easily and avoids shock which is likely to occur when the integument is punctured by a large instrument.

A Pezzer catheter was inserted through the canula and the latter removed. This catheter is recommended by authorities for this purpose. Of proper size it is difficult of introduction and serves the purpose no better than the largest plain soft rubber catheter that will pass the canula. This passed into the bladder sufficiently to insure its retention is easily held in place by safety pin and adhesive plaster.

At the end of one week the prostatic congestion had subsided; the catheter was removed and catheter life resumed. This condition continued until February 10, 1915, when complete retention occurred again. He was relieved by means of a metallic prostatic catheter of long curve after much difficulty and considerable hemorrhage. Inability to void urine or catheterize himself was complete. To catheterize him as needed was both inconvenient and bad practice.

After one week of this the bladder was allowed to become distended, a suprapubic puncture was made and a large catheter inserted. This afforded excellent drainage for a week when the patient himself removed the dressings and drain. The

catheter could not be reinserted through the puncture wound. The bladder became distended, was repunctured and the catheter replaced. In two days he tore all away as before.

Prostatectomy now became a procedure of necessity. The suprapubic operation was selected on account of the punctures already made and its superior functional results. Large, double inguinal hernia, almost in the field of operation, and chronic bronchitis put inhalation anesthesia out of the question.

Spinal anesthesia was decided upon. The patient was seated squarely on the operating table, legs hanging down, forearms resting across thighs, spinal column slightly arched backward, head flexed.

Back was cleansed with benzine and painted with tincture of iodine, half strength. The puncture was made in the fourth lumbar interspace, using a needle of platinum and iridium, diameter .8 mm. and 10 cm. long. A free flow of cerebrospinal fluid was quickly obtained and one and one-fourth cc. of "Stovaine Billon," slowly injected, withdrawing the plunger twice to make sure of free diffusion of fluid and location of needle point within the cavity of the arachnoid. The puncture and injection required not over 40 seconds. Patient was kept sitting upright three minutes after the injection and then carefully lowered to the table with a firm pillow under head and shoulders. Further preparation was completed and the incision begun five minutes after the injection. Anesthesia and relaxation were most complete.

Breathing was quiet and regular, circulation remained good; not an unfavorable or disagreeable symptom supervened. He asked for and was given a drink of water when the operation was nearly concluded.

A midline incision two inches long, beginning at the site of former puncture was carried down to the bladder. These previous punctures are a benefit rather than a detriment to later operation. They cause the bladder to become adherent to overlying structures and in the same way protect the space of Retzius against urinary infiltration. In this particular instance the two punctures in the bladder wall were about an inch apart. They were joined by an incision extending clear through the wall.

This readily admitted two fingers to the interior of the bladder. The prostrate was lower

than usual; the right side somewhat enlarged, the left markedly so. The prostatic portion of the urethra deviated sharply to the right. The enucleation was done according to the method devised by Freyer and later described by Fenwick. The left index finger was passed down the prostatic urethra as far as the first joint and there forced through laterally to the true capsule of the prostate. Following the plane of cleavage the right lobe was enucleated and broken off at the groove. The left lobe was likewise loosened and extracted. The complete relaxation enabled two fingers in the rectum to push the prostate up within easy reach of the enucleating finger.

There was no shock. Hemorrhage was surprisingly slight. This unusually slight amount of hemorrhage was, most probably, due to the fall in blood pressure which characterizes this variety of anesthesia.

Fearing that secondary hemorrhage might occur after the blood vessels regained their tone, a rubber bag as described by Hegner was inserted. This device serves a double purpose; it absolutely prevents hemorrhage, primary or secondary and smoothes out and holds accurately the mucous membrane in the pocket made by the enucleation of the prostate. A Potain aspirator syringe serves very well for inflating this bag when placed, and also for deflating it just prior to removal. A screw compressor placed on the tube just where it emerges from the urethra retains the air and secures the proper degree of traction.

A rubber tube 5-8 of an inch in diameter was placed in the bladder through the suprapubic wound. The excess of incision was closed up to the tube by Fig. 8 sutures of silk-worm gut. A smaller tube placed within the larger and packed around with gauze carried the urine to a receptacle under the bed.

The anesthesia lasted two hours and required no after treatment. Light diet and plenty of water were continued from the time of operation. At the end of 24 hours the air was let out of the rubber bag; at the end of 36 hours the bag was removed. The large rubber tube was taken out in five days. One irrigation of potassium permanganate 1-8 gr. to the ounce was given daily. The beveled glass tip of the irrigator was placed in the meatus tightly enough to prevent leakage around it. Hydrostatic pressure carried the solution through urethra and bladder, and out through tube in suprapubic wound.

He was out of bed in one week. The suprapubic wound closed in sixteen days. Power of voluntary micturition was re-established. He takes long walks and says he never felt better.

Report of this case is made because the patient is near the outside limit of age and represents a type to be found in almost any community. It also proves that these bad risks can be handled with success and little trouble if proper judgment and skill be employed.

## THE PROBABLE CAUSE AND LOGICAL TREATMENT OF EPILEPSY

A Preliminary Report.\*

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About seven years ago, I began the surgical treatment of constipation of mechanical origin due to such conditions, for example, as displacements, malformations, adhesions angulations, plications, dilatations, atrophies and various distortions of the intestines. The general conditions calling for operative correction of the intestines were not so much the constipation itself as the constitutional states that were caused by the constipation. Or, going a step further back in the chain of etiologic sequence, it became evident that the toxic state of the system, the word "toxic" being used in its original and broad sense, must have originated in the intestines either through (a) deleterious additions to the food before ingestion, or (b) as the result of secondary chemical changes in the food after ingestion, or (c) as the consequence of bacterial activity in either the normal or adventitious flora of the intestinal tract, or (d) as the result of the cooperation of any two or all three of these sources of possible toxic supply.

In the course of this experience, I early encountered certain cases in which epilepsy occurred as a complication of constipation and of other and more usual constitutional states that were caused by constipation. I did not at first recognize it as having even a probable sequent relation to the condition of the intestines which was demonstrably the cause of the constipation. It was, in fact, totally disregarded in such of these early cases as came to operation. The sequel, however, finally forced on me a recognition of three significant facts. The first was a fact well known to the medical profession, namely, that epileptics are very generally constipated, or, as I found to be true, all of them are constipated. The second was that certain epileptics once permanently cured of their constipation ceased to have epilepsy, another fact in consonance with the general experience of the profession to the effect that laxatives are the best remedies with which to minimize both the frequency and the severity of epileptic attacks. The third and equally significant fact impressed on me was that, while all epileptics are constipated, only a relatively few constipated persons have epilepsy.

The explanation of these facts taken together, and especially of the third fact considered either in relation with the others or by itself, logically required the existence of another etiologic factor, the presence of which would account for the existence of epilepsy under given conditions in one case, and the absence of which would account for

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the absence of epilepsy under the same conditions in another case. In this connection the toxic factor that I had long recognized to be present not only in all cases of chronic constipation of mechanical origin, but especially in all epileptics, assumed a new and more potential significance. It was apparent, however, that while the general principle of toxicity obtained, there must be some definite or specific poison or toxin to account for the equally definite and specific phenomena presented in these cases.

This view was held in mind in the further development of my surgical management of the perfectly obvious lesion presented in all of these cases, namely, mechanical interference with the normal activity of the bowels, the only lesion, by the way, which has been demonstrated in 100 per cent of epileptics that have come under my observation. It so happened that I had treated all of my earlier cases by replacement and fixation of the colon after my method of retroperitoneal implantation, the details of which I have already reported.<sup>1</sup> When I later incidentally ascertained that these patients, five in all, had been free from epilepsy following operation, for periods varying from seven months to more than three years, I was impressed, first, that the whole difficulty had been in the colon and, second, that the restoration of the fecal current had resulted in carrying off the poison, whatever its character. I then found a patient of whose epilepsy I had taken no account, but in whose case I had successfully operated for intestinal stasis four months before, but in which the epilepsy had only been reduced from grand mal to petit mal. In the light of this case it seemed to me that, considering the gravity of the disease and the obvious fact that the colon was the seat of the difficulty, the more logical procedure would be to remove the colon. I then did colectomy in my next two cases, both of which had grand mal, with a satisfactory surgical recovery in both instances. In both cases there was immediate cessation of the epileptic attacks. In one there have been two slight attacks of petit mal in the six months that have since elapsed. The other patient, who had from one to four attacks daily before operation left the hospital at the end of three weeks without having had a seizure. She continued well, her bowels moved freely several times daily, she ate well, and was up and about when, at the end of three weeks, she suddenly developed status epilepticus from which she died at the end of seventy hours. A necropsy revealed an acute dilatation of the duodenum as the only lesion. It was caused by traction exerted by and through the mesocolon from the weight of the rather heavy omentum that I had left after the colectomy. This taught me two important lessons, namely, first, what I had really known before, that the

ptotic condition of the mesocolon, whether effected by the weight of a loaded colon or by that of a fat omentum or by both, could produce obstructive angulation of the duodenum, and second, that the specific poison of epilepsy, whatever its character, was elaborated in the duodenum—a conclusion which conforms to the general views of Bloodgood, Draper and others with reference to the duodenal origin of other and non-specific intestinal toxins.

Another lesson that I learned from these and other cases was that, although surgically successful, colectomy, whether done on epileptics or non-epileptics, was an operation involving much traumatism and consequent surgical risk. It seemed to me, therefore, that it would be wise practice to do the colectomy at two stages, the first being simply an ileosigmoidostomy or short-circuit procedure, and the second being the removal of the colon, a considerable interval being permitted to intervene between the two procedures. As I had previously done a number of short-circuit operations in non-epileptics with no unpleasant sequelae and therefore with no necessity for a secondary operation, I felt that, in these epileptic cases, I would be able by the same procedure to give my patient the benefit of two chances. One was that the second half of the colectomy, or the colectomy proper, might not need to be done, and the second was that, if a colectomy had to be done, the surgical risk would be diminished by the fact that it was already half done. I accordingly did several primary ileosigmoidostomies in this class of cases. As expected, the operation was followed by much less shock and the patients made a more prompt convalescence than in the original colectomy cases. The constipation was in all instances promptly overcome, and very generally there was an immediate disappearance of the epileptic seizures. In one case, the home physician wrote me that his patient seemed like a new man, "one who had thoroughly recovered from a prolonged alcoholic debauch"; in another, there had been only a few "sensations" instead of the former convulsive attacks; in a third, there had been no improvement, while others were well and have since remained so. In the case of the man first mentioned, who seemed so perfectly well, there suddenly occurred a series of violent convulsive attacks, and the same thing happened a little later to the patient who had had only "sensations." I advised both patients to return for the secondary operation, the colectomy, as I felt that the sudden change in the trend of both cases toward recovery was due to the reloading of the colon by the regurgitation of feces above the point of anastomosis. This proved to be true. The colon with contents in one case weighed six pounds; in the other four pounds. The lesson taught by this experience was, first, that the feces coming down from the small intestines were extraordinarily toxic, that the reloading of the now inactive colon with this epileptic poison resulted in an "overdose" and the conse-

<sup>1</sup> Reed, C. A. L.: Fixation of the Ptotic Stomach and Colon by Retroperitoneal Implantation, *The Journal A. M. A.*, March 28, 1914, p. 999.

quently aggravated seizures and, finally, that while ileosigmoidostomy might be a relatively safe operation in non-epileptics, the toxicity of the intestinal content made it an unsafe measure in epileptics.

While all this was going on, a rapidly increasing experience had brought me an increasing familiarity with the clinical picture of epilepsy in all its forms. The first thing in the way of a generalization that impressed me was the complete and surprising absence of the hereditary factor in all the histories. In only one instance was there more than one case in one family. I was also unable to find any case of so-called "traumatic" epilepsy of that type usually implied by the term, namely, of injury to the head, although I found numerous cases in which a fall or strain or other injury was the manifest cause of the splanchnoptosis present. The old type of so-called "idiopathic" epilepsy has, of course, gone the way of all idiopathic things, such for instance as idiopathic peritonitis, until the very word itself is on the index expurgatorius of all physicians with intelligence enough to know that every effect is the result of a cause.

On the contrary, every phase of the disease seemed to emphasize the existence of a poison of intestinal origin. There were the hebétude and mental depression which always occur when there is hyperabsorption of intestinal toxins—the word toxin being here used in its new and restrictive sense of a poison of bacterial origin. There was the vertigo, often without, often with an instant of unconsciousness, but still vertigo, very similar to what healthy persons experience when they are "bilious," which is another word for torpidity and hyperabsorption. There were the convulsions not entirely unlike those of tetanus, of known toxic origin, or not entirely unlike those produced by strychnin, a known poison. There was the dilatation of the pupils, not entirely unlike that which occurs in advanced toxemias. There was the high blood tension, something like that which occurs in the known acute infections. There was the salivation not unlike the salivation in hydrophobia of known bacterial origin. There are the authentic cases of epilepsy cured by an attack of typhoid fever, a process suggestive that it was the antibodies thus formed that destroyed the original infection. There was the constant tendency to the formation of gas with a peculiarly, I should say distinctively, offensive odor. This gas-forming process was most marked near or at the time of convulsion, when the odor seemed to permeate all the secretions—a condition suggestive of the odor of burnt powder following an explosion.

There was the temperature vacillation, less in range but still a vacillation, such as occurs in recognized septic states. In other words, epileptics have a low mean average of temperature—97 plus rather than 98 degrees—with a tendency to vacillate between 96 and 99.5. These lower ex-

tremes sometimes cause a feeling of chilliness or even slight rigor, although the higher reaches, within the limits indicated, seldom cause a feeling of heat. The vacillation reaches its maximum just before a seizure or, more properly, an explosion, after which the temperature again approximates the mean average of that particular case.

Then, there were other facts that impressed me. The influence of a protein diet in making epilepsy worse may have some relation to the fact that protein media are especially favorably to bacterial cultivation. As I have stated, in only a single instance have I encountered a family with more than one epileptic in it. If the poison were of chemical or non-bacterial origin, why were not other members of the family, eating the same diet, living under the same conditions, affected the same way? If it came from that source, why did it not come sooner or later? The cause of epilepsy must be as persistent as its effects. If it were of chemical, that is, non-bacterial origin, why should it persist after the particular food to which it was attributed had no longer been used. For it is quite inconceivable that offending food should continue to be used through months and years and particularly, without affecting more than one member of the family during all that time. These and possibly other considerations brought me to the definite conception that the poison, a true toxin, must be the result of bacterial infection, and that the infection must be specific in character. It seemed to me, furthermore, that experiences which I have already related tended to amplify this conception. Thus, in cases in which the epilepsy disappeared after restoration of the fecal current, it would seem that the infection had been confined chiefly, if not entirely, to the mucous surface from which it could be readily swept away by ingesta and secretions: in cases in which there were some remaining *petit mal*, it would seem as there might be some remaining infection in the mucous follicles; while in those cases in which the cumulative and recumulative effects were expressed by convulsions after operations, it would seem as if there might be deep follicular or interstitial or even glandular infection, with possible contamination of the blood, with the specific bacterium or its toxin or both. These considerations having been fortified by preliminary bacterial studies of the blood and the alvine dejections as well as of the contents and walls of removed colons—the present publication of which would be premature—and having thus impressed me as being valid, it occurred to me that, in those cases in which relief from epilepsy did not follow the restoration of the intestinal function, the principle of immunization by vaccination might be applied with advantage.

About the time I reached this conclusion, I had two more short-circuited cases in which surgical recovery with disappearance of the epilepsy followed operation, but in both of which there had



been recurrence of the seizures or explosions. In one of them there had been from two to five attacks every day before operation. This patient in the midst of a perfect convalescence suddenly developed the worst case of status epilepticus that I have seen. In the other, there occurred two convulsive seizures to tell the tale that the colon had again loaded. Neither patient was in physical condition to justify colectomy even as an emergency operation. In both cases I ordered autogenous vaccination made by usual cultural methods from both the blood and the alvine secretions. The serologic work was placed in the hands of a recognized and distinguished expert, whose detailed report will appear with my final report on the subject. It is sufficient for my present purpose to say that both cases, even the status epilepticus, have completely cleared up under the treatment. It is also well for me to add that I have adopted this method of treatment as a routine in all cases, and so far with gratifying results. In the meantime the pathologic conditions are being carefully studied by a distinguished specialist in that department. His report too will be incorporated with my final record.

In view of these and other experiences, chiefly clinical, I have been brought to think that:

1. Epilepsy is caused by a specific infection, probably a bacillus of the gas-forming series.

2. The infection is located in the intestinal canal, probably primarily in the duodenum, always finally in the colon, and may be superficial, intra-follicular or interstitial, or may and in certain cases, probably does, involve the blood as a propagating medium.

3. The infection seems to be made effective primarily through constipation of mechanical origin.

4. The relief of the mechanical cause of the constipation with restoration of bowel function results in the cure of epilepsy in cases in which the infection is probably superficial.

5. The principle of immunization holds good in the treatment of cases in which the infection obviously lies deeper, in all of which autogenous vaccination may well be applied as a matter of routine.

This preliminary report in simple narrative form is submitted at this time in the hope that it may stimulate investigation at other hands along the same lines. In due season, I hope to lay the further details of my work before the profession. In the meantime I shall be grateful for the views of all practitioners whose experience has given them distinct opinions about the nature and treatment of a disease which has baffled science through the ages and the centuries.

Union Central Building.

Membership in the State Society is increasing daily. How about your county?

## REPORT OF DELEGATE TO A. M. A. LEGISLATIVE MEET

Dr. Ben R. McClellan, of Xenia, national legislative committeeman in Ohio for the American Medical Association, presented the following report at the opening session of the House of Delegates at the Cincinnati annual meeting:

Members of the House of Delegates—As your representative to the eleventh Annual Conference on Medical Legislation, held under the auspices of the Council on Health and Public Instruction of the American Medical Association in Chicago on February 15, 1915, I have the honor to report as follows:

The conference was opened by a short address by the chairman, Dr. Henry B. Favill, who called attention to the fact that the time and place of the conference were chosen far away from the strenuous activities of the annual meeting of the Association in order to give opportunity to study, carefully and thoroughly, some of the more important administrative questions that concern the welfare of the Association, the medical profession and the health welfare of the whole country.

Dr. Favill emphasized the fact that it was the special function of the conference to mold and sometimes create public sentiment touching public health problems. The fundamental basis of all our activities, as representatives of the medical profession as a whole or as an organized body, is the fact that we are possessed of special knowledge, and our obligation in this matter is limited only by the degree of this special training and knowledge.

Dr. Frederick R. Green, in presenting the secretary's report, called attention to the fact that the time has come when a medico-legal laboratory is just as important and as much a necessity as is a chemical laboratory and that this conference is the Association's first effort in this direction.

The program presented was limited to four topics upon each of which had been prepared and printed rough drafts to be used as a working basis for discussions.

### Expert Testimony.

The first was in the nature of a report by a committee, appointed by the council following the mid-winter conference in 1913, to draft a bill on "Expert Testimony," which report had been endorsed by the American Institute of Criminal Law and Criminology. This report was freely discussed and unanimously adopted, so that we now have a fine working propaganda from which to construct a satisfactory and uniform law on this most important and heretofore very troublesome question.

The second topic was the important question of prevention of blindness due to ophthalmia

neonatorum. Although the printed bill placed in our hands by the secretary was not called a model, yet it could well be so used and I am glad to be able to say that this is practically the bill passed by the General Assembly of Ohio just a few days ago.

The third topic was the question of "State Regulation of Public Health." Two printed proposed laws were presented. The first very general in its scope entitled "A Suggested Short Law Creating a State Board of Health." This had received the approval of Council. The other was a bill drafted by the Medico-Legal Bureau of the A. M. A., entitled a "Bill for an act to create a state department of health and to provide generally for the maintenance of public health and general welfare of the people."

These propositions opened a very lengthy and interesting discussion, developing the fact that this whole question is threatening to get away from the medical profession, and that it is quite necessary to provide men especially equipped to deal with these questions, which are fast assuming a sociological aspect. It was suggested, either the public health must swallow the general welfare organizations, or else be swallowed by the latter.

#### Non-Medical Healers.

The fourth and last subject discussed was a proposed "Bill for an act entitled an act to provide for the regulation and supervision of all persons who treat any sickness, injury, etc., of any human being, for compensation."

This proved most interesting to us because it covered the troublesome question of how best to deal with the so-called non-medical cults, and it is a great pleasure to report to you that while Pennsylvania holds credit for priority in a very competent law on this subject, our own state has now a better one which has recently passed both houses of our General Assembly and yesterday received the governor's signature.

We feel sure that the principles underlying this law are fundamental, namely, control by the state medical board and a standard of education not less than enough for the practitioner, of whatever school or cult, to make a diagnosis. Respectfully,

Ben R. McClellan, M. D., Delegate.

May 4, 1915.

### REPORT OF COMMITTEE ON PUBLIC HEALTH EDUCATION

At the opening meeting of the House of Delegates, at Cincinnati, the following annual report of the Committee on Public Health Education was presented. The members serving during the year covered by the report are: Drs. E. M. Huston, Chairman, and Eleanor Everhard, Dayton; Dr. Louis Stricker, Cincinnati. The report:

Work has been done through the public schools, the woman's clubs, the various organizations of men and women in the churches, and the lodges. The Anti-tuberculosis society has been assisted in its campaign. In several places much interest has been aroused in infant welfare through baby health contests. The committee for public health education has been active in clean-up campaigns and in teaching the public to "swat the fly."

Education of the public, to be effective, must be individual. The doctor must teach his families and talks must be given to small groups. The teaching of the State Board of Health can get to the individual only as some doctor takes it to him. We need the co-operation of the delegates to this society to carry to the county societies the inspiration which will lead them to appoint committees for P. H. E., and assist them to awaken the interest of the public in their own towns.

There is still much to be done. Typhoid is much too prevalent. The death rate from other diseases following typhoid is high. The Anti-tuberculosis society needs assistance; people need to know that there is no such thing as a "simple cold," that heart disease is the result of tonsillitis, rheumatism, or scarlet fever. They need to be taught the necessity and modus operandi of quarantine. At the next session of the State Legislature the State building code will be revised. We must make sure of sanitary regulation by having the people educated to the need.

Dr. Dowling could not have been successful in Louisiana without educating the people. Ohio needs to be rid of patent medicines as much as Louisiana. The State Board of Health cannot accomplish it without the aid of the physicians. It can be done by education through the county societies; consequently, we feel the need of a closer intimacy with, and more thoroughly worked out co-operation of the Legislature and Public Health Education Committee. Infant mortality can be reduced by pre-natal instruction, by interest awakened by baby health contests, and by clean milk. The county society can help to lower Ohio's infant death rate. Through the women's clubs the people can be taught the importance of the birth registry. When the people demand it, it will not be overlooked by the doctor.

The Commission on Cancer of the Medical Society of the State of Pennsylvania is instituting a nation wide campaign to reduce the number of deaths from cancer. Sixty-one American medical journals, our own State Medical Journal included, are lending their assistance, and the States of New York, South Dakota, North Carolina, Vermont, Indiana, Massachusetts, Washington, Texas and Pennsylvania have promised co-operation, and may this committee recommends that the various councilor district meetings give some attention to this matter in the coming year.

E. M. Huston, M. D., Chairman.

Cincinnati, May 4, 1915.



## HOW DID YOUR REPRESENTATIVE VOTE ON LEGISLATION AFFECTING PUBLIC HEALTH AND MEDICAL PRACTICE?

In the following table showing the votes of members of the House of Representatives of the Eighty-first General Assembly, which closed last month, the vote has been recorded on every bill which affected public health or medical practice. **BLACK-FACE TYPE INDICATES A VOTE AGAINST PUBLIC HEALTH.**

In the six columns are shown, in order, the vote on the following bills:

H. B. No. 64, by Dr. Deaton, of Miami, to transfer the Bureau of Vital Statistics from the Secretary of State to the State Board of Health. This bill was defeated February 18, through the activity of Secretary of State Hildebrandt.

H. B. No. 121, by Dr. Hoy, of Jackson, authorizing the State Board of Health to manufacture diphtheria antitoxin for free distribution to indigent persons, through physicians. This bill is now a law.

H. B. 142, by Dr. Hoy, of Jackson, with its widely discussed "fee-splitting" prohibition, and several provisions increasing the power of the state medical board to deal with advertising doctors and other quacks. Now a law.

H. B. No. 220, by Dr. Ellis, of Geauga, and Mr. Platt, of Ashtabula, which places the registration and regulation of non-medical cults under the state medical board. Now a law.

H. B. No. 323, by Mr. Sprague, of Portsmouth, providing for registration of nurses under control of state medical board. Now a law.

H. B. No. 470, by Dr. Deaton, the ophthalmia neonatorum bill drafted by the A. M. A. Now a law.

County	Representative	H. B. 64	H. B. 121	H. B. 142	H. B. 220	H. B. 323	H. B. 470
Adams	G. D. Lovett.....	yes		yes	yes	yes	yes
Allen	C. J. Brotherton.....		yes	yes		yes	
Ashland	W. M. Brown.....		yes		yes	yes	yes
Ashtabula	G. H. Platt.....	no	yes	yes			
Athens	M. P. Totman.....	no	yes	yes	yes	yes	yes
Auglaize	G. W. Holl.....		yes		yes	yes	
Belmont	J. D. Hays.....	yes	yes	yes	yes	yes	yes
Belmont	I. P. Hodgkin.....			yes	yes		yes
Brown	E. B. Stiver.....	no	yes	no			
Butler	C. J. Smith.....	no	yes	yes	yes	yes	yes
Carroll	H. R. Kemerer.....	no	yes	no	yes	yes	yes
Champaign	C. D. Conover.....						
Clark	W. O. Jackson.....					yes	yes
Clermont	H. L. Britton.....	no	yes				
Clinton	O. J. Thatcher.....	no	yes	yes	yes		
Columbiana	E. U. Whitacre.....	no	yes		yes	yes	
Columbiana	C. A. White.....	no	yes	yes	yes	yes	yes
Coshocton	D. M. Criswell.....	yes		yes		yes	
Crawford	M. G. Nungesser.....	no	yes		yes		
Cuyahoga	Norman R. Bliss.....	yes	yes	yes	yes	no	
Cuyahoga	S. B. Fitzsimmons.....	no	yes		yes	no	
Cuyahoga	J. H. Brown.....	no	yes	no			yes
Cuyahoga	H. B. Briggs.....	yes	yes	yes	yes		yes
Cuyahoga	S. M. Young.....	no	yes	no	yes	no	
Cuyahoga	W. H. Hasselman.....						yes
Cuyahoga	M. J. Walsh.....	no			yes		
Cuyahoga	E. F. Bohm.....	yes	yes	yes	yes	yes	yes
Cuyahoga	J. A. Kohl.....		yes	yes	yes	yes	
Cuyahoga	V. J. Terrell.....	yes	yes	no			yes
Cuyahoga	J. Lustig.....	no	yes		yes	yes	
Cuyahoga	A. E. Merkel.....		yes		yes	yes	yes
Cuyahoga	P. Hyle.....	no		yes	yes	yes	yes
Darke	W. H. Altie.....		yes	yes	yes	yes	yes
Defiance	R. B. Cameron.....	yes	yes	yes	yes		
Delaware	G. M. Plumb.....	no	yes		yes	yes	yes
Erie	J. E. Bragg.....	no	yes	yes	yes		yes
Fairfield	G. M. Morris.....	yes	yes	yes	yes	yes	yes
Fayette	F. C. Parrett.....	no	yes		yes		
Franklin	L. R. Siebert.....	no	yes	no	yes	yes	
Franklin	G. D. Jones.....	no	yes	yes	yes	yes	yes
Franklin	F. M. Thompson.....	no	yes		yes	yes	
Franklin	F. A. Hunter.....	no	yes	yes	yes	yes	
Franklin	H. Walcutt.....	no	yes	yes	yes	yes	
Fulton	F. H. Reighard.....		yes	yes	yes		yes
Gallia	J. K. Powell.....	no	yes	yes	yes	yes	yes
Gauga	W. P. Ellis.....	yes	yes	no	yes	yes	yes
Greene	W. B. Bryson.....	yes	yes	yes	yes	yes	yes
Guernsey	A. L. Stevens.....	no	yes	yes	yes	yes	yes
Hamilton	H. C. Barnes.....	no	yes	yes	yes	yes	yes
Hamilton	H. L. Federman.....	no			yes	yes	
Hamilton	A. W. Bruck.....	yes	yes	yes	yes	yes	
Hamilton	C. F. Harding.....	no	yes	yes	yes		
Hamilton	B. A. Hulswitt.....	no	yes	yes	yes	yes	
Hamilton	W. J. Klein.....	no	yes	yes	yes	yes	
Hamilton	H. Ott.....	no	yes	yes	yes		

**C**HECK up on your Senator and your Representative.

In these tables votes against public health legislation are printed in black-face type. Use this information. If your legislator supported these progressive measures, have your society adopt resolutions thanking him. If his record is otherwise, let him know that you know it. Let him fully understand that the day is past when a man can pose at home as a friend of public health and, after election, and under cover of the confusion which enshrouds law-making, vote at the dictation of the quacks and the charlatans who maintain expensive lobbies at Columbus.

County	Representative	H. B. 64	H. B. 121	H. B. 142	H. B. 220	H. B. 323	H. B. 470
Hamilton	P. P. Rover	yes	yes	no	yes	yes	
Hamilton	Byron S. Wydman	no	yes	yes	yes	no	yes
Hamilton	W. W. Yeatman	no	yes	yes	yes		yes
Hancock	Frank Beidler	yes	yes		yes	yes	
Hardin	A. M. Kraft	no	yes	yes	yes		yes
Harrison	R. R. Beetham	yes	yes		yes	yes	yes
Henry	Okee M. Palmer	no	yes	yes	yes	yes	yes
Highland	G. G. O. Pence	no	yes		yes	yes	
Hocking	L. King		yes	yes	yes		
Holmes	W. F. Garver	no	yes	yes		yes	yes
Huron	Charles McClave	no	yes	yes		yes	yes
Jackson	W. S. Hoy		yes	yes	yes	yes	
Jefferson	John Mansfield						
Knox	L. T. Cromley	no	yes	yes	yes	yes	
Lake	Carl R. Kimball	no	yes	yes	yes	yes	
Lawrence	I. F. Williams	no	yes	no	yes	yes	yes
Licking	J. S. Graham	no	yes	no	yes	yes	yes
Logan	D. A. Liggitt	no	yes	no	yes	yes	
Lorain	Anthony Nieding	no	yes		yes	yes	
Lucas	C. A. Benedict	no	yes	yes	yes	yes	
Lucas	W. E. Entemann	no	yes	yes	yes	yes	yes
Lucas	J. O. Eppstein	no	yes				
Lucas	H. S. Fox	no			yes		
Madison	L. R. Kiouss		yes	yes	yes		yes
Mahoning	A. O. Fleming		yes	yes	yes	yes	
Mahoning	D. Heinselman	no	yes	yes	yes	yes	yes
Marion	T. E. Andrews	no	yes	yes	yes		yes
Medina	P. O. Shank	no	yes	yes	yes	yes	yes
Meigs	J. M. Spencer	no	yes			yes	
Mercer	G. J. C. Wintermute		yes		yes		yes
Miami	Van S. Deaton	yes	yes	yes	yes	yes	yes
Monroe	G. S. Crawford	no	yes	yes	yes		yes
Montgomery	E. R. Mueller	no	yes	yes	yes	yes	yes
Montgomery	W. W. Stokes	yes	yes	yes	yes		yes
Montgomery	O. B. Chapman	no	yes	yes			
Morgan	C. B. Smith	no	no	yes	yes	yes	
Morrow	C. W. McFarland	no	yes		yes	yes	yes
Muskingum	J. P. Baker	no	yes	yes			
Noble	W. E. Danford	no	yes	yes	yes	yes	yes
Ottawa	John Bowland	no	yes				
Paulding	John H. Chester	yes	yes	yes	yes		yes
Perry	W. A. Hite	yes	yes		yes	no	yes
Pickaway	I. F. Snyder	yes	yes		yes	yes	
Pike	G. Leist	no			yes		
Portage	D. W. Besaw	no			yes	yes	yes
Preble	W. K. Swan	no	yes	yes	yes	yes	yes
Putnam	J. Cowan	no	yes		yes	no	yes
Richland	J. F. Kramer	yes	yes	yes	yes	yes	yes
Ross	N. Purdum	no	yes	yes	yes	yes	yes
Sandusky	A. Waggoner	no		yes	yes		
Scioto	W. R. Sprague		yes		yes	yes	yes
Seneca	Henry Ziegler	no	yes		yes		yes
Shelby	Martin Quinlisk	no	yes	yes	yes	yes	
Stark	Adam Oberlin	yes	yes	yes	yes	yes	yes
Stark	Walter G. Agler	no	yes		yes	yes	
Summit	C. O. Hale		yes	no	yes	yes	yes
Summit	F. E. Whittemore	no	yes		yes	yes	yes
Trumbull	L. C. Hake	no	yes		yes	yes	
Tuscarawas	Oscar M. Hines	no			yes	yes	yes
Union	Charles D. Brown	no	yes	yes	yes	yes	
Van Wert	D. C. Morris	no	yes	yes	yes		yes
Vinton	D. H. Moore	no	yes	yes			
Warren	M. Clark	no	yes	yes			
Washington	H. D. Knox	yes	yes	yes	yes	yes	yes
Wayne	A. H. Etling		yes		yes	yes	yes
Williams	F. M. Money	no	yes	yes	yes	yes	yes
Wood	Floyd W. Heald		yes		yes	yes	yes
Wyandot	S. J. Black	yes		yes	yes	yes	



## HERE IS HOW THE STATE SENATOR FROM YOUR DISTRICT REPRESENTED YOU ON PUBLIC HEALTH PROPOSITIONS

The following table showing the votes on the Senate on matters pertaining to public health and medical practice should be carefully checked by every physician in Ohio.

The table is taken from the official Senate Journal record of the vote on the following propositions—in order of columns, reading from left to right:

H. B. No. 121.—The bill by Dr. Hoy authorizing State Board of Health to manufacture diphtheria antitoxin.

Second column—The amendment offered by Senator Lynch, of Toledo, to remove most of the "teeth" from the Hoy bill so far as curbing the operations of fraudulent advertising doctors is concerned. A vote for this amendment was a vote for the dishonest advertising quack.

Third column—Final vote on the Hoy bill, to curb advertising quacks and dishonest "fee-splitters."

Fourth column—Vote on the vicious McDermott amendment to the Platt-Ellis bill directing the state medical board to license without examination all non-medical healers who have practiced in Ohio five years. A vote for this amendment was a vote to reward law-breaking.

Fifth column—Senator Fellingner's amendment, Platt-Ellis cult practice bill, which was forced through by the big optometry lobby after they had failed to kill the bill.

Sixth column—Final vote on Platt-Ellis bill.

Seventh column—Original vote in support of Senator McDermott's amendment to the Sprague Nurse Registration bill, to remove control of nurse registration from state medical board.

Eighth column—Vote on above amendment six days later, on reconsideration of the bill when it was stricken out and the bill was re-passed in form entirely satisfactory to the legislative committee.

Ninth column—Final vote on Dr. Deaton's ophthalmia neonatorum bill.

**BLACK-FACE TYPE INDICATES A VOTE AGAINST PUBLIC HEALTH.**

District	Counties Represented	Name of Senator	H. B. No. 121—Hoy	Lynch quack adv. amend., Hoy Bill	H. B. 142—Hoy	McDermott amend. exempting irregulars	Fellingner amend. exempting optometrists	Platt-Ellis Bill	McDermott amend. Nurse Registration	Same amendment six days-later	H. B. 470—Deaton
1st	Hamilton .....	W. R. Collins.....		yes		yes	yes	no	yes	no	yes
		Dr. C. F. Bauer....	yes	no		no	yes	no	no	no	
		L. P. Pink.....	yes	yes	no	yes	yes	no	yes	no	yes
2d-4th	{ Butler ..... Warren ..... Brown ..... Clermont .....	J. E. Holden, Morrow, O..		yes		yes	yes	yes	yes	no	
3d	{ Montgomery ..... Preble .....5	H. R. Gilmore, Eaton, O..	yes	yes	no	no	yes	yes	yes	yes	yes
5th-6th	{ Fayette ..... Greene ..... Clinton ..... Highland ..... Ross .....	J. B. Mallow, Frankfort, O..	yes	no	yes	no	yes	yes	no	no	yes
7th	{ Adams ..... Jackson ..... Scioto ..... Pike .....	Dr. W. D. Tremper, Portsmouth, O..	yes			yes	yes	yes	no	no	
8th	{ Gallia ..... Lawrence ..... Meigs ..... Vinton .....	O. Vollenweider, McArthur, O..	yes	no	yes		yes	yes	no	no	yes
9th-14th	{ Athens ..... Hocking ..... Fairfield ..... Washington ..... Morgan ..... Noble, part of..... Monroe, part of.....	M. B. Archer, Caldwell, O..	yes	no	yes	no	yes	no	yes	no	
10th	{ Franklin .....	E. G. Lloyd.....		no	yes	no	no	yes	no	no	
	{ Pickaway .....	J. O. Beckett.....	yes	no	yes	no	yes	yes	no	no	yes

District	Counties Represented	Name of Senator	H. B. No. 121—Hoy	Lynch quack adv. amend., Hoy Bill	H. B. 142—Hoy	McDermott amend. exempting irregulars	Fellinger amend. exempting optometrists	Platt-Ellis Bill	McDermott amend. Nurse Registration	Same amendment six days later	H. B. 470—Deaton
11th	{ Champaign ..... Clark ..... Madison .....	Dr. C. T. Gallagher, Mt. Sterling, O..	yes	no	yes	no	no	yes		no	
12th	{ Darke ..... Miami ..... Shelby .....	A. R. Garver, Tipp City, O..	yes	no	yes	yes	yes	yes	yes	no	yes
13th-31st	{ Hardin ..... Logan ..... Marion ..... Union ..... Crawford ..... Seneca ..... Wyandot .....	L. E. Myers, Marion, O..	yes	no	yes	no	yes	yes	no	no	yes
15th-16th	{ Muskingum ..... Perry ..... Delaware ..... Licking .....	J. B. Carson, Zanesville, O..		no	yes	no	no	yes	yes	no	yes
17th-28th	{ Morrow ..... Knox ..... Holmes ..... Wayne .....	W. Horn, Orrville, O..	yes	no	yes	no	no	yes	yes	no	yes
18th-19th	{ Coshocton ..... Tuscarawas ..... Guernsey ..... Monroe, part of..... Noble, part of.....	Dr. E. E. Vorhies, Cambridge, O..	yes	no	yes	no	no	yes	no	no	yes
20th-22d	{ Columbiana ..... Harrison ..... Belmont ..... Jefferson .....	{ C. J. Howard..... J. A. Moore.....	yes yes	no no	yes yes	yes no	no yes	yes yes	no no	no no	yes
21st	{ Carroll ..... Stark .....	J. A. Wise, Massillon, O..	yes		yes	yes	yes	yes	yes	yes	yes
23d	{ Trumbull ..... Mahoning .....	J. L. McDermott, Niles, O..			yes	yes	yes	no	yes	yes	yes
24th-26th	{ Ashtabula ..... Lake ..... Geauga ..... Summit ..... Portage .....	{ C. W. Wickline..... J. V. Winans.....	yes yes	no no	yes yes	no no	no yes	yes yes	no no	no no	
25th	Cuyahoga .....	{ E. J. Hopple..... H. Fellinger..... J. S. Kennedy..... C. A. Mooney..... D. L. Sutter.....	yes yes yes yes yes	yes yes yes yes yes	no no no no no	yes yes yes yes yes	yes yes no yes no	no yes yes no yes	yes yes yes no yes	yes yes yes no yes	yes yes yes no yes
27th-29th	{ Medina ..... Lorain ..... Ashland ..... Richland .....	J. N. Stone, Oberlin, O..	yes	no	yes	no	no	no	no		yes
30th	{ Erie ..... Huron ..... Ottawa ..... Sandusky .....	L. F. White, Venice, O..	yes	yes	yes	yes	yes	yes	yes	no	yes
32d	{ Allen ..... Auglaize ..... Defiance ..... Mercer ..... Paulding ..... Van Wert..... Williams .....	W. Behne, Bryan, O..	yes	yes		no	no	yes	yes	yes	
33d	{ Hancock ..... Wood ..... Fulton ..... Henry ..... Putnam .....	C. C. Cass, Ottawa, O..	yes	no	yes	yes	yes	yes		no	
34th	Lucas .....	E. J. Lynch.....	yes	yes		yes	yes	no	yes	yes	yes

The president of the Senate, Lieutenant Governor Jack Arnold, of Columbus, voted but once—yes (thus deciding a tie in favor of the vicious McDermott amendment to the Platt-Ellis bill.



## GENERAL ASSEMBLY, IN ITS LONG SESSION, PASSED NINE BILLS SOUGHT BY THE MEDICAL PROFESSION

A review of the medical legislation enacted and defeated of the Eighty-first General Assembly, which came to a close on May 29, is hardly necessary. Throughout the session The Journal has printed complete reports of its work, and has at various times printed the complete text of the medical measures which have been enacted into law.

The Legislative Committee kept in close touch with the legislature until final adjournment. Intimations were heard, in Columbus, that an attempt was to be made in the closing and somewhat turbulent hours of the long session to pass one of the three Christian Science bills. These had never been formally "killed," and it would have been possible to call them from committee at the last moment and shove them through both branches. By keeping a close check on the committees which had them under consideration this action was prevented, however, and the measures were automatically negated by the sine die adjournment.

Since last month's report two measures of importance have been passed; one was vetoed by the governor.

### Tuberculosis Bill Passed.

The first is the measure drafted by the Ohio Society for the Prevention of Tuberculosis and introduced by Rep Morris, of Fairfield. It passed the House in February but encountered unexpected opposition in the Senate. Repeated attempts to secure action on it were unavailing, until early in May the Public Health Federation decided to center its final effort on its passage. Senators Collins and Pink, of Cincinnati, took the lead, and after a stubborn fight on the floor it was finally passed on May 15 and was signed by Governor Willis on June 5.

The second is the Platt bill, regulating the sale of narcotics, which was finally disposed of in a manner satisfactory to the Legislative Committee in the closing hours. It was later vetoed by Gov. Willis, who thought the plan too expensive.

One of the regrettable features of the final month's work was the defeat in the Senate of the Oberlin bill, which would have made possible the commitment of inebriates and drug habitues to state institutions, without the necessity of commitment as insane persons. This bill, drafted by Dr. H. C. Eyman, of Massillon, to meet a serious need in this state, passed the House late in March by a substantial vote. For some unknown reason the "wets" in the Senate organized to vigorously oppose the measure, and May 18 it was defeated by a vote of 15 to 17.

We present here, as a recapitulation, a brief summary of the work of the session.

**Bills passed, which we either caused to be introduced or strongly favored:**

House Bill No. 121, by Dr. Hoy, of Jackson, authorizing the state board of health to manufacture free diphtheria antitoxin.

H. B. 132, by Mr. Platt, of Ashtabula, re-enacting the Duffy narcotic law. Vetoed by Gov. Willis after the session had adjourned.

H. B. 142, by Dr. Hoy, prohibiting dishonest "fee-splitting," curbing fraudulent medical adver-

tising, etc. For copy of law see Journal, April, 1915, page 265.

H. B. 154, by Mr. Morris, of Fairfield, changing details of the administration of the Mt. Vernon Sanatorium for Incipient Tuberculosis. For copy of this bill see Journal, Feb., 1915, page 108.

Substitute H. B. No. 220, by Dr. Ellis, of Geauga, and Mr. Platt, placing the registration and regulation of non-medical cults under the state medical board. For copy of bill see Journal, April, 1915, page 256.

H. B. 323, by Mr. Sprague, of Scioto, placing the registration and regulation of nurses under the state medical board. For copy of bill see Journal, May, 1915, page 321.

H. B. 376, by Mr. White, of Columbiana, providing for increased educational requirements in the practice of pharmacy.

H. B. 470, by Dr. Deaton, of Miami, requiring prompt treatment of babies' sore eyes, with immediate reports. For copy see Journal, Sept., 1914, page 562.

Senate Bill 84, by Mr. Lloyd of Franklin, providing increased educational requirements for dentists, and placing additional restrictions on dental quacks.

**Bills indorsed by the State Society which were either defeated or left on the calendar when the session adjourned:**

House Bill No. 64, by Dr. Deaton, of Miami, providing for the transfer of the Bureau of Vital Statistics from the Secretary of State to the State Board of Health. Defeated in the House Feb. 18.

H. B. 250, by Mr. Oberlin, of Stark, opening state hospitals to drug habitues and alcoholics. Passed House, and defeated in the Senate, 15 to 17.

H. B. 311, by Mr. Cowan, of Putnam, providing for sterilization of criminals and defectives. "Died" in House Public Health Committee.

H. B. 360, by Dr. Hoy, of Jackson, removing the \$200 limit for surgical and hospital service from the Workmen's Compensation Act. Defeated in House, May 17.

H. B. 476, by Mr. Harding, of Cincinnati, providing state narcotic regulation in conformity with the Harrison Act. Defeated in the House, April 27.

Senate Bill 186, by Mr. Myers, of Marion, abolishing the office of coroner and providing for a county medical examiner to work with the prosecuting attorney. Defeated in Senate, April 13, by a vote of 10 to 22.

**Bills inimical to the medical profession and to public health which were either defeated by vote or "killed" in committee:**

House Bill No. 177, by Mr. Terrell, of Cuyahoga, permitting Christian Science "healers" to operate and to charge for their services, through specific exemption from the provisions of the Medical Practice Act. Killed in House Committee on Rules.

H. B. 197, by Mr. Graham, of Licking, a measure which would have seriously weakened our state pure food laws and permitted dangerous misbranding and adulteration. Defeated in House March 24, by a vote of 59 to 18.

H. B. 220, by Mr. Platt, of Ashtabula, providing for a separate board to license chiropractors, and permit them to operate under flimsy restriction. Killed in House Public Health Committee.

H. B. 244, by Mr. Nieding, of Lorain, to abolish the state board of health and state medical board, and create a commission to take over the joint

work. This measure would have demoralized completely the public health work in Ohio. Killed in House Public Health Committee.

H. B. 301, by Mr. Beitler, of Hancock, providing irksome and needless restrictions in handling poisons. Killed in House Public Health Committee.

H. B. 397, by Mr. Knox, of Washington, providing for the license of "natural healers" under flimsy restrictions. Killed in House Committee on Public Health.

H. B. 543, by Mr. Fox, of Lucas, another Christian Science practice bill. Killed in House Judiciary Committee.

Senate Bill No. 9, by Mr. Carson, of Muskingum, a measure which would have crippled the Bense Act, under which the state board of health forces cities to install pure water supplies. Killed in Senate Committee.

S. B. 58, by Mr. Mooney, of Cuyahoga, a third Christian Science practice bill. Killed in Senate Committee on Public Health.

S. B. 161, by Mr. Bauer, which contained a "sleeper" extending dangerous latitude in filing mal-practice suits against physicians. Killed in Senate Judiciary Committee.

**Bills which the Legislative Committee opposed, and which were passed:**

None.

## PROPOSED STATE NARCOTIC LAW, VETOED BY GOVERNOR, PROVIDED NOVEL PLAN FOR ADMINISTERING TO HABITUES

After considering three or four proposed bills regulating the sale of narcotics, the legislature late in May, shortly before the final adjournment, passed House Bill No. 132, by Mr. Platt of Ashtabula. The Legislative Committee of the State Society secured numerous favorable amendments to the original draft of this measure.

**Governor Willis vetoed this measure after the session adjourned.** He feared that providing for investigation of drug habits by physicians appointed by the probate court would prove too expensive for the state.

The veto was bitterly opposed by the pharmacists. The bill, although satisfactory in the main to physicians, was also opposed by many doctors who regard the Harrison federal law as sufficient protection to the public, and who felt that additional regulation would be a hardship to the practicing physician.

The bill vetoed by Mr. Willis provided three things:

First. It transferred the administration of the macy. This transfer would have been welcomed by the medical men of Ohio as the administration of the narcotic laws by the Agricultural Commission is far from satisfactory. It is believed that the pharmacy board would have a better concep-

tion of the intent of such regulation and would give the law a more intelligent enforcement.

Second. It re-enacted the old Duffy anti-narcotic law which has been in operation for the past three years and which was practically nullified a few weeks ago by a circuit court decision at Toledo. The history of the two years operation of the Duffy law was used in strengthening the measure in the new act. Loop-holes which "dope peddlers" and drug fiends found in the former measure were remedied in this. The new bill, in the opinion of the state legislative committee, would not have imposed any new hardships upon the physicians, as it clearly permits the prescribing for or administering to patients of all narcotics "by physicians in the proper practice of their profession." The federal records required under the Harrison act would have been sufficient to meet the provisions of the measure, hence no additional book-keeping was required.

Third. Specific provision was made for the regular administration of the proscribed narcotics to drug habits, and to patients suffering from chronic ailments who are in need of continued narcotics. This provision was demanded by those who have been conducting the crusade in this state against the illegal sale of "dope."



Briefly, the bill provided that a patient or habitue who needs the continued administration of narcotics shall apply to the probate judge of the county in which he resides. The judge was empowered to appoint a physician to examine the patient, and to inquire into the details of the case. If the physician advised the continued use of drugs, the probate court was authorized to issue the applicant a certificate authorizing any licensed physician to prescribe for or administer to the holder of the certificate.

#### Provision for Habitues.

The following is an exact copy of the sections of the vetoed bill which covers this important point:

"Sec. 12672-1. The probate court of any county of the state, upon an application being made to him by a citizen of the county in which the probate court presides, for a certificates as hereinafter provided shall appoint one reputable physician, resident of the county, who shall examine the person making the application for such certificate, to determine whether or not the said ap-

plicant requires the continued use of application of the said drugs, compounds or substances in the preceding section, and shall report the result of such examination to said probate judge. If said physician so appointed advise and recommend the continued use of said drugs, compounds or substances, the probate judge shall issue to the applicant a certificate authorizing any physician duly licensed under the laws of Ohio, to prescribe for or administer to the holder of said certificate narcotic drugs hereinbefore specified, in such manner as he deems proper. Such certificate shall be issued for a period not to exceed ninety days, it shall bear the full name, age, sex, color and the full residence address of the person for whom such certificate is issued, the date of issue, the name of the physician recommending the issuance, and a statement by said physician setting forth the reasons for such recommendation. Each physician acting under such appointment shall receive for his service a fee of five dollars in each case, the same to be paid from the general fund of the county in which such examination is made.

#### SCHOOL NURSE ADVISED PARENTS TO AVOID OPTOMETRIST

##### Held That He Was Poorly Prepared to Treat Eye Troubles of School Children.

An interesting case has developed in Elyria, where an attempt has been made to discipline Mrs. Elizabeth August, public health nurse employed by the board of education, for "alleged interference with the business of" a so-called optometrist, one C. J. Miller.

Mrs. August is "accused" of having advised families not to send their children to Miller for the correction of eye faults. In a hearing before the board it developed that Miller, until a few years ago, was a clothing salesman and that he secured his technical education from a correspondence school at a cost of a few dollars. It further is claimed that he used the title "doctor" unwarrantedly and that he frequently advised patients to use an eye preparation called "Murine," a patented proprietary.

Through advertising, Miller is said to have built up considerable business, many of his patients believing him to be a doctor. Mrs. August told the school board, according to the Elyria Telegram, that "all physicians make some mistakes but Miller makes scarcely anything else." Despite this, he does about two-thirds of the work in the schools, the nurse charges.

The case attracted considerable attention among optometrists and opticians throughout the country. Mrs. August was supported in her stand by public sentiment in Elyria.

#### WILL STUDY ALCOHOL'S RELATION TO ECONOMIC WELFARE OF OHIO

At a meeting held May 6 at the Hotel Gibson, Cincinnati, the following constitution was adopted for the new "Ohio State Society for the Study of Alcohol and Other Narcotics":

"Any member of the Ohio State Medical Association is eligible for membership in this Society.

"**Purpose:** The purpose of the society will be to investigate and to teach the effect of Alcohol and other narcotics on the health, happiness and social and economic welfare of the people of Ohio.

"**Officers:** The officers of the Society shall be a president, vice-president, secretary-treasurer, and two other members of the executive committee. Above officers shall be elected annually and shall transact the business of the society.

"**Meetings:** Annual meetings of the society shall be held at the place and during the meeting of the Ohio State Medical Association. Other meetings may be held at the call of the executive committee. A set of by-laws shall be adopted at the next meeting.

Dr. S. P. Kramer, of Cincinnati, was elected president of the society and was empowered to appoint a temporary secretary. It was resolved to hold the next meeting at Columbus, Ohio, sometime in October. The meeting then adjourned.

The following physicians attended the initial meeting and formed the nucleus of the organization: Drs. C. A. L. Reed, R. B. Hall, I. D. Jones, George Strohbach, H. C. Cragg, of Cincinnati; W. E. Lower, C. E. Ford, Cleveland; J. H. J. Upham, Columbus; D. V. Courtright, Circleville; A. S. Ray, Byer, Charles D. Mills, Marysville; R. A. Palmer, Fostoria; H. B. Gibbon, Tiffin; J. H. Jacobson, Toledo; T. Clark Miller, Massillon; D. Wendelken, S. J. Ellison, Portsmouth; P. D. Espey, Port William; J. W. Costolo, Sidney; Ben R. McClellan, Xenia; L. F. Roush, Dayton; C. W. Maxson, Steubenville.

## RENEW FEDERAL NARCOTIC LICENSES BEFORE JULY 1; U. S. AGENTS START CAMPAIGN AGAINST PHYSICIANS

The Harrison federal narcotic law, in effect March 1, required physicians to register and pay a registration fee for the remainder of the government official year. This year ends June 30. It is therefore necessary to renew your license on or before July 1.

Do not wait till the last day. We suggest that you remit to the collector of internal revenue of your district immediately. The internal revenue officers in Ohio sent blank forms to physicians in May. These when sworn to and accompanied by a registration fee of \$1.00 may be mailed to the revenue officer.

It is reported that several physicians who received preliminary licenses under the initial registration will be denied licenses on July 1. The revenue agents have been investigating several cases where the applicants are charged with being users of narcotics or where they are suspected of dealing illegally in the proscribed drugs. Whenever the evidence warrants action the certificate will be withheld. The government has complete power in the matter.

According to newspapers, federal agents already have made a few arrests under the provisions of the law. Dr. William A. Charter, a Marion druggist, plead guilty in federal court at Toledo and was fined \$100 and costs. Dr. Charter told the court that he was unfamiliar with the provisions of the law.

### Federal Judge Comments.

Federal Judge Killits, in commenting upon this initial conviction in Ohio, said:

"Doctors and druggists should take the lead in helping the officials enforce the law. They should be posted on all the provisions of the act.

"Under ordinary conditions druggists and doctors before this court for sentence for violations of this law, may expect a get a much more severe sentence than has been given in this case."

The Toledo federal officers on May 25 caused the arrest of Dr. Geo. F. Riley, and Mr. F. W. Conard, a pharmacist, charging illegal dealing in morphine. They were released under \$1,000 bond.

In Cincinnati the government announced it would cancel the registration of a physician, after two women habitues had been fined in police court for having morphine and codiene in their possession unlawfully. The physician charged that prescription blanks bearing his number, with which the women had secured the drugs, had been stolen from his office. Collector Gilligan declared that it is a serious mistake for physicians to have their serial number printed on prescription blanks. He advised physicians in the Cincinnati district to keep secret their number, filling them in only

when necessary. He announced that the loss of blanks would not be considered as a valid excuse, when the missing blanks are used to circumvent the law.

In Dayton Dr. C. W. Salisbury was arrested on May 14 by federal detectives who used marked money in an endeavor to trap him in the sale of morphine.

### Treatment of Habitues.

Another obscure point in the administration of the Harrison law has been cleared up by a ruling of the Commissioner of Internal Revenue, dated May 11, which covers the prescription of narcotics in the treatment of drug habitues and in chronic cases—a point not made clear in the provisions of the act.

The ruling provides: "Where a physician, dentist, or veterinarian prescribes any of the aforesaid drugs (those included in the provisions of the Harrison law) in a quantity more than is apparently necessary to meet the immediate needs of a patient in the ordinary case, or where it is for the treatment of an addict or habitué to effect a cure, or for a patient suffering from an incurable or chronic disease, such physician, dentist, or veterinary surgeon should indicate on the prescription the purpose for which the unusual quantity of the drug so prescribed is to be used. In cases of treatment of addicts, these prescriptions should show the good faith of the physician in the legitimate practice of his profession by a decreasing dosage or reduction of the quantity prescribed from time to time, while on the other hand in cases of chronic or incurable diseases, such prescriptions might show an ascending dosage or increased quantity. Registered dealers filling such prescriptions should assure themselves that the drugs are prescribed in good faith for the purpose indicated thereon, and if there is reason to suspect that the prescriptions are written for the purpose of evading the intentions of the law, such dealers should refuse to fill same."

Under this ruling, physicians must place on their prescriptions, whenever, for any reason, an unusual quantity of opium or cocain is prescribed, a statement of the reasons for such an order. If the physician and patient are acting in good faith, it is difficult to see any objection to such a provision. There will, of course, be some sensitiveness on the part of secret drug addicts to having their weaknesses made a matter of record, but this can hardly be avoided in any plan which will separate the genuine from the spurious demand for these drugs.

The seventy-first annual meeting of the Northwestern Ohio Medical Association will be held in Kenton, October 13 and 14, according to a notice received from Dr. Sidney D. Foster, of Toledo, the secretary.





# EVERY COUNTY A ONE HUNDRED PERCENT COUNTY

## Put your County on the RIGHT SIDE

### The Minus One Hundred Percent Side

#### These Must Hurry

	Members 1914	Members 1915
Ashtabula .....	28	23
Athens .....	57	51
Brown .....	15	13
Carroll .....	..	..
Champaign .....	29	28
Crawford .....	31	28
Defiance .....	11	6
Erie .....	27	24
Fulton .....	25	22
Geauga .....	8	6
Greene .....	32	31
Hamilton .....	451	447
Hocking .....	14	9
Jackson .....	22	21
Lake .....	10	8
Lawrence .....	18	17
Licking .....	41	35
Lorain .....	46	43
Lucas .....	213	212
Madison .....	16	9
Medina .....	23	20
Monroe .....	12	10
Noble .....	9	8
Perry .....	23	17
Portage .....	28	25
Trumbull .....	28	26
Union .....	15	13
Washington .....	41	35
Wayne .....	26	25

Total .....1299      1212

### One Hundred Percent Side

#### One Hundred Per Cent Club

		Members 1914	Members 1915
1 Paulding .....	Dec. 23	14	23
2 Muskingum .....	" 23	22	37
3 Hardin .....	Jan. 7	23	29
4 Gallia .....	" 13	25	31
5 Pike .....	" 20	13	13
6 Morgan .....	" 26	12	14
7 Vinton .....	Feb. 3	9	9
8 Belmont .....	" 10	44	51
9 Ottawa .....	" 10	13	14
10 Morrow .....	" 11	13	15
11 Mercer .....	" 13	27	28
12 Holmes .....	" 25	7	8
13 Clermont .....	" 25	12	15
14 Highland .....	" 26	18	22
15 Seneca .....	Mar. 1	30	35
16 Logan .....	" 1	23	36
17 Hancock .....	" 3	37	37
18 Summit .....	" 4	130	156
19 Allen .....	" 4	75	80
20 Fairfield .....	" 4	39	41
21 Harrison .....	" 5	6	12
22 Scioto .....	" 5	48	48
23 Ross .....	" 5	19	21
24 Putnam .....	" 5	18	30
28 Stark .....	" 5	119	122
26 Shelby .....	" 5	16	18

#### Additional One Hundred Per Cent Counties

		Members 1914	Members 1915
27 Darke .....	Mar. 16	50	56
28 Meigs .....	" 23	11	11
29 Miami .....	" 23	45	46
30 Coshocton .....	" 24	17	21
31 Clarke .....	" 26	59	63
32 Wyandot .....	" 29	10	16
33 Richland .....	" 31	29	30
34 Jefferson .....	" 31	36	37
35 Guernsey .....	Apr. 1	27	29
36 Butler .....	" 3	51	56
37 Mahoning .....	" 5	93	95
38 Montgomery .....	" 6	158	167
39 Henry .....	" 6	2	4
40 Pickaway .....	" 7	21	22
41 Knox .....	" 9	31	33
42 Fayette .....	" 16	18	18
43 Huron .....	" 17	9	10
44 Clinton .....	" 19	24	24
45 Ashland .....	" 19	18	19
46 Delaware .....	" 21	26	26
47 Marion .....	" 23	27	29
48 Adams .....	" 23	23	23
49 Sandusky .....	" 26	21	21
50 Columbiana .....	" 26	37	39
51 Williams .....	" 28	31	32
52 Warren .....	May 1	30	32
53 Preble .....	" 1	5	5
54 Franklin .....	" 1	305	307
55 Cuyahoga .....	" 1	484	484

#### Annual Meeting May 4, 5, 6

56 Wood.....	May 11	12	16
57 Tuscarawas .....	" 16	41	41
58 Auglaize .....	" 29	22	23
59 Van Wert .....	" 31	24	24

Total .....2609      2804

	1908	1913	1914	1915
Total members	3912	3559	3918	4016
On May 31		2400	3504	4016





**T**HINGS are booming in the Ohio State Medical Association. The growth of our society this year is unprecedented. Today (May 31) we have 104 more members than we ever had before. The famous year 1908 is ancient history; 1915 takes its place. Our membership is 4016.

Fifty-nine of the counties are on the one hundred percent side. The other twenty-nine are almost there. We want them all on the right side. This must be a hundred percent year all around. The big counties deserve special notice. All but Hamilton and Lucas have arrived. Hamilton has four to go, Lucas has one. The one hundred percent counties have made a net gain of 195 members. The other counties require 87 to put them over.

Turn to back of this insert and note the membership standing of the counties. If your county hasn't arrived in the one hundred percent class, call up your secretary and ask if there is anything you can do to help remedy the distressing condition. Our guess is that he will say yes.



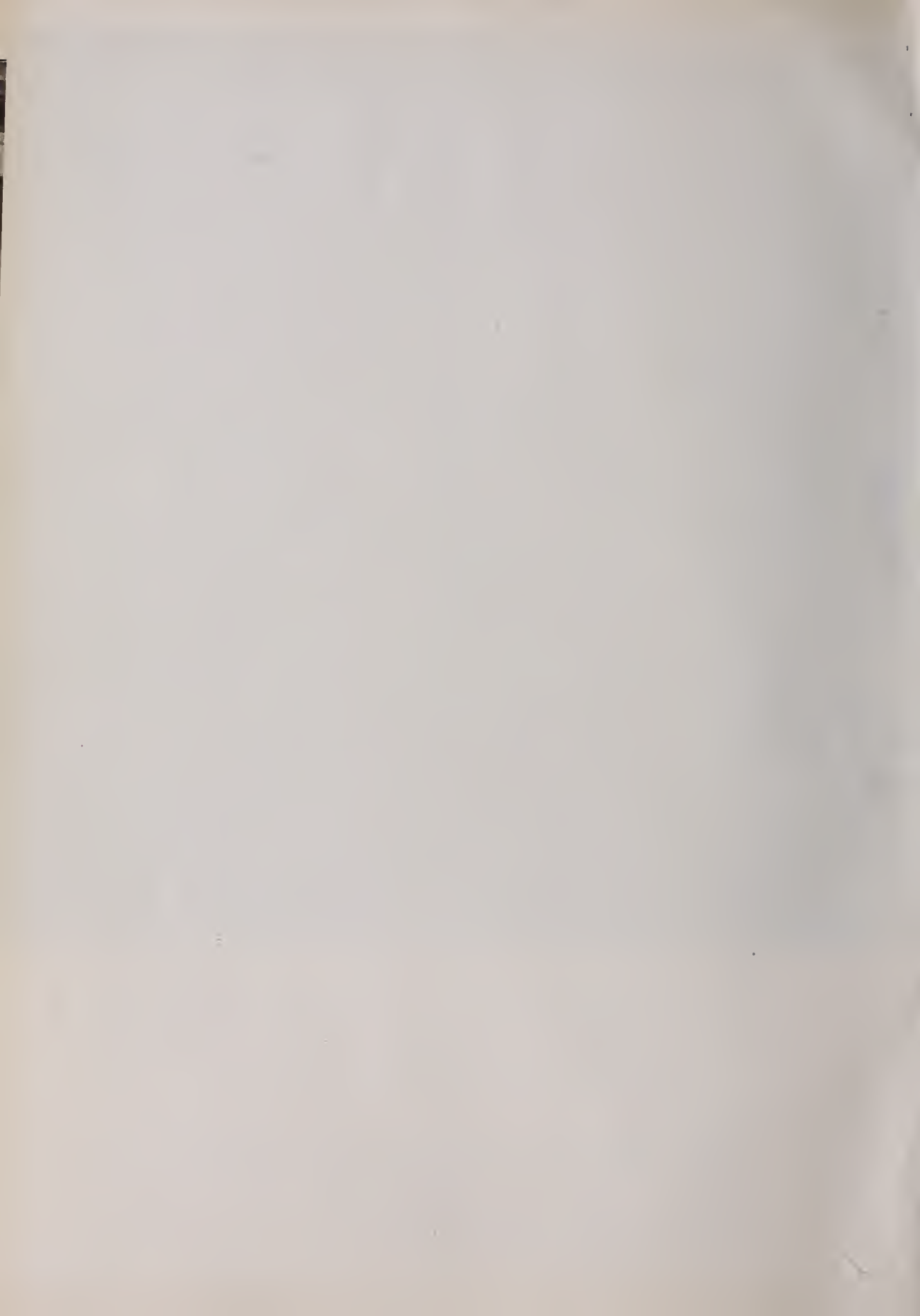
WE are printing this good-looking photograph of this good-looking crowd, this month, because we—the editorial we—have a mean disposition. We delight in this opportunity to “rub it in” on those three thousand members of this association who deliberately stayed away from that classy Cincinnati annual state meeting, after they had been duly and truly warned by the above-mentioned we. We herewith show you one of the things you missed.

Banquets, frequently, are bores. This one was not. There wasn’t a yawn from start to finish.

Let this be a lesson to you. When the Journal, next March, begins to warn you that the time is nearing for you to pack you bag for the 1916 state meeting at Cleveland, remember what you missed at Cincinnati in 1915.

The Academy of Medicine of Cleveland is already laying plans to make that 1916 affair one you will remember with pleasure until the end of your days—until Mr. Gabriel toots his little horn.





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Inclusion in the new budget for 1915-1916 of the necessary money, and other enactments of the legislature which adjourned in May, will make possible material extension of the work of the board along lines which have been under consideration for two years.

Probably the most important innovation will be the addition of a separate division of child hygiene. The importance of the movement for the prevention of infant mortality has become so great within the past few years that the board is now ready to provide special facilities for cooperating with all local agencies engaged in this work. Funds provided by the present legislature will make possible the employment, at an annual salary of \$2400, of a director of this division, who will be selected for special fitness in dealing with these problems.

In the past, infant mortality propaganda has been carried on by the division of public health

education. The inauguration of this new department will make possible definite work with a view of encouraging the installation of physical supervision of school children in schools throughout the state. The division will be equipped to cooperate actively with local organizations maintaining baby dispensaries, baby camps, etc., and will take an active part in encouraging scientific "better babies" contests.

Infant mortality is one of the greatest problems facing public health workers in Ohio. The addition of a bureau to aid in this work is a splendid achievement and will undoubtedly return to the state large dividends in the form of healthier and happier generations.

## Diphtheria Antitoxin.

Another important work made possible by the last legislature is the manufacture for free distribution of diphtheria antitoxin. The bill introduced by Dr. Hoy, of Jackson county, received almost unanimous support in both branches and was readily signed by the Governor. The finance committee made effective this work by appropriating the \$7500 necessary to commence the actual manufacture of the product.

Dr. McCampbell has worked out a plan of cooperation with Ohio State University whereby antitoxin can be produced at the least possible cost. The University has commenced the erection of special stables for the care of the animals to be used in producing the serum. The work will require the addition to the staff of the board of three antitoxin chemists, and the fitting up of laboratory quarters in the board's new laboratory building in the University campus. It is estimated that this work will save the state about \$90,000 a year.

It should be thoroughly understood that antitoxin will not be available from the new laboratories before 1916 as it requires from six to eight months to establish the work owing to the difficulty in immunizing the animals. The law provides that the antitoxin shall be furnished free by the state to indigent persons upon requisition of the attending physician. Details of this distribution will be worked out by the board and will be announced at a later date.

## Food Analysis.

A third very important extension of the work of the board has been provided for after July 1. Its laboratory will perform the bulk of the analytical work of the dairy and food products for the various state departments. The appropriation bill provides for addition of four full-time chemists who are specialists in food work.

In the past this analytical work has been carried on by the Agricultural Commission. The sam-



ples have been parceled out to commercial chemists and the state has paid large fees for this service. By carrying on this work in the state laboratories a large sum annually will be saved.

The enactment of the Deaton bill compelling reports by physicians of all inflammation in the eyes of new born babies carried with it an appropriation of \$5,000 to be used by the state board of health in supplying nurses to aid in this work. The appropriation, of course, is very small and will provide only for a beginning of a system of state nurse service available in cases of eye infection. The distribution of the prophylactic (one per cent silver nitrate solution) for years has been carried on by the board through its distributing agencies over the state. While the small appropriation makes nursing service comparatively ineffective, it is believed that future legislatures will provide more adequately.

The addition of these various lines of activity places Ohio in the front rank in the matter of public health administration. The next step undoubtedly is the institution of a system of full-time district health officers with the establishment of local laboratories throughout the state. Ohio, we believe, is now ready to realize the importance of this step, from an economic as well as a humanitarian standpoint.

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#### **MANUAL FOR HEALTH OFFICERS WILL BE ISSUED BY BOARD**

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#### **Detailed Instructions for Guidance of Local Officials Will be Included.**

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The board now has in the course of preparation a manual which will be invaluable to local health officers throughout the state. It will contain a complete review of all state laws pertaining to public health work, indexed for handy reference and accompanied by a brief discussion of the various problems which confront the local health official. The powers and limitations of health officers in Ohio will be defined in detail and problems of administration will be discussed fully.

Under the head of communicable diseases, for instance, the manual will set forth the list of diseases so classified and will give full information as to the reports required from physicians. It will discuss measures necessary to enforce quarantine; will deal with quarantine in relation to school inspection work and define the powers of local officers in closing schools and public meetings; will give full information concerning the requirements for proper disinfection and for the release of patients from quarantine. In concluding the chapter will give the local health officer full information concerning prosecutions for violation of any of the health laws.

Such a manual has long been needed in this state as many of the local health officers have little or no training in public health administration.

#### **HEALTH SURVEY OF STARK COUNTY WILL BE USED AS MODEL PLAN**

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#### **Forms Now Available for Any County Desirous of Undertaking Similar Work.**

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In order to assist local health departments and local public health organizations in improvement of local health conditions the board, under the direction of Dr. McCampbell, has worked out a complete form for a county sanitary survey which may be carried on by any county in the state. In order to demonstrate the value of this work, the board has conducted such a survey of Stark county. The results are very interesting and give a splendid groundwork for future public health activities in that county.

Since the survey plan has been completed, it has been submitted to health departments of other states and very complimentary comment has been received from all quarters.

The survey includes a study of public health administration in rural as well as urban communities. School sanitation, factory inspection including heating, lighting, ventilation, plumbing, water supply and kindred subjects relative to public health work, are considered. The public water supplies of municipalities as well as methods of collection of sewage and sewage treatment, and the collection and disposal of municipal refuse, will be properly emphasized.

This work was begun April 19th when one of the engineers, the epidemiologist, plumbing inspector and director of the division of occupational diseases started an investigation of the rural schools in Stark county. Sixty-seven schools, or a total of ninety-one rooms, accommodating 3,965 children, were inspected. Much interesting information was secured in connection with the survey. The absence of wells upon school grounds is striking; the heating and lighting is poor in the large majority of the schools, and many are overcrowded. Little attention is paid to sanitation, with wastes from sinks discharged beneath buildings, and the privies in many instances in a deplorable condition.

The director of the division of occupational diseases, Dr. Hayhurst, contemplates making some further investigations of industrial health-hazards in Cleveland, Cincinnati, Columbus, Toledo and East Liverpool. In this work, three inspectors previously appointed by the board are to be used; namely, Dr. E. H. Cox, of Cleveland; Dr. A. E. Ormond, of Cincinnati; and Dr. R. A. Ramsey, of Columbus.

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It has been decided to hold the July meeting of the board at Cedar Point in conjunction with the annual conference with representatives of local boards of health in northern Ohio. This conference will include representatives of all boards located north of Columbus.

## ANY PHYSICIAN MAY EXAMINE APPLICANTS FOR MT. VERNON

### New Law Abolishes System of County Examiners for Tuberculosis Hospital.

The enactment of the tuberculosis hospital law by the legislature which has just adjourned, should materially improve conditions at the state sanatorium for incipient tuberculosis at Mt. Vernon. The law relieves Dr. Douglass, the superintendent, from the responsibility of collecting fees from patients and lodges for this work with the state board of charities. It modifies the present harsh condition by providing that where the patient is unable to pay the \$5.00 a week demanded, the state may, after investigation, assess the charge against the county in which the patient resides. In the past distressing instances have arisen where patients have been summarily dismissed because of their inability to pay, at a time when they were beginning to benefit from the treatment. This was made necessary by the inflexibility of the state law, and was not optional with the management.

Another important change will be made when the law becomes operative early in August. It abolishes the system of official medical examiners and provides that patients may be accepted after examination by any registered physician. Blanks for reports of these examinations may be secured on application by any physician from the superintendent of the hospital.

### DISTRICT TUBERCULOSIS HOSPITALS PLANNED IN TWO LOCALITIES

The campaign of the division of tuberculosis to promote the erection of district tuberculosis hospitals under the amended district hospital law is progressing nicely. At the present time a district in south-central Ohio is being formed. Director R. G. Paterson has secured the formal approval of the county commissioners of Ross, Pike, Scioto and Fayette counties. An attempt is being made to interest Pickaway, Fairfield, Highland, and Jackson counties so that they may unite to erect a centrally located institution. In Pickaway county considerable opposition has developed but it is believed that at least six counties will be secured. Plans call for a 25-bed hospital to be erected at some central point.

Another district that is actively considering the proposition includes Lake, Ashtabula, Geauga and Trumbull counties. This section of the state is at present far removed from adequate tuberculosis hospital facilities.

The following appointments of physicians to serve as health officers in lieu of a board of health, have been approved by the board: Dr. F. O. Hunt, Cloverdale; Dr. W. E. Ewing, Oakwood (Dayton); Dr. M. H. Bowers, Perrysburg.

## EXHIBIT TO BE SHOWN TEACHERS AND OVER COUNTY FAIR CIRCUIT

### In the Fall It will be Taken Through Northeastern Ohio Counties.

During May the traveling health exhibit was shown in Southwestern Ohio counties. May 11 to 14 it was presented at Georgetown. The following week it was shown under the auspices of the Hillsboro board of health, with Dr. H. A. Russ as chairman of the local committee. May 25 to 28 it was shown in Wilmington, where Dr. F. A. Peele acted as chairman of the local committee. During the first week in June it was shown in Greenfield, under the auspices of the Business Men's club. June 8 to 11 it was shown in Waverly under the direction of a committee, of which Dr. O. C. Andre was chairman.

From Waverly the exhibit was taken to Columbus and overhauled and during July will be shown at the various state normal schools, where it will be brought to the attention of the teachers of the state. During August and September it will again be shown under canvas at various county fairs, the following schedule having been arranged:

DATE	COUNTY	PLACE
Aug. 10.....	Muskingum.....	Zanesville
Aug. 17.....	Monroe.....	Woodsfield
Aug. 24.....	Athens.....	Athens
Aug. 31.....	State Fair.....	Columbus
Sept. 7.....	Summit.....	Cuyahoga Falls
Sept. 14.....	Columbiana.....	Lisbon
Sept. 21.....	Stark.....	Canton
Sept. 28.....	Tuscarawas.....	Canal Dover
Oct. 5.....	Carroll.....	Carrollton

Following the close of the fair season the exhibit will be taken to Northeastern Ohio where it will be shown in connection with the full program of lectures covering an entire week, at various county seat and other large towns, including Norwalk, Ravenna, Ashtabula, Warren and Youngstown.

Mr. R. G. Paterson, who has charge of the exhibit, reports that although the towns visited were comparatively small, much interest was manifested in the exhibit in southern Ohio. We are particularly gratified to find that physicians were active in cooperating in the local arrangements.

An important feature of this educational work has been the series of conferences held with the health officers of the county in which the exhibit has been shown. Mr. James E. Bauman, assistant secretary and legal advisor of the board, presides at these informal meetings and takes up with the township and municipal health officers various problems of health administration which apply particularly to their respective districts. The result has been the development of closer relations between the state department of health and the local health officers, and consequent improvement in the health administration of the various localities.



## MR. TURNER HOLDS HEALTH BOARDS CAN'T EMPLOY PUBLIC NURSES

**Ruling Affects Only Larger Cities, But Law Should  
Be Amended.**

Through a strict construction of the statutes, Attorney General E. C. Turner has ruled that city boards of health have no authority to employ and provide for the expenses of a public health nurse.

Such an opinion was first rendered to the city solicitor of Bellevue where the employment of a nurse was under consideration. Inasmuch as the point is important, in view of the importance of these nurses in the scheme of public health administration which is being developed in Ohio, the state board of health took up the matter with the attorney general's office. Mr. J. E. Bauman, assistant secretary of the board, presented a legal brief, holding that the authority to employ public health nurses is clearly implied by the statutes, particularly in Section 4411 of the General Code, which gives boards of health the right to appoint "as many persons for sanitary duty as in its opinion the public health and sanitary conditions of the corporation require."

Mr. Turner refused to recede from his previous ruling. He advised the board to take up the matter with the legislature. It was too late to endeavor to amend the laws at this session, however.

The point is not particularly important at present excepting in two or three of the larger cities of the state where the health departments employ nurses. In most of the smaller cities of Ohio where public health nurses are now working they are employed by the board of education, by the county commissioners, or by private public health organizations. The law specifically gives county commissioners and school boards this right and it certainly should be extended to boards of health.

An amendment to the statute will be presented at the next session of the legislature to correct this condition. In the meantime it is believed that the stand of the Attorney General will not be permitted to interfere with the progress of public health work, even in the cities where the nurses are retained by the health boards.

## MORE NURSES IN FIELD

Public health nurses have been placed in the field at London by the Public Health and Welfare League and at Salem by the Public Health League. The division of tuberculosis, which supervises the work of the public health nurses, reports that this service is being rapidly extended throughout the state, largely through the cooperation of volunteer organizations interested in public health work.

Dr. W. H. Peters, Cincinnati, has been appointed by the board as medical inspector to fill the vacancy caused by the removal from the state of Dr. Casper Hegner.

## WATER SURVEY COMPLETED.

The exhaustive report of the public water supplies of municipalities bordering the Ohio river, covering an investigation started by the board in 1913, has been completed and is now ready for distribution. An initial report covering the territory from East Liverpool, Ohio, to Moundsville, W. Va., was published two years ago. The present report covers the water supply in 22 municipalities between New Matamoras, Ohio, and the Indiana state line.

## EASTERN CONFERENCES.

Dr. H. T. Sutton, of Zanesville, president of the board, and Dr. McCampbell, secretary, attended the annual conference of state and provincial boards of North America, at Washington on May 14. Dr. McCampbell was elected vice-president of the Association and was re-elected chairman of the committee on model state, district and county health laws. On May 13 they attended the conference of the Surgeon General with the state health officers. The chief questions considered at this conference were matters pertaining to interstate quarantine regulations.

Dr. H. T. Sutton, president, will represent the board at the annual meeting of the National Association for the Study and Prevention of Tuberculosis, held in Seattle June 15 to 17, and at the Section on Preventive Medicine, American Medical Association, in San Francisco, on June 22. Dr. McCampbell was authorized to attend, but was prevented by the press of duties in Columbus.

## LANCET-CLINIC GIVES REVIEW OF CITY'S TUBERCULOSIS WORK

The issue of the Lancet-Clinic of May 8 was devoted to a survey of the tuberculosis situation in Cincinnati. Papers and comments were presented by Dr. Samuel E. Allen, member of the city board of health; Mr. Courtenay Dinwiddle, superintendent of the Anti-tuberculosis League; Health Officer J. H. Landis, Drs. Henry L. Woodward, W. R. Wherry, A. C. Bachmeyer, E. W. Mitchell, H. K. Dunham, J. L. Tuechter, and Mr. R. G. Paterson, of the state board of health. The municipal tuberculosis committee plans during the coming year to secure a bond issue for a county sanatorium for 100 incipient adult cases. A comprehensive plan of fighting tuberculosis and reducing Cincinnati's high death rate from this disease has been worked out.

North Ohio Homeopathic M. A. met in Akron, April 21 to 22, with an attendance of 44. The officers elected for the coming year are: President, J. R. Horner, Cleveland; vice president, C. A. Turner, Marshfield; secretary, E. S. Lyon, Akron; treasurer, F. D. Smith, Cuyahoga Falls. The next meeting will be held in Doylestown in October.

## ECLECTIC AND HOMEOPATHIC SOCIETIES HOLD THEIR STATE MEETINGS IN COLUMBUS AND TOLEDO IN MAY

Homeopathic and Eclectic physicians of Ohio held their state meetings in May.

The Homeopathic Medical Society of Ohio met at the Boody House, Toledo, May 11 and 12. Dr. R. O. Keiser, Columbus, presided. The following officers were elected: President, D. L. Mohn, Ashland; vice-president, C. E. Hetherington, Piqua, and Josephine Danforth, Cleveland; secretary, J. G. Keiser, Columbus; treasurer, J. J. Church, Salem; necrologist, H. E. Beebe, Sidney; board of censors, J. R. McCleary, Cincinnati; G. D. Arndt, Mt. Vernon; W. W. Ensey, Dayton; I. O. Denman, Toledo; H. L. Wells, Cambridge; J. D. Varney, Greenfield; and C. L. Moore, Cleveland.

The next annual meeting will be held in Columbus May 9 and 10, 1916.

The following program was presented at Toledo:

Bureau of Materia Medica: "Hahnemann, the Prophet," J. E. Rowland, chairman, South Euclid; "Some Things I Have Picked Up," W. H. Kirkland, Galion; "Psorinum," C. F. Junkerman, Columbus; "A Plea for a Practical Up-to-date Repertory," James C. Wood, Cleveland; "Bryonia, An Imaginary Presentation of the Drug to Classes in a Four-Year Course of Medicine," C. E. Hetherington, Piqua; "Bellis Perennis," A. E. Hinsdale, Columbus.

Bureau of Sanitary Science and Moral Prophylaxis: "Moral Prophylaxis Appertaining to the Social Evil," J. D. Varney, Greenfield; "Sanitation in the Home," H. H. Sink, Columbus Grove.

Bureau of Clinical Medicine: "Stools," W. Webster Ensey, chairman, Dayton; "Spleens—Surgical and Otherwise," F. B. Grosvenor, Columbus; "Carriers," J. E. Studebaker, Springfield; "Appendicitis in Children," Curtiss Ginn, Dayton; "Ophthalmia Neonatorum," J. M. Wine, Dayton.

Bureau of Surgery, Gynecology and Obstetrics: B. W. Dawley, chairman, Toledo; "The Surgical Appendix," C. A. Burrett, Columbus; "Some Experiences with Local Anesthesia," Hugh M. Beebe, Ann Arbor, Mich.; "Post Operative Thrombosis," W. A. Humphrey, Columbus; "Hand Injuries," Wm. Watts, Toledo; "Trifacial Neuralgia," D. Dawe, Monroe, Mich.; "Anesthesia in Labor," C. S. Mundy, Toledo; "A Case Report (obstetrical)," B. J. Sanford, Toledo.

Bureau of Special Branches: "Acute Otitis Media," C. E. Silbernagel, Columbus; "The Position as an Insurance Examiner," W. B. Carpenter, Columbus; "Myopia," J. A. Ferree, Columbus.

### THE ECLECTIC MEETING.

The annual meeting of the Ohio State Eclectic Medical Association was held in Columbus, May 11, 12 and 13, with registration of about 80. Dr. T. B. Hollingsworth, Akron presided.

During the session considerable attention was

devoted to the operation of the workmen's compensation act and complete approval was voted. The general principles involved in the Harrison narcotic law were approved but considerable criticism was directed to some of the rulings since made by the commissioner.

It was voted to extend an invitation to the National Eclectic Association to hold its next annual session at Cedar Point.

The following program was presented: Obstetrics and Medical Gynecology: "Dress and Environment Make Woman," J. D. Estell, Cincinnati; "Medical Gynecology," Thos. Bowles, Harrison; "Intrauterine Medication," F. Kattenhorn, Cincinnati; "Quick and Painless Labor," W. N. Mundy, Forest.

Eye, Ear Nose and Throat: "Hay Fever," C. L. Iden, Somerset; "Modern Conception of Nasal Catarrh," G. L. Williams, Columbus; "Sarcoma of the Choroid," J. P. Harbert, Bellefontaine; "Trachoma," A. S. Stemler, Good Hope; "Differential Diagnosis Between Granular and Follicular Conjunctivitis," O. W. Schwarz, Cincinnati; "Differential diagnosis and glaucoma," E. J. Buten, Newport, Ky.; "Treatment of glaucoma," R. C. Heflebower, Cincinnati.

Practice: "Scarlet Fever," A. W. Hobby, Sidney; "Typhoid Fever," E. Florence Stir-Smith, Newark; "Lumbago," H. M. Powers, Amherst; "Constipation," R. L. Thomas, Cincinnati; "Bright's Disease," J. W. Thiel, Cincinnati; "Etiology of Insanity," W. E. Postle, Shepard.

Materia Medica and Therapeutics: "The Therapy of Diaphoretic Powder," H. W. Powers, Amherst; "Polygonum," Florence Stir-Smith, Newark; "Sedatives," C. W. Holtzmuller, Farmersville; "Aconite," J. B. Barker, Piqua; "Drosera," R. O. Campbell, College Corners.

Public Health: "Rural Sanitation," A. P. Basinger, Pleasant Plain; "The Village Health Officer," W. H. Ambrose, N. Petersburg; "The Bureau of Vital Statistics; Its Value as Enforced," James G. Sherman, Columbus; "The Workmen's Compensation Law; Its Relation to the Physician," J. B. Barker, Piqua; "Has the Anti-Tuberculosis Campaign Produced Tangible Results," G. W. Homsher, Camden; "Rural Quarantine; How to Enforce It," C. R. Kitsmiller, Fresno; "The Physician and the Anti-Narcotic Law," O. P. Kimmell, New Madison; "State Medicine; is It Desirable," P. D. Bixel, Pandora.

Surgery and Operative Gynecology: "Surgery, Old and New," L. E. Russell, Cincinnati; "Ectopic Gestation," J. W. Kannel; "Post-Mortem," W. H. Hinklin, Marion; "Some Surgical Cases in Private Practice," S. W. Mattox, Marion; "Recent Developments of Local Anesthesia," E. B. Shewman, Cincinnati.



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 \*\* **ACTIVITIES OF OHIO CITIES** \*\*  
 \*\* IN PUBLIC HEALTH WORK \*\*  
 \*\* **HOW ABOUT YOUR CITY?** \*\*  
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Toledo health department is considering an order to pasteurize all milk sold in Toledo.

Elyria city board of health is urging council to provide an emergency hospital for contagious diseases.

Cincinnati Board of Health will conduct another of its popular "Better Babies" contests at Chester Park, June 15, 16, and 17.

Canton city board of health will conduct systematic milk tests in the future. A laboratory will be furnished the city bacteriologist.

Free dental inspection in Norwalk public schools has been voted a complete success by the city board of education and will be continued.

Dr. C. S. Mundy has been appointed epidemiologist of Toledo city board of health, at a salary of \$2,000. H. F. Webb has been appointed city bacteriologist.

Ten milk stations with a physician in charge for two hours daily were opened by the Cincinnati department of health on June 14. Certified milk will be distributed at cost to indigent families.

A household educator, employed jointly by the Toledo District Nurses Association and the Thalian Society, reports that 70 homes were visited in 1914. She gives instruction in practical points of household sanitation.

In Columbus the four dispensaries conducted by the District Nursing Association will be operated during the summer as baby clinics. The staff of nine district physicians will devote particular attention to infant welfare work.

Dr. Carroll Fox, U. S. P. H. S., has completed his health survey of Toledo and the city health department has been reorganized in line with his suggestions. He is now engaged in a survey of the mosquito problem in that city.

The annual report of the Ross county anti-tuberculosis society and the Chillicothe Associated Charities shows that during 1914, 382 patients

were cared for, 57 of whom were tuberculous. The visiting nurse made 3,570 visits during the year.

Instructions issued to city physicians by Health Officer Iford, Toledo, direct that under no circumstances are they to "interfere with or criticize the treatment or the diagnosis of the attending physician" in the homes which they visit in their official capacity.

"Trained nurses are seriously needed in European war zone, while inexperienced volunteer nurses are far too numerous," declared Dr. Philip D. Wilson, of Columbus, who is serving with the Harvard unit at the American Ambulance in Paris, in a letter to his father, Dr. E. J. Wilson.

Representatives of the United States Children's bureau are at work in Akron studying infant mortality. The bureau has chosen a series of typical communities of varying characteristics in various sections of the United States. The survey is intended to determine the importance of the different factors involved in the higher death rate of infants.

Cleveland police have ordered the discontinuance of sales on Sunday of the various patent medicines and malt tonics having high alcohol content. Police found that they were being widely used as a substitute for straight whiskey since Sunday closing has been made effective. In the future they can be purchased only on physicians' certificates.

Citizens are coming to realize the value of medical inspection in our public schools, according to the report of Dr. H. E. Welch, head of medical inspection in Youngstown schools. Suggestions of the medical department made to pupils and parents in regard to needed treatment for various diseases and defects were given prompt attention in 25 per cent more cases this year than last. Dr. Welch recommends that the school board be given power to exclude pupils found to be mentally and physically unfit. It is probable that the staff of school nurses will be increased in Youngstown.

According to the report of the Red Cross Christmas seal committee of the Ohio Society for the Prevention of Tuberculosis, 4,059,165 seals were sold in Ohio this year, netting \$9,333.23. Of this amount \$4,158.85 goes to the National Red Cross, while \$5,174.38 is available for anti-tuberculosis work in Ohio. This money is spent through the society largely in the maintenance of demonstrating public health nurses who visit the cities selling the largest number of seals. The cities selling the largest number of seals were Greenville, Delphos, Tiffin, Logan, Bellevue, St. Marys and Wapakoneta.

# NEWS OF STATE MEDICAL BOARD

## OFFICIAL BOARD

LEE HUMPHREY, M. D., President, Malta, March 17, 1917  
 J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920  
 S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921  
 LESTER E. SIEMON, M. D., Cleveland, March 17, 1918  
 T. A. McCANN, M. D., Dayton, March 17, 1916  
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919  
 BEN. R. McCLELLAN, M. D., Xenia, March 17, 1922.

GEO. H. MATSON, M. D., Secretary,  
 Office, State House, Columbus.

Examiner in Preliminary Education,  
 K. D. SWARTZEL, M. Sc., Columbus.

The office staff of the board is very busy this month preparing for the greatly increased work that will be made necessary after August 1, when under the direction of bills passed by the last legislature the board will be authorized to license and regulate practitioners in limited branches of medicine and to establish a department of nurse registration.

The passage of the Platt-Ellis bill imposes upon the board a very important work in providing for the establishment of a system of licensure of the irregular cults. The law specifically mentions under this heading: Chiropractic, naprapathy, spondylotherapy, mechano-therapy, neuropathy, electro-therapy, hydro-therapy, suggestive-therapy, psycho-therapy, magnetic healing, chiropody, Swedish movements, massage, and "such other branches of medicine or surgery as the same are defined in Section 1286 of the General Code that may now or hereafter exist, except midwifery and osteopathy."

This bill was signed by Governor Willis on May 3 and unless subjected to a referendum will become effective August 3. Under its provisions the board is directed to call to its aid, "person or persons of established reputation of known ability in the particular limited branch in which the examination is to be given." These limited practitioners will act as an examining committee, for the board, in examining applicants in the various branches. For instance, to examine applicants for licenses to practice chiropractic, the board will appoint a committee of probably three chiropractors to be known as the Chiropractic Examining Committee. The law provides that if there is in existence a state association or society of practitioners in any limited branch such association shall recommend the persons to be designated for this service by the board. The Ohio Chiropractic Association has already nominated its president, vice president and secretary. The board is not bound to respect these recommendations.

**The law divides applicants into three classes:** Under an amendment forced through the assembly

by Senator McDermott, of Trumbull county, the board is forced to grant licenses without examination to all limited practitioners who have practiced in Ohio for a period of five years, continuously prior to October 1. This is the most serious weakness in the law but it is believed that it will not result in a large number of licenses being issued as the cults are comparatively new and few people will be able to prove that they have practiced any limited branch continuously for the required period.

The second class includes all limited practitioners who have practiced in Ohio for at least one year prior to June 1, 1915, and who file their application before October 1. This class will be examined by the examining committees in those subjects only which are appropriate to the limited branch which they seek to practice—in other words, chiropractors who have practiced in Ohio more than one year and less than five years, will be examined by a committee of chiropractors in the subject of chiropractic only, and will not be required to take the examination in basic medical subjects or to qualify with the preliminary educational standards.

The third class includes all who hereafter take up the practice of any limited branch. The law prescribes that these shall be examined by the state medical board at such times as the board may determine, in anatomy, physiology, chemistry, pathology, hygiene, diagnosis, and in addition shall be examined in the special subject they seek to practice. Candidates for certificates to practice massage or Swedish movements will be exempted from the examination in pathology and diagnosis.

It is probable that the initial examination will be held in the late fall, as all applications will be filed by October 1. Successful applicants, upon a payment of a fee of \$25.00, will be issued a certificate which will authorize them to practice the limited branch in which they qualify, but which will specifically prohibit them from practicing any other branch or branches of medicine or surgery, from treating infectious, contagious or venereal diseases; from prescribing or administering drugs, or from performing major surgery.

A very important feature of the work will be the formulation by the state medical board of a set of rules and regulations governing these new practitioners. The law specifically delegates to the board complete power to enforce these regulations. In addition, the limited practitioners will be subject to the provisions of the medical practice act under which regular physicians operate.

The board is empowered to make a survey of the schools giving instruction in all limited



branches, if there be any worthy of the name. Determination of the sufficiency of the preliminary education of all applicants is lodged with the entrance examiner of the board.

In establishing registration of these cults the board will require the co-operation of registered physicians throughout the state in determining the veracity of the affidavits made by applicants, and in ascertaining the moral standing of these in their home communities. Every applicant for a limited certificate will be subjected to a careful investigation before the same is issued. The names of all applicants will be published in this journal, with a request that information regarding them be filed with the board by registered physicians in their home cities.

By thus giving publicity to the lists of applicants for these limited certificates it is hoped that the more doubtful characters will be discovered, so that license may be denied them. Undoubtedly many crooks and scoundrels will apply. The board will, therefore, be exceedingly careful in granting these certificates.

#### MAKING PLANS FOR THE

##### REGISTRATION OF NURSES

The very important work of registering and regulating the practice of nursing in Ohio will be inaugurated in August, shortly after the Sprague bill becomes a law. The measure was signed by Governor Willis on May 1, which makes it effective August 1. The act directs that the state medical board shall appoint an examining committee of three nurses within sixty days after it becomes a law. These three nurses with the secretary of the state medical board, will constitute the Nurses Examining Committee. This committee is empowered to employ a secretary and an entrance examiner.

The law provides that the three nurses shall be selected from a list of ten submitted by the Ohio Association of Graduate Nurses. This association at a meeting held in Columbus, May 25, selected the following list: Miss Tuttle and Miss Condit, of Columbus; Miss Noble, of Cleveland; Misses Cocke, Logan and Wilson, of Cincinnati; Miss Johnson, of Springfield; Miss Friend, of Dayton, and Misses Lawson and Gladwin, of Akron.

This provision is clearly unconstitutional, however, and the board is not bound to select from this list. It is probable, however, that it will follow the recommendations.

After January 1, 1916, no person shall practice as a registered nurse in this state without securing a certificate from the state medical board. Persons shall be regarded as practicing as registered nurses within the meaning of the law who use the words or letters, "R. N.," "Registered Nurse," or any other title in connection with their names which in any way represents them as registered nurses, or who by any means accept employment by representing themselves as registered nurses. The law provides for a fine of not

to exceed \$100 for violation of this provision and makes the executive officer of the state medical board the prosecutor.

The law specifically states, however, that it shall not be construed in any way "to prevent or prohibit the performance of services either with or without compensation in nursing the sick or injured by any person, providing such services are not performed by such person as a registered nurse."

The law provides that all graduates in nursing now practicing in the state may be granted licenses on payment of a fee of \$10.00, providing they file formal application with the board prior to January 1, 1916, giving age and personal history and time spent in study of nursing. The committee shall review these applications and shall grant licenses to graduates of nurses training schools connected with a hospital or sanitarium in good standing, as defined by the state medical board. This provision gives the board power to demand of hospital training schools for nurses a minimum educational standard which will be decided upon and announced before the law goes into effect. Nurses graduating from other schools will not be permitted to take the examination. Certificates issued under the clause exempting nurses now practicing will also be granted to all students who were on May 1, 1915, matriculated in a training school for nurses located in Ohio, providing the school is recognized by the state medical board. They shall file their diplomas for registration prior to June 1, 1918.

All other nurses applying for registration in the future will be subject to an examination in anatomy, physiology, obstetrics, bacteriology, hygiene, materia medica, dietetics, practical nursing, "and such other subjects as the board and committee may require." It further provides that they shall have a preliminary education equivalent to one year in high school and shall be graduated from a training school connected with a hospital or sanatorium in good standing.

It is probable that a conference will be held late in the summer of the hospital authorities of the state and representatives of the nurses' association, with a view of adopting a set of uniform standards for hospital training schools.

#### AMENDMENT AIMED AT QUACKS

##### IS HAVING WHOLESOME EFFECT

The Hoy bill, which was signed by the governor on April 26 and will become effective on July 26, is already exerting a powerful effect upon the medical quacks in this state. Almost every mail brings to Dr. Matson letters from advertising physicians, and other quacks, in which they promise to curb their practices and conform to the provisions of this splendid measure.

According to reports received, the law has already had a powerful effect in eliminating dishonest fee-splitting. Information has been received that complaints charging fee-splitting will be filed

with the board immediately after the law becomes effective. These complaints will be given thorough investigation, and if found to be well grounded the accused will be given a trial before the board. Under the provisions of the Hoy bill, the board may revoke or suspend the license of the accused if convicted.

### FIFTEEN PHYSICIANS APPLY FOR CERTIFICATES THROUGH RECIPROCITY

**Applications Will be Considered at Board Meeting  
July 6.**

The following are applicants for reciprocity certificates to practice medicine in Ohio, under the reciprocity arrangement maintained by the board:

Frederick S. Cooper, Columbia Medical School, New York. **Intended residence, Lakewood.**

Jacob Y. Salzman, South Bethlehem, Penna.; University of Pennsylvania, 1909; practiced in South Bethlehem from 1909 to 1915. **Intended residence, Mansfield.**

C. W. Colby, Jefferson Medical College, Philadelphia, 1913; practiced in Loudenville, Vermont, and did special work in New York. **Intended residence, Wellsville, Columbiana county.**

Maurice Loebel, Chicago, Ill.; Jenner Medical College, Chicago, 1912; practiced in Chicago 1912 to 1913, and in Gary, Ind., 1913 to 1915. **Will locate in Sonora, Muskingum county.**

Samuel H. Sedeivity, Farrel, Pa.; New York University and Bellevue Medical College, 1914; interne in New Hudson Hospital, Weekawken, N. Y., one year. **Intended residence, Youngstown.**

Leander Skinner, Harvard, Nebr.; Baltimore Medical College, 1894; practiced in Windsor, Conn., eight years; in Boulder, Colo., two years; and in Nebraska eight years. **Intended residence, Loudonville, Ashland county.**

Mathias A. Wagner, St. Louis University, School of Medicine, 1912; served as interne in St. Francis Hospital, Pittsburg, Pa., for one year, and practiced in St. Louis one and one-half year. **Will locate in Lima.**

Bernice A. Fleek, Chicago; Hahnemann Medical College, 1913; interne in Hahnemann Hospital one year. **Intended residence, Ashtabula.**

Hugh T. McLaughlin, Iowa State University, 1881; he took a five months post-graduate course in New York; practiced in Iowa five years; Kansas, six years; Egypt, three years, and Sudan, Africa, ten years. **Will locate in Steubenville.**

Jerome G. Race, Medico-Chirurgical College, Philadelphia, 1888. He practiced in Nebraska 25 years and in Colorado one year. **Will locate in Cleveland.**

James A. Carnes, Mt. Carmel, Pa.; the University of Pennsylvania, 1907. He practiced in Aristes, Pa., three years and in Mt. Carmel, Pa., four years. **Will locate in Massillon.**

### FIVE NEW "DON'TS" FOR DOCTORS IN AMENDED LAW

The Hoy bill, which becomes a law July 26, modifies the Medical Practice Act of Ohio to include the following offenses which may be construed as instances of "grossly unprofessional or dishonest conduct," punishable by revocation or suspension of certificate:

First. The employing of any capper, solicitor or drummer for the purpose of securing patients, or subsidizing any hotel or boarding house with like purpose, or the obtaining of any fee on the assurance that an incurable disease can be cured.

Second. The willful betrayal of a professional secret. But a physician, knowing that one of the parties to a contemplated marriage has a venereal disease, and so informing the other party to such contemplated marriage, or the parent, brother, or guardian of such other party, shall not be held to answer for betrayal of a professional secret nor shall such physician be liable in damages for truthfully giving such information to such other party, or the parent, brother, or guardian of such other party.

Third. All advertising of medical practice in which extravagantly worded statements intended, or having a tendency to deceive and defraud the public are made, or where specific mention is made in such advertisements of tuberculosis, consumption, cancer, Bright's disease, kidney disease, diabetes, or of venereal diseases or diseases of the genito-urinary organs.

Fourth. Having professional connection with, or lending one's name to an illegal practitioner of medicine.

Fifth. Any division of fees or charges, or any agreement or arrangement to share fees or charges made by any physician or surgeon with any other physician or surgeon, or with any other person.

Before the enactment of the Hoy bill the term was undefined, except by court interpretation. The only offenses previously mentioned were fraud in examination, commitment of felony or addiction to drug or liquor habits "to such a degree as to render the physician unfit to practice medicine or surgery."

Leonard O. Schwartz, New Cumberland, W. Va.; College of Physicians, Baltimore, 1912; practiced two years in New Cumberland, W. Va. **Will locate in Perry Forks, Jefferson county.**

James A. Graig, Gary, Ind.; Baltimore Medical College, University of Maryland, 1908; practiced



in Gary, Ind., from 1908 to 1914. **Intended residence, Toledo.**

John C. Hoeffer, University of Buffalo, 1906; served as sanitary supervisor of the Chautauqua Assembly in 1906; interne in Sisters' Hospital Buffalo, two years, and practiced in Salamanca, N. Y., seven years. **Intended residence, Shreve, Wayne county.**

John E. Talbott, Alger, Ohio; Indiana University of Medicine, 1910; interne in Rockwood Tuberculosis Sanitarium, Danville, Ind., one year, and in the City Hospital, Indianapolis, one year. Practiced in Indiana three years. **Intended residence, Alger, Hardin county.**

#### ILLEGAL PRACTITIONERS OF MEDICINE BROUGHT TO TRIAL

**Numerous Prosecutions are Instituted Over the State Against Various Varieties of Offenders.**

O. I. Bennett, of Blanchester, who in recent years has served at various times as a minister in several western cities, decided that chiropractic offered an easy living and commenced practice in his native town. Several months ago he was notified by the board to cease practice. On his failure to do so, he was arrested on May 10 and bound over to the grand jury under \$600 bond, charged on two counts with practicing medicine without a license. In one of the cases he was attending a woman affected with sciatica when an acute attack of uraemic poisoning developed and she was about to die when the family forced Bennett to retire from the case and call a physician.

#### WINS ON TECHNICALITY.

Owing to a technical error in the indictment, Joe Neidhart, Marion chiropractor, who was indicted by the grand jury last August for practicing medicine without a license, was acquitted by a jury in Common Pleas court on May 28. The indictment was secured on evidence showing that Neidhart had treated a case of appendicitis.

#### DR. HAMMOND ACTIVE.

Indictments for practicing medicine without a license have been obtained in Cleveland against two spiritualists and two chiropractors. Information upon which the indictments were secured was furnished the grand jury in August, 1914, by the state medical board. Dr. A. P. Hammond, of Cleveland, who has been very active in the campaign against illegal practitioners, appeared before the grand jury as chief witness for the state in these cases and the indictments are largely due to his work.

#### OPTICIAN INDICTED.

One E. E. Grim, optician of Lancaster and Mt. Vernon, has been indicated by the Knox county

## PRESIDENTS OF LARGER COUNTY UNITS

NUMBER 4



John Wesley Murphy, president of the Academy of Medicine of Cincinnati, which recently distinguished itself by its splendid entertainment of the State Society.

grand jury on a charge of practicing medicine without a license and will be tried on June 16. He is accused of prescribing glasses to correct diseased conditions of the eye. Grim operated under the name of an optical company.

**For Sale.**—Unopposed village and country practice, worth \$3,000, in a beautiful Darke county village, rich agricultural community, established twenty-two years, large territory, no competition, collections 95 per cent, high school, three churches, excellent roads. Practice free to purchaser of modern home consisting of brick house, 11 rooms, water heated, private water works and light plant, good barn and outbuildings, cistern, rock well, lots of fruit on one acre corner lot. No better location in the state. "Best County Medical Society in Ohio." Wish to retire. Will sell for \$5,000 on easy terms. Discount for cash. J. D. Hartzell, M. D., North Star, Ohio.

## NEWS NOTES OF OHIO

Dr. I. N. Houston, Moundsville, West Virginia,  
died May 5.

Dr. E. B. Huyck, of Oak Harbor, has been seriously ill recently.

Dr. J. C. Poling, Ansonia, has been attending clinics in Chicago.

A daughter was born May 31 to Dr. and Mrs. T. P. Johnston, Mt. Gilead.

Dr. Frank B. Murphy, of Marion, is taking post graduate work in Boston.

Dr. Frank H. Williams, Portsmouth, is taking post-graduate work in New York.

Dr. and Mrs. Clem D. McCoy, Kenton, have been sojourning at Mudlavia, Kramer, Ind.

Dr. Walter J. Smith has moved from Reily, Butler county, to Arcanum, Darke county.

Dr. C. H. Harris, of New Paris, Preble county, was operated for appendicitis on May 19.

Dr. J. F. Mayne has moved from Milan to Norwalk, where he will practice in the future.

Dr. L. B. Ash, Ashland, is convalescing from a severe attack of acute articular rheumatism.

Dr. and Mrs. A. M. Blackburn, Steubenville, celebrated their golden wedding anniversary May 24.

Dr. J. C. Archer, of Shadyside, has been elected president of the Belmont county Anti-Tuberculosis League.

Dr. Herman H. Hoppe, of Cincinnati, has been elected vice president of the American Neurological Association.

Doctor's Location.—In good Ohio city. Practice for 30 years has been above \$6000.00 per year. Write for particulars. Yeazell & Ernest, Dayton, Ohio.

Drs. W. H. Pritchard, Gallipolis, W. J. Fletcher, Eureka, and S. W. Williams, Mercerville, who have recently been on the sick list, have recovered.

Dr. A. M. Sherman, formerly of Kent, who recently celebrated his 89th birthday anniversary, was seriously injured recently at Santa Barbara.

California, when he fell while leaving the hotel. He was removed to a hospital in Pasadena.

Mr. R. G. Paterson, chief of the division of tuberculosis, state board of health, lectured under the auspices of the chamber of commerce at Marion on June 10.

Dr. R. L. Cameron, Cleveland, has been appointed chief surgeon of the Republic Rubber Company, Youngstown, and will maintain an office at the plant.

Five drug habitues who recently escaped from Cleveland City Hospital are accused of raiding drug stores in the outlying districts in a futile search for narcotics.

Dr. Roy C. Hunter, Wapakoneta, accompanied by Mrs. Hunter and their son, will spend six weeks in the West. Dr. Hunter will attend the A. M. A. meeting in San Francisco.

After practicing nine years in Sebring, Mahoning county, Dr. John B. Wilkinson has moved to Alliance, where he has rented the office and residence of Dr. G. L. King.

Drs. Albert Freiberg and Frank Nelson, of Cincinnati, were named by Governor Willis as delegates from Ohio to the National Child Labor Conference in San Francisco, May 29.

Dr. H. C. Eyman, Massillon, was elected secretary-treasurer of the American Medico-Psychological Association, which held its 71st annual meeting in Old Point Comfort, Virginia, May 11 and 12.

Memorial services were held in Port Clinton, May 2, by the Ottawa County Medical Society and Port Clinton Business Men's Association in memory of the late Dr. Roscoe Huffman, who was killed by a train several weeks ago. A memorial tablet has been erected at Pool Hospital.

On May 6 Dr. W. A. Mansfield, Barberton, entertained the members of the Summit County Clinical Society (Homeopathic), the occasion being the thirtieth anniversary of its organization. Of the seventeen members, all but three are members of the Summit County Medical Society.

Dr. F. F. Lawrence, of Columbus, president of the Ohio State Clinical Association, and Dr. Samuel W. Kelley, of Cleveland, on May 29 and June 3 conducted clinics as features of the annual clinic week at Detroit College of Medicine and Surgery. Dr. Lawrence demonstrated abdominal diagnosis and Dr. Kelley cleft palate and harelip. Other visiting clinicians were: Drs. W. B. Coley and Charles Oglivy, of New York; E. C. Rosenow and Daniel Eisendrath, Chicago; W. H. Robey, Boston, and Asa B. Davis.



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 \* LETTERS TO THE JOURNAL \*  
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### FEE-SPLITTING.

Editor, The Journal: I am a general practitioner in Hamilton, a city of 40,000 located 25 miles from Cincinnati. We have a hospital of 70 beds, run and owned by the Sisters of Mercy. There are no internes or staff. Any medical man sending a patient is considered a staff physician or surgeon. Probably more than half my income comes from my surgical practice. So much as an introduction to a few remarks on "fee splitting."

I can conceive of several ways of splitting and shaving a fee, and also of tacking others to it.

(a) A doctor sends a patient to a surgeon for operation. At the operation the doctor may or may not attend. When the patient has settled with the surgeon the latter may send some monetary token to the doctor. Or the doctor may successfully hint that he has been a good pilot and request that compensation be made for his alleged services. This savors of bribery, and is to be condemned. It contains elements of its own destruction, for sooner or later the parties to the transaction would be found out and would get merited censure. Personally, I never knew of a transaction of this kind, though I have heard that some medical men were given to it.

(b) Conditions at the operation are such that the physician can assist. The comfort of the patient is probably enhanced by the presence of the family physician and the knowledge that he will have a hand in, and can officially report to the folks at home. The surgeon may also wish that the family physician be in position to make manual investigation of the patient. If the surgeon thus uses the doctor there can be no objection to giving him a fee for his services. A good dinner with the surgeon as host, some reprints and a promise of more, and finally a fee for services rendered, will not cause the doctor to think of the urban surgeon every time he sees the pigs fed.

(c) The doctor and patient consult the surgeon. All live in the same city. The doctor assists in some way at the operation, and, with the surgeon assumes the after treatment. Not that it is necessary for two men to do one man's work, but it is a matter of courtesy for the surgeon to ask the doctor to act as consultant. And if the surgeon himself is doing general practice, that is all the greater reason for perpetuating the pleasant relations between the patient and doctor by giving the latter a certain share in the responsibility during convalescence. How will the fee be apportioned? If the patient is one of that numerous class who can afford a moderate fee for operation and subsequent treatment, and looks to his doctor and the selected surgeon to see him through, he may rightly object to having extra fees tacked on for post-

operative attention. There seems to be no way open except for surgeon and doctor to come to some agreement between themselves and split the fee. This frequently occurs in emergency operations where neither time nor place are favorable for discussing the price. The doctor in such cases may do almost as much good work in promptly recognizing the nature of the case, and adopting prompt treatment as the surgeon himself in the actual operation.

(d) The surgeon tells the patient referred to him that his fee is so much, and that there will be extra fees for assistants and anesthetist and if the services of the family physician are wanted as post-operative attendant that will be extra, too. This is as precise as selling stamps, and while it is ideal it is not always possible. Sometimes it is the better part of valor, courtesy and humanity to sacrifice a part of your fee.

One objection to fee splitting is, that the surgeon gets less than he otherwise would. Another objection is, that the patient pays more than he would if there was no tacit or avowed agreement between doctor and surgeon. But in neither instance is the law of freedom violated. All parties, doctor, surgeon and patient have the right to accept or reject the proposition. Another objection is, that the doctor in referring a patient to a fee-shaver or splitter is apt to be blind to a better surgeon who would act under item "D" above. Well, that is impossible to regulate. Some doctors have the same pride in their local surgeon that they have in their town ball team. Only a series of rank errors will convince them that he is not yet ready for the metropolitan league. And as a matter of fact, some of these "bush" surgeons in Class C have remarkable ability.

We owe much to our great surgeons for their diffusion of surgical knowledge. The recipients of this instruction are going to put this knowledge to use, and as a result there is much poor surgery. How can you help it? By medical laws? No, but by the diffusion of more knowledge.

I cannot appreciate the ethical standards of those who have fashioned and boosted the Hoy bill. They allow the state medical board to revoke a doctor's license for agreeing to share a fee. How little must they realize the great social problem of the day, viz., the getting together the man and the job. After a doctor has spent six or seven years to fit himself to practice the healing art, he may, as punishment for some little error, be told by the medical board to cease doing the only thing he knows how to do. Of course he can run a hotel or start a bank. If I had the power I wouldn't revoke a doctor's license for even that form of bribery mentioned under (a). We have laws against bribery. The doctor should be dealt with as society deals with other culprits. You wouldn't think of cutting off the farmer, artizan or business man who had done some wrong from their opportunities to make a living at their chosen vocation. Besides the agreement to share a fee and to do it,

or to employ subtly or brazenly a capper or solicitor is not an anti-social act; it is not a crime. It is simply bad form because it is not in conformity with conventional things in the practice of medicine.

If this very active opposition to sharing fees comes from the leading surgeons of the state because they are not operating as of yore, it is a very poor way to correct the practice. I have good reason to believe that they are not operating on relatively as many cases of appendicitis as formerly, because the lesser surgeons are doing that kind of work. On the other hand, the chief surgeons are doing new and difficult operations in quantity to maintain their usual activity. If some disgruntled men seek to make pariahs of those who are not in style, but who are, nevertheless, good types of morality, they may have the chance to note that in sociology as in physics, action and reaction are equal. The folly of legislating on such notoriously variable things as medical fees will soon be apparent to the citizens of Kansas and Ohio.

If these surgeons regard fee-splitting as a menace to patients, then, while commending their wish to protect the public, I must in candor, deny that their remedy as described in the Hoy bill is efficient. What is bad in fee-splitting is not necessary; and what is necessary is not bad. The same can be said of advertising and alliances with illegal practitioners.

It is a shame to overburden our already fat law books with such laws which touch no fundamental principles in conduct. A failure to appreciate pragmatic ideas of conduct and truth is manifest in our crusade against cults and the unconventional in medical practice.

Mark Millikin, M. D.

Hamilton, O., May 25, 1915.

#### MORE ON ALCOHOL.

Editor, The Journal: I was very much interested and delighted in reading in this month's issue of The Journal, Dr. S. B. McGavran's paper in which he has taken the initiative in advocating the elimination of alcohol from the pharmacopoea. As he says, "it would dissolve the unholy alliance that now exists with the medical profession in the use of alcohol as a beverage." As alcohol is no longer recognized to be a medicine, a stimulant or a tonic, but a narcotic poison, it should be placed where it belongs. Again he says, "it would be one of the most potent factors in our fight today for wet and dry." Only too true.

Again, I was more delighted when I read that the Ohio State Medical Association at Cincinnati, in its "crowning social event" the banquet, the committee had made it "dry and speechless." All honor to our profession that has taken this step in regard to the use of liquor.

I was also pleased to read of Dr. B. R. McClellan being appointed a member of the State Board of Medical Registration, as the Doctor will

help take care of the cults and healers who have been put under the regulation of the board. All honor to Dr. McClellan and Governor Willis, who appointed him.

And last, but not least, all honor to the best medical journal in the state if not equal to the Journal of the A. M. A., in giving us facts and information even if it will cost us a few cents more to keep it in its present form.

G. K. Heidler, M. D.

Cleveland, Ohio, May 28, 1915.

#### OHIO MEN ON A. M. A.

##### PROGRAM AT SAN FRANCISCO

The following from Ohio are on the scientific program of the San Francisco meeting of the American Medical Association:

Section on Obstetrics Gynecology and Abdominal Surgery:

"Method of Drainage and After-Care in Pelvic Affections," L. G. Bowers, Dayton.

"Method of Differentiating Cancer of the Pylorus and of Increasing the Safety of Gastric Operations," George W. Crile, Cleveland.

Section on Dermatology:

"The Treatment of Burns," A. Ravogli, Cincinnati; "Recurrent Herpes, with Report of Case and Consideration Concerning the Etiology," William Thomas Corlett, Cleveland.

Section on Preventive Medicine and Public Health:

"Introductory Remarks: Industrial Sanitation—The New Factor in Public Health," Otto P. Geier, Cincinnati; "Physical Examination of Employes," Sidney Morrill McCurdy, Youngstown.

#### AMERICAN PROCTOLOGIC SOCIETY.

The American Proctologic society, of which Dr. Louis J. Krouse, of Cincinnati, is president, holds its 17th annual meeting in San Francisco, June 21 and 22. Dr. Walter I. LeFevre, Cleveland, is on the program to report a case of carcinoma of the sigmoid. Dr. George B. Evans, of Dayton, will present a paper on "Emetin Hydrochloride in the Treatment of Amebic Dysentery." Active fellows of the society from Ohio are: Dr. Krouse, Dr. Evans, B. Merrill Rickets, of Cincinnati; James A. Duncan, of Toledo; E. A. Hamilton, of Columbus. Dr. LeFevre is an associate fellow.

#### CINCINNATI AFTER 1916 MEETING OF AMERICAN MEDICAL ASSOCIATION.

Cincinnati wants the 1916 meeting of the American Medical Association. On June 11, Dr. William S. Keller left for San Francisco as a special commissioner from the Cincinnati Academy of Medicine to endeavor to land it. With its magnificent new municipal hospital and splendid hotel accommodations, the Queen City is well equipped to care for the great meeting. The time is opportune for a session in the Middle West, and we wish Dr. Keller much success.



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 \* NEWS OF INTEREST \*  
 \* FROM OHIO HOSPITALS \*  
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Mercy Hospital, Hamilton, graduated five nurses on May 24.

St. Elizabeth's Hospital, Youngstown, graduated four nurses on May 9.

Dr. A. Howard Smith, Marietta, has opened a modern ten-room private hospital.

Complete X-Ray outfit will be added to the equipment of the Springfield city hospital.

The Mary Day nursery and children's hospital, Akron, cared for 507 patients during the year ending May 1, 1914.

St. Luke's Hospital, Cleveland, graduated a class of fourteen nurses on May 13. Dr. C. B. Parker delivered the class address.

Drs. C. S. Cutter, R. T. Tarr, H. W. Phillips and B. B. Kimmel have been added to the board of directors of Glenville hospital, Cleveland.

Trustees of Springfield city hospital are contemplating the erection of a 25-room annex to accommodate its rapidly increasing patronage.

Mt. Carmel Hospital, with a class of 23, and Protestant Hospital, with a class of 25, held graduating exercises at Columbus, Thursday, May 20.

On June 7 the corner stone of the New Jewish Mt. Sinai Hospital, Cleveland, was laid. The hospital is to be completed in May, 1916, at a cost of \$600,000.

A movement has been inaugurated to locate the proposed state hospital for crippled and deformed children on the grounds at Fort Ancient, near Lebanon.

The district tuberculosis hospital at Springfield was operated during 1914 at a total cost of \$13,656.96. The cost per patient per day averaged \$1.13.

Woman's Hospital, Cleveland, has moved from 3455 Cedar Ave., S. E., to 2057 East 107th street, the building formerly occupied by the Canfield-White hospital.

Lakeside training school for nurses, Cleveland, graduated a class of 27 on May 20. Dr. Charles F. Hoover and Very Rev. H. P. A. Abbott delivered the chief addresses.

Ohio Hospital for Women and Children, Cincinnati, is to be consolidated with Bethesda hospital. A floor in the latter's new maternity building will be used by the Ohio.

Drs. Henry Wells, B. A. Souders, F. C. Huth and W. H. Lawyer, Cambridge, and J. E. Patton, of Byesville, are among the trustees elected for the Cambridge city hospital.

Through a settlement of pending court cases, approximately \$60,000 from the estate of Mrs. Rosa Baubach is now available for Good Samaritan Hospital, Sandusky.

Trustees of City Hospital, Akron, plan several additions, including a 40-bed maternity ward, the enlargement of laboratories and the institution of more modern hospital equipment.

Mr. W. H. Harkness, New York, has offered \$25,000 toward the establishment of a hospital at Bellevue, Huron county, thus practically assuring the success of a hospital movement launched several months ago.

Dr. A. M. Hoyer has added to the hospitals in Akron by opening the Home Private Hospital. The building has twenty-two beds, is well equipped, including an operating room and is in charge of an experienced nurse.

City Hospital, Youngstown, received a bequest of \$10,000 from the estate of Mrs. Elizabeth Sanderson, who stipulated that a ward be maintained in memory of her husband, the late General Thomas W. Sanderson.

Commencement exercises for the Training School for Nurses of Samaritan Hospital, Ashland, were held in the Methodist Church, Thursday, May 27. Miss Talitha Catherine Martin and Miss Nora May Vesper were given certificates of graduation.

Miss D. Schenck, who has been superintendent of the Episcopal Hospital for Children at Cincinnati for eight years, tendered her resignation and left on April 1 for the West. She was asked by the staff to reconsider but decided not to do so.

Plans are being drawn for a nurses home to be erected in connection with the new People's Hospital, Akron, which opened March 2. During the first two months operation of this hospital, 200 operations were performed, 400 patients were treated, with 52 maternity cases.

Monday, May 21, was clinic day at Newark. In the morning, Dr. Nelson N. Percy, of Chicago, conducted a surgical clinic at Newark city hospital. In the afternoon Dr. Frank Winders, of Columbus, conducted a medical clinic at the Hotel Warden.

The staff of the Newark city hospital and the Licking County Medical Society had charge of arrangements.

Babies Dispensary and Hospital, Cleveland, has announced a post graduate course for physicians, July 12 to 31. Infant feeding, disturbance of nutrition and common diseases of infants and children will be presented by Drs. H. H. Gerstenberg, H. O. Ruh, and O. L. Goehle. Preparation of infant's foods by Dr. Gerstenberg and Dr. C. W. Wyckhoff.

New internes at Cincinnati General Hospital are: Elizabeth Adamson, Hiram Weiss, William Bruns, Frank Metzger, Benjamin Lamb, Benjamin Norris and Clarence Betzner, all graduates of the University of Cincinnati. The following entered the hospital June 10: Wm. Freyhoff, University of Cincinnati; Benjamin Tappan, Johns Hopkins; R. W. Eaton, Northwestern; Milton Graham, L. A. Hopkins, R. W. Hardingen, and W. H. Woolston, Rush College.

On May 26 Mrs. Mary M. Emery, Cincinnati, announced a gift of \$250,000 to the medical department of the University of Cincinnati, to be used for the construction of a new medical school building, to be built upon the grounds of the new Cincinnati General Hospital, and connected therewith. The gift is contingent upon the raising of an additional \$250,000 to endow the new school. It is believed that the new medical college is entirely assured.

## DEATHS IN OHIO

**Mark Delimon Stevenson, M. D., F. A. C. S.,** University of Chicago, 1897; died at the Peoples Hospital in Akron, May 21. Dr. Stevenson was born in Milton, Ontario, Canada, February 18, 1876. He was elected to membership in the Summit County Medical Society, in 1900; was vice president in 1907 and president in 1908. Dr. Stevenson was a member of the A. M. A., O. S. M. A., Sixth Ohio District Medical Association, American Oph. Ot.-Laryn. Society, member of the staffs of Childrens, City and Peoples hospitals. He was co-editor of "Ophthalmology," and on the advisory board of the Ohio Commission for the Blind. Death resulted from a slight finger laceration, which caused an infection. The death of Dr. Stevenson was a shock to his wide circle of friends throughout the state, and will be a distinct loss to medicine. It was keenly felt in Akron, where he had been a leader in medico-social work. The Akron Journal, in commenting editorially, said of him:

"From the above, one who had never had the privilege of acquaintance with Dr. Stevenson might

picture him as a dry-as-dust scientist, a man to whom other men were but as material for operations and probes and test tubes for new formulas. He was not.

"He kept the balance true between science and humanity. He loved his fellow men. He was willing to take time from his studies to help his city, to relieve distress, to care for the poor and friendless. No man with a just appeal for civic welfare ever made appeal to him for help and was turned away. It mattered not whether he was asked for money, or for that which he could less easily spare, time and service. In either case it was given. He gave freely much of his time to such causes, to bettering living conditions, to sanitation, pure milk for babies, to helping defective children. He was glad to give the benefit of his training and knowledge to help others.

"How many people Dr. Stevenson had helped professionally without charge will never be known, but if people needed help, needed skilled professional attention, they got it. If they could not pay, that was all right."

In February, 1915, he was married to Miss Martha Von Nelly, of Vienna, Austria. They had recently returned from their wedding trip.

**Samuel G. Glenn, M. D.,** president of Trumbull County Medical Society; Western Reserve University, 1910, died at his home in Warren, Ohio, May 30, 1915, of staphylococcus aureus septicemia. After graduation Dr. Glenn served two years internship at the City Hospital, Cleveland. In January, 1912, he associated himself with Dr. H. M. Page, of Warren. On May 22 he developed a small abscess on the back of his neck, which was incised two days later. He continued his practice for the next few days and was confined to his bed on the 27th, from which time his condition became very serious. The laboratory findings showed a pure staphylococcus aureus culture in the abscess with some cocci in the blood. Several days later a pure staphylococcus aureus culture was found in the blood. Dr. Glenn leaves a widow and one child. Funeral services at Warren and burial at Wooster.

**John W. McMurray, M. D.,** Cleveland University of Medicine and Surgery, 1890; died at his home in Marion, May 11, from arterio sclerosis. Dr. McMurray was born in Steubenville, June 23, 1839, and moved with his family to Marion in 1860. Before graduating from medical school, he was engaged in manufacturing carriages in Marion. Dr. McMurray was a member of the Baptist church and of the Masonic organization. He is survived by a widow. Mrs. H. H. Richardson and Dr. James Wilson McMurray, both of Marion, are the surviving children.

**Orange Pomeroy, M. D.,** aged 79, Medical College of Ohio, Cincinnati, 1860; died at his winter home in St. Petersburg, Florida, May 17. Dr.



Pomeroy was born in Huntsburg, December 7, 1835. He began the study of medicine in his native town with Dr. S. D. Steer, and in 1857 attended lectures at the medical college in Cincinnati. After graduation he located at Fowler's Mills. In 1863 he was appointed to the 16th O. V. I., of which he had the entire medical charge. Under the heavy pressure of work and the unhealthful climate, his health broke down. In 1867 he moved to Chardon, where he established a practice. He retired from active practice 25 years ago. Dr. Pomeroy had been president of the Chardon Telephone Company since its organization in 1895. He is survived by a widow.

**Charles Rolf Clement, M. D.**, aged 62, Long Island College Hospital, 1878; died at his home in Groveport, Franklin county, April 30, after an illness of three years. Dr. Clement was born in Fairfield county, taught school for a few terms and in 1875 began the study of medicine under the tutelage of Dr. J. B. Porter, of Canal Winchester. He attended two terms at Miami Medical College, Cincinnati and spent one year at Long Island College Hospital, Brooklyn, from which institution he graduated in 1878. He spent nearly his entire professional life in Groveport, where he was held in high regard. He was a member of the board of education. He is survived by a widow.

**George Warren Spencer, M. D.**, University of Michigan, Ann Arbor, 1878; professor of physiology, dermatology and chemistry in the Cleveland Homeopathic Medical College; dermatologist to the Huron Road Hospital and a member of the general staff of the Cleveland City Hospital; died suddenly at his home in Cleveland, May 1, aged 64.

**Edwin P. Cooke, M. D.**, aged 60, Medical College of Cincinnati, 1878; died at his home in Barlow, April 24. He was a graduate of Marietta College. After completing his medical course he located at Barlow, where he practiced. Later he was appointed first assistant to the superintendent of the state hospital at Athens, where he spent several years. He resumed practice at Barlow after leaving Athens.

**Darius Hefling, M. D.**, aged 79, Philadelphia University of Medicine and Surgery, 1860; died at his home in New Philadelphia, April 24, after an illness of two years. Dr. Hefling was born in Harrison county and had practiced at Newtown and New Philadelphia, continuously since 1865, with the exception of four years when he served as sheriff of Tuscarawas county. For a number of years he was the medical advisor at the Tuscarawas county children's home. He is survived by a widow, one son and two daughters.

**Edna T. Matthews, M. D.**, aged 57, Eclectic Medical College, Cincinnati, 1892; died May 5 at her home in Dayton. Dr. Matthews was born in Fair-

field but spent a good part of her girlhood in the East. Immediately after her graduation she opened an office in Dayton. She is survived by one son and two brothers. Her husband died two years ago.

**Stephen Townsend, M. D.**, aged 67, Cleveland College of Physicians and Surgeons, 1891; died at his home in Columbus, May 15, from a stroke of apoplexy. He practiced medicine in Columbus for many years. He is survived by a daughter and two sons.

**Newton A. Cisler, M. D.**, aged 62, Indiana Eclectic Medical College, 1890, died at Sand Hill, Washington county, May 11. His death was due to paralysis, from the effects of which he had been bedfast for several weeks. Dr. Cisler was a lifelong resident of Newport township. He never married.

**Max A. Boesger, M. D.**, aged 56, Western Reserve Medical College, 1884; died at Grace hospital, Cleveland, following an operation for appendicitis. Dr. Boesger was born in Suffield, Conn., and came to Cleveland when eight years old. He served two years in the City Hospital, and in 1894 organized the German hospital. For a time he served as coroner of Cuyahoga county. He is survived by a widow and one son.

**Calvin H. Reed, M. D.**, Starling Medical College, Columbus, 1868; a veteran of the Civil War; one of the organizers of, and professor of obstetrics in the Northwestern Ohio Medical College; for several terms a member of the board of education; died at his home in Toledo, May 4, from heart disease, aged 74.

**W. W. Small, M. D.**, a former resident of Ashland, died at his home in Loomis, California, May 5. Dr. and Mrs. Small went to California for his health, and for a time he seemed to be improving. The body was brought to Ashland for burial.

#### NORTHERN TRI-STATE MEETING AT ANN ARBOR WILL BE A HOME COMING.

Fine program arranged, and large attendance is urged for July 13.

The annual meeting of the Northern Tri-State Medical Association, which will be held in Ann Arbor on July 13, will be a "home coming" for all medical alumni of the University of Michigan.

Dr. James A. Duncan, of Toledo, the president, urges the attendance of every alumnus, and every member of the society, as arrangements have been made for a splendid meeting.

The preliminary program includes the following papers:

Charles F. Tenney, Toledo: "Use of artificial

pneumothorax apparatus in the control of pulmonary hemorrhage."

Williard J. Stone, Toledo: "Certain phases of treatment in hyper-arterial tension."

Charles A. L. Reed, Cincinnati: An address.

George W. Crile, Cleveland: "Some newer conceptions of surgery of the stomach and duodenum."

E. L. Eggleston, Battle Creek: "Intestinal stasis from the standpoint of the internist."

Joseph H. Andries, Detroit: "The choice of time for operating in acute abdominal infections."

In the morning commencing at 9 o'clock, there will be clinics, ward walks or demonstrations in a variety of subjects. The summer school is in session.

Reply cards indicate an unusually large attendance. Dr. Geo. W. Spohn, of Elkhart, Ind., is secretary, and Dr. J. A. Weitz, of Montpelier, O., is treasurer of the society.

## NEWS NOTES OF OHIO

Dr. E. A. Darby, Wauseon, was recently operated in Ann Arbor, Mich.

Dr. S. E. McMaster, of Akron, is visiting the Panama-Pacific Exposition.

A boy was added to the family of Dr. J. H. Weber, Akron, on the morning of April 20.

In April, Dr. and Mrs. J. A. Van der Hulse, of Akron, became the fond parents of twins, the third time since their marriage.

Dr. S. K. Crawford has resigned from the superintending of the Springfield Lake Sanitarium. His successor is Dr. T. A. Stevens, formerly of Mont Alto, Pa.

On the eve of his departure for Chicago, where he will reside permanently, Dr. A. F. Sippy was entertained to a dinner at the Country Club by physicians of Akron, Barberton and Cuyahoga Falls.

There is an ideal location for a doctor, East End, Columbus. Modern 12-room pressed brick, built for a private sanatorium. Large lot. Plenty of room for addition. \$7000. Small payments. Address, Room 1006, No. 8 East Broad, Columbus.

Dr. E. O. Smith, of Cincinnati, addressed the West Virginia State Medical Association at Huntington on May 13, on "Renal Tuberculosis." On May 27 he addressed the Sixth District Medical Society of Indiana on the subject, "The Significance of Frequent Urination."

## NEWS OF CLEVELAND ACADEMY OF MEDICINE

(Report by J. E. Tuckerman, M. D., Correspondent)

Officers and members of the Council of the Cleveland Academy of Medicine according to the new society roster, are: C. F. Hoover, president; M. J. Lichty, first vice-president; W. H. Weir, second vice-president; J. E. Tuckerman, secretary-treasurer.

Chairmen of sections: S. J. Webster, clinical and pathological; T. Wingate Todd, experimental medicine; J. E. Cogan, ophthalmological and otolaryngological; E. H. Selzer, medico-pharmaceutical; Rixford D. Way, veterinary.

Chairmen of standing committees: C. E. Ford, legislative; R. G. Perkins, public health; Alvin S. Storey, civic; G. W. Moorehouse, membership; Lester Taylor, program.

Trustees: G. E. Follansbee, N. C. Yarian, R. E. Skeel, E. O. Houck, J. P. Sawyer, W. H. Humiston.

Standing committees: Legislative, C. E. Ford, F. C. Waite, R. E. Skeel, C. W. Eddy; public health, R. G. Perkins, J. J. R. Macleod, W. H. Merriam, E. F. Romig, J. C. Placak; civic committee, Alvin S. Storey, W. J. Benner.

Membership committee: G. W. Moorehouse, W. J. Abbott, W. A. Medlin, W. A. Schlesinger, J. M. Moore, W. J. Manning, F. W. Hitchings.

Program committee: Lester Taylor, H. O. Ruh, Paul J. Hanzlik, W. H. Tuckerman, W. P. Alpers, Samuel Burrows.

Secretaries of sections: H. O. Ruh, clinical and pathological; Paul J. Hanzlik, experimental medicine; W. H. Tuckerman, ophthalmological and otolaryngological; Wm. P. Alpers, medico-pharmaceutical; Samuel Burrows, veterinary.

Honorary members: Richard C. Cabot, 190 Marlboro st., Boston, Mass.; H. M. Hanna, 2417 Prospect ave., Cleveland, Ohio; W. T. Howard, Metacommet, Westerly, R. I.; B. G. Moynihan, Leeds, England; A. J. Ochsner, 718 Sedgwick st., Chicago, Ill.; M. P. Ravenal, Madison, Wis.

### NEW MEMBERS.

The following new members have been added: Active—B. I. Brody, M. D.; L. S. Brookhart, M. D.; Robert Clarke, M. D.; N. L. Coy, M. D.; A. N. Dawson, M. D.; E. W. Garrett, M. D.; Otto L. Goehle, M. D.; W. C. Greenwald, M. D.; Jerome A. Heath, M. D.; Frank J. Kern, M. D.; Hubert C. King, M. D.; L. S. Krauss, M. D.; Leon B. Lemon, M. D.; Abraham Strauss, M. D.

Associate membership: Bradley M. Patten, Ph. D.; Weston A. Price, D. D. S.; Chas. K. Teter, D. D. S.; Wm. C. Tetér, D. D. S.

### ACADEMY MEETING.

The one hundred and nineteenth regular meeting of the Academy was held Friday, April 16,



1915, at the Cleveland Medical Library, the chairman, C. F. Hoover, in the chair.

1. Report of a series of forty-four cases of extra-genital chancre, by H. N. Cole and Samuel Chieu.

Contraction of the disease via the extra-genital chancre occurred in this series largely during the active period of life. The extremes of age were represented by 2 years and 65 years. In married individuals the life partner was in most cases subsequently infected. The youngest case, occurring in a child of 2 years, was infected by her uncle in kissing. The chancre appeared on the right tonsil. Later, the child's father was also infected by kissing her, the chancre appearing on him in the same location. The mother was subsequently infected by the father, her chancre appearing on the genitalia.

Eighty percent of the cases reported acquired their chancres on the lips. Other locations represented were, the tonsil in three cases, the hand in five cases, and the neck in one case. Chancre of the scrotum was represented by three cases, of the *mons veneris* in one case.

Four of the infections were acquired via bites, two men in the series being bitten by prostitutes, while one, a woman, was bitten by a man. Cold sores were given as the portal of entry of the infection in three cases, the immediate source of infection. The single case of chancre of the neck included in the series, seemed to be traceable to a cut received previously in that region, in a barber shop.

Too often the extra genital chancre is undiagnosed because of its unusual location and appearance. Any sore in any location, tending to persist, and marked by induration with coincident glandular enlargement, should be regarded with suspicion. It has also been observed that when the primary lesion occurs on the face, the secondary eruption is apt to manifest itself earlier than usual.

In a chancre situated on the lips the possibility of gumma or carcinoma must also be considered. When in doubt in such cases the dark field illuminator and the Wassermann reaction can be called into play.

The prognosis of extragenital chancre is on the whole good. It is said, however, that in the case of chancres appearing on the face there is apt to be earlier involvement of the cerebro-spinal system than usual.

In the treatment of extra-genital chancres one of the greatest difficulties-encountered is to get the patient to report regularly for his therapy. Thus, in one of the cases in the series, treatment was absolutely refused. Of the entire series only 50 percent have taken regular treatment.

Prophylaxis against the acquiring of extra-genital chancres is important. Use of a common drinking cup is to be condemned, yet the practice still obtains in some hospitals. Restaurants should be compelled to boil all dishes at least five minutes when once they have been used.

The physician is too often a victim and acquires an innocent infliction. Five percent of the total cases occurred in members of the profession. No physician should make a vaginal examination without gloves, under any circumstances.

When once the condition has been diagnosed, the patient should be put on severe treatment. This should be pushed to the limits.

2. Certain Phases of Diabetes and the Ductless Gland Diseases, by,

R. T. Woodyat, M. D., University of Chicago.

Experiments done on dogs to determine the sugar tolerance show that each animal has certain sharply defined limits of tolerance, which, when extended, cause the production of a glycosuria. However, a considerable amount of glucose can be added beyond this point when once established, without increasing materially the degree of glycosuria. Such a method, therefore, of estimating the sugar tolerance must be more or less inaccurate.

It would be of advantage to possess a method of determining accurately the sugar burning power of the body. This could be used in diabetics for determining the progress of the patient. When sugar is administered the animal body changes it to other substances. In the first four hours, when given inwardly, the larger portion of the sugar is burned, but little being stored up. A true test should show how quickly the tissues can withdraw sugar from the blood and utilize it. The power of the body to burn sugar must be expressed in grams of sugar, per kilo, per hour.

The speaker has worked with such a method in the present experiments. By means of a specially designed apparatus, he has been able to inject, automatically a given quantity of sugar per unit of time, intravenously. Experiments with various concentrations, thus injected slowly, give practically the same results as subcutaneous injection. This furnishes a good method for detecting a lessened sugar tolerance.

At the onset of diabetic coma there is acetone on the breath and sugar in the urine. In 24 hours, however, this is changed, the acetone being decreased. Practically all cases of diabetes mellitus can be rendered sugar free if they are starved. The acetone odor disappears from the breath to be replaced by a uraemic odor. There is Cheyne Stokes breathing albumen and casts appear in the urine. All the physical findings at the end, in such a case, suggest uraemia. The question then is, what kills diabetics? It is logical, in such a case to fill the patient with alkalis and to give sugar, intravenously, to combat a diabetes, which at that time does not exist?

In cases of this nature an acidosis is set up, there is an actual increase in the H ion concentration of the blood and the patient dies from edema of the brain. Thus, the final treatment in late diabetic coma should be that for edema of the brain. Administration of sugar at such a time, and in such a case is rational from the standpoint of its dehydrating effect. Too much alkali should not be given in such cases as it causes a complete anuria. It is also important to remember that sugar, when administered in these cases, where the body is unable to utilize it, acts as a diuretic.

#### CLINICAL AND PATHOLOGICAL SECTION.

The one-hundred and eighth regular meeting of this section was held Friday, April 2, 1915, at the

Cleveland Medical Library, the chairman, S. J. Webster, in the chair.

The regular program follows:

1. The Diagnosis of Cardiospasm, with Report of Two Cases, by J. D. Osmond.

2. Notes on Military Surgery, by G. W. Crile.

The formation of the Western Reserve unit for service in France had its inauguration following the request of the American Ambulance to a number of universities of America to furnish detachments of surgeons and nurses to man hospitals concerned in the treatment of soldiers wounded in the present war. The Western Reserve unit was recruited entirely from Lakeside hospital, and in addition to the speaker and his associate, W. E. Lower, consisted of Drs. Ledbetter, Kieger, Sherr, Hoffman, and Stone.

At the outbreak of the present war the American colony in Paris started a hospital of 450 beds at Neuilly, a suburb of Paris. A new building recently erected for high school purposes was pressed into service. The institution was found to be well organized, with excellent nursing. The service of the Western Reserve unit embraced 150 beds. These were kept filled continually. The intake of new patients per day varied from ten to thirty, the maximum being thirty-nine.

The principle advances in military surgery, as noted in the data furnished by the present war, are the absence of typhoid and tetanus among the soldiers, due to the routine practice of administering antisera. No cases of tetanus were seen by the party. However, when the warm weather comes, tetanus may be found to begin its onslaughts, due to the breaking of the ground in which the tetanus bacilli are known to abound. If the disease still remains in abeyance at that time, the credit must be given to the tetanic antiserum.

The chief problems of military surgery are, perhaps, shock and infection. All of the wounds seen by the party were infected. Asepsis and antisepsis have broken down and failed in their strenuous trial in the present war. Iodin, bichloride, phenol, and the remainder of the long list of approved antiseptics have been found to be of negative value.

The soil of France and Belgium has been under cultivation for centuries and has been treated with enormous quantities of fertilizer. The result is that the ground is laden with germs. In the trenches the troops become covered with dirt and germs on their bodies and clothes. Shrapnel shot and shell carry the dirty cloth into the wounds, so that there is a constant source of infection.

Gas gangrene, due to infection with the gas bacillus is especially common and great numbers of cases were seen. The infection starts and progresses with astonishing rapidity, there is enormous swelling, moist gangrene sets in, and the patient usually dies in from one day to a week. The odor from such infections is terrible. Deviti-

lized tissue is especially liable to infection by the gas bacillus. The treatment has been to clean out the foreign bodies in the wound and then to cut away the necrotic tissue.

The progress made in military surgery relative to the treatment of infections, since the time of the Franco-Prussian war is practically nil. Present authorities have come to the conclusion that the use of antiseptics in infections, at the front, is of no value. If an efficient antiseptic were available it would be of inestimable value. For the purpose of discovering such an antiseptic, if possible, Alexis Carrel has recently abandoned active service in the field and is devoting his time to research.

The inefficiency of the dry dressing has also been demonstrated in the present war. It acts merely as a pus poultice. It has been found that wounds do best either with a moist dressing, or when the part is immersed en masse in Wright's solution. The wounds also heal extremely well in sunlight or electric light. An interesting experiment was carried on in the hospital to prove, if possible, the relative efficacy of dry and moist dressing as compared with the open treatment of wounds where no dressings were used. Half of the patients had their wounds treated with moist or dry dressings, while the other half had no dressings at all applied to their wounds. It was found that the wounds treated in the latter way healed much more readily than those where moist or dry dressings were applied.

Wounds of the head abounded among the patients treated. This fact is the expected sequel of trench warfare. Treatment of such cases was found to be extremely unsatisfactory on account of the accompanying infection. The infected brain has small power of recovery, or if recovery does occur, the patient subsequently suffers from epilepsy or other complication.

Wounds of the jaws and mouth also abounded, and for the same reason as wounds of the head. Practically all of these cases were turned over to the dentists of the hospital for treatment and the results obtained were extremely satisfactory. Similar procedure might be adopted more extensively in civil practice with advantage.

Penetrating wounds of the chest, in which the bullet went entirely through both sides, did well, healing in from a week to ten days. However, these cases often developed pleurisy with effusion. There was no suppuration, however. Brewers tubes were used in these cases and worked very well.

Results in abdominal surgery were not so encouraging. All of the penetrating wounds of the abdomen did badly, most of the patients dying. These cases did better, however, when instead of being operated, they were treated as cases of peritonitis from the start, large doses of morphine being given.



In the case of wounds of the genito urinary organs it was found that wounds of the ureters and bladder did poorly. Most of the patient arrived after great swelling and extravasation had taken place.

Wounds of the arms and legs, in many of which the bones were badly shattered, did poorly. The patients, with shattered bones of the upper thigh could not be moved decently and in many cases received no treatment for days. Most of them in the early days of the war died. The practice now is, however, to amputate such cases at the first base hospital. In civil practice, in dealing with cases of this nature, one can decide upon the method of choice in treatment and has every facility for carrying it out. In military surgery, however, it is different, so that these cases present many perplexing problems.

Wounds of the shoulder joint assumed importance because of the frequent concomitant injury to the brachial plexus. In a number of cases the nerve trunks were merely grazed by the balls. This produced, however, an effective though temporary paralysis and it is interesting to note that the same principal was made use of in shooting wild horses in the West, to capture them, in the early days of this country. It is of extreme importance that injuries to nerves be looked for and found in suspicious cases.

Bone planting was not done for the reasons that facilities for carrying out this measure in an ideal way were not at hand, and also because in a number of the cases the bones were found to be too badly shattered. However, it was found that in the case of compound infected fractures non-union very rarely occurs. The same is known to be true in civil practice.

Many false aneurisms of traumatic origin were encountered. More than thirty main trunks were ligated for aneurism and only rarely did gangrene follow. True aneurism will probably occur later. It will take about a year for these to develop.

In the operations on nerves, it was found advantageous, after the ends had been reunited, to place about the line of junction a fat-fascia flap, the fat being next to the nerve itself. Fat is a non-conductor and the good results obtained by this method may be due to this fact.

Secondary hemorrhage was observed in a number of cases. Transfusion is extensively practiced in the French army.

No work was done on transplantation of limbs, because it was impossible to maintain sufficient asepsis for carrying out this work.

Shock and exhaustion really represent the great injuries of the war. These effect alike the soldier in the field and his friends and relatives at home. Many of the soldiers became insane at the first impact of struggle. The greatest strain came at that time with the result that the susceptible succumbed.

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 \* NEWS OF CINCINNATI \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by W. R. Abbott, M. D., Correspondent)

The Cincinnati Academy of Medicine held its monthly case report night on April 26. Dr. Gilbert Mombach reported two cases—one of ectopic gestation, with leucocytosis as a confusing symptom, and the other, ovarian cyst, with torsion of pedicle. As the laboratory report on the first case had not yet been received a further report is promised.

Dr. Sidney Lange reported a case of successful treatment of carcinoma of the lip with the X-ray.

Dr. E. O. Smith gave a preliminary report on polyuria in prostatic obstruction.

Dr. W. D. Haines gave a promised final report on his previously reported case of hydatid mole and reported a case of wry-neck.

The following were elected to membership: Dr. R. C. Heflebower, 22 West Seventh Street; Dr. Walter H. Mytinger, Thirteenth and Race; Dr. H. F. Tangeman, 20 West Ninth Street; Dr. H. C. Wendel, 18 East McMillan Street.

**Meeting of May 10.**—Dr. Mombach reported the microscopical findings in the case of ruptured extra-uterine pregnancy with leucocytosis as a confusing symptom, presented at the last meeting. The sac did not originate from the ovary, but was part of the Fallopian tube. Three sections were taken for examination: One from the sac wall itself, the second from the clotted contents of the sac, and the third from that part of the Fallopian tube which was not involved by the sac. The section removed from the sac wall showed the presence of well-formed chorionic villi. The specimen removed from the contents showed blood clot and chorionic villi. The section from the tube itself showed there was a chronic thickening of the walls of the tube, but no pus in the lumen. The presence of chorionic villi in the section is positive proof that it is case of extra-uterine pregnancy.

The president of the Academy has appointed for the ensuing year the local committee on Red Cross Medical Work of the American Medical Association. The members of this committee are: Dr. Robert Carothers, Dr. John Batte, Dr. C. E. Shinkle, Dr. J. W. Murphy and Dr. W. R. Abbott.

A case of acute obstruction of the bowels automatically produced by distention was presented by Dr. J. H. Wilms. The patient, a baby of three months, was apparently dying when first seen. There was a double inguinal hernia, which was reducible, abdomen greatly distended and three inches of rectum protruding. While preparing to open the abdomen, respiration ceased, and a post-mortem incision was made. After emptying the

stomach of gas and contents, a faint movement of the cardia was detected through the diaphragm. Immediately resuscitation was begun and respiration gradually returned. The cause of the obstruction, a suspension band of peritoneum in the angle of the splenic flexure, was removed and the incision closed. The baby is still living and taking nourishment.

Dr. Ralph Reed presented an unusually able and interesting paper on "A Clinical Study of Stammering." This condition, so long neglected as a medical problem, has in the past few years begun to seriously interest physicians, chiefly because they have become convinced that it constitutes a form of psycho-neuroses and should be treated as such. Operations on the tongue and mouth prove futile, for there is no structural malformation in the true stammerer. Incorrect respiration as a reason for the defect has been disproved. Heredity does not explain it, nor does aphasia, though the voice of the stammerer does lack the facile modulation characteristic of normal speech. The remedy of singing, also that of speaking to a rhythm, is based on this observation, all of which eventually leads to more harm than good, producing the unfortunate result of concentrating the patient's mind on his affliction, the very thing which should be avoided.

Stammering is essentially an inhibition against speaking, coming in conflict with a wish to speak; a wish to speak and a wish not to speak meeting at the same moment, the result being a cramp and an inco-ordination of the organs of speech. Any relief is purely symptomatic and can be of benefit only indirectly in that the physical perturbations of the stammerer perhaps do tend to intensify the difficulty.

The fear of stammering, which all stammerers have, is quite out of proportion to the real seriousness of the defect, proving the stammering symptom to be only the most prominent and disabling of a general anxiety neuroses, this anxiety finding its place in consciousness. Dr. Reed gave in detail a psycho-analysis of the case of a stammerer.

Dr. Paul Woolley's paper on "Intestinal Stasis and Autointoxication" was a report on experiments conducted at the Cincinnati General Hospital. Many symptoms were mentioned which have been considered the result of intestinal stasis, but his conclusions were that these conditions were the causes rather than the result. The amount of toxins absorbed from a healthy bowel is not sufficient to cause focal infection. In an unhealthy bowel, the absorption of bacteria and toxins may produce serious symptoms. A lively discussion followed, in which some of the disputants contended that the conclusions reached by the essayist were not borne out by clinical facts.

**Meeting of May 17.**—Dr. J. L. Tuechter brought before the Academy a child of ten years, with a congenital abscess of the pectoralis major and

minor muscles on the left side. The asymmetry at first led to a suspicion of tuberculosis of the lungs. Motion of the arm was practically normal. This condition is of interest, in that it shows how much movement can be expected, after the removal of these muscles in amputations of the breasts for carcinoma. Dr. J. A. Johnston called attention to the fact that in such operations the only after effect is a slightly forward position of the arm. Dr. Frieberg said that several cases of bilateral congenital absence of these muscles have been reported.

X-ray plates were presented by Dr. Goosmann, which showed a marked ptosis in a man of twenty-four. The transverse colon was in the pelvis, the stomach resting upon it; the lower border of the stomach apparently on the brim of the pelvis. Dr. Goosmann considers these the best pictures he has seen of this condition, and presented them as having a bearing on the paper by Dr. Bettmann.

Dr. J. H. Caldwell presented a specimen of a cyst removed from the vagina. The cyst was lobulated and occupied the whole of the anterior wall, being removed to prevent its interference with parturition.

Dr. W. E. Savage reported a case, similar to one presented last January, of tubercular peritonitis and meningitis, in which there was a cure following the administration of ether. His object in presenting the case was to make clear his contention regarding the probable value of ether anesthesia in the treatment of tuberculosis, particularly in incipient pulmonary conditions. His theory is also based on the recovery of patients with tubercular peritonitis, who have been operated upon for other pathological conditions. In the case reported, the ether was given by the closed-cone method for a period of thirty minutes.

The question as to the efficiency of intravenous ether in tuberculosis was brought up by Dr. Ed. Pirrung. In discussion, Dr. Souther said he believed that the benefit derived from anesthesia was due to the cutting off of oxygen in the closed-cone method. Dr. Griess suggested the possibility of the use of other anesthetics besides ether.

"Intestinal Prolapse" was the subject of the paper read by Dr. Henry N. Bettman. The essayist divided our knowledge of prolapse into two periods. In the period, antedating 1900, the knowledge of this subject was such as could be learned by internists only. In the second period, various influences have tended to modify the Henry W. Bettmann. The essayist divided our knowledge of prolapse theory of the colon stasis, and alimentary toxemia, orthopedic considerations and surgery. Although the X-ray has been of value in determining the position and mobility of the colon and surgery has experimented with mechanical measures, we stand in the same relation as to its treatment as we did fifteen years ago.

In discussing adhesions, Dr. Bettmann called at-



tention to the indiscriminate use of terms. Constipation, or even chronic constipation, does not mean stasis unless there are symptoms of absorption of poisonous materials. When adhesions give rise to obstruction we should refer to their condition as intestinal obstruction and not colon stasis. Even more erroneous is the use of the terms, colon stasis and coloptosis. Colon stasis can exist without coloptosis, and vice versa. An increasingly large number of symptoms formerly attributed to ptosis are now found to be due to pathological intestinal adhesions, which cause obstruction. When obstruction exists, measures which increase peristalsis increase the symptoms, those which decrease lessen the symptoms.

When purgatives uniformly cause increase of suffering, especially distention and irregular pain, the suspicion of adhesion is justified. Pains due to adhesion are apt to be repeated at certain intervals, or when certain portions of bowels are reached.

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\* NEWS OF THE COLUMBUS \*  
\* ACADEMY OF MEDICINE \*  
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(Report by L. L. Bigelow, M. D., Correspondent)

The following programs were presented during May by the Columbus Academy of Medicine:

May 10.—Basis, technique and practical application of renal function tests—H. B. Blakey. Discussion—H. O. Bratton and J. W. Sheetz.

Treatment of Simple Proctitis, Sigmoiditis and Colitis—Wells Teachnor. Discussion—S. B. Taylor and L. M. Lisle.

May 17.—Chronic Nephritis—G. M. Waters. Discussion—E. J. Wilson.

Fifteen years' experience with foreign bodies—C. F. Bowen. Discussion—Fred Fletcher, J. F. Baldwin.

For active membership—P. M. Holmes. Voting on proposed amendment:

"It shall be the duty of the Council to take cognizance of any contravention of the ethics of the profession as defined under advertising in the By-Laws of the American Medical Association that may come or be brought to its attention; and to initiate an investigation in accordance with the provision of Article 6, Section 3, as when charges are preferred by an individual."

On May 24, Dr. Charles F. Hoover, of Cleveland, presented a splendid paper on "Visceral Syphilis."

#### NORTHERN TRI-STATE.

The Northern Tri-State Medical Association, of which Dr. James A. Duncan, of Toledo, is president, will meet July 13 at Ann Arbor, Mich. As this is the home of the University of Michigan, many alumni will make the meeting an occasion for getting together.

## COUNTY SOCIETIES

### FIRST DISTRICT.

**Butler County.**—At the meeting of the Butler County Medical Society, May 12, Dr. Frank Winders, of Columbus, was present and spoke upon the subject, "General Observations on Diseases of the Cardio-Vascular System." This was a very able paper and was discussed by several local men and also by Dr. W. D. Haines, of Cincinnati, who was a visitor at the meeting.

Mr. Mark Millikin presented a case for diagnosis from the Richard Cabot charts which was debated by several physicians. This feature of the society work is proving very interesting and instructive. The case records and personal history are presented by a certain physician and a probable diagnosis arrived at. Other members then give their reasons for a different diagnosis, perhaps, when the post mortem findings are given, which decides who was nearest correct.

Dr. L. H. Frechtling, who was the delegate to the state meeting held in Cincinnati, was present and made his report.

W. E. Griffith, Correspondent.

**Adams County.**—The Adams County Medical Society held its regular meeting in West Union, May 12. Dr. J. W. Irwin, the president, was not present, and Dr. J. G. Wittenmyer, of Peebles, occupied the chair. The druggists and dentists of the county were invited and many of them were present. Dr. Joseph Hall of Cincinnati was present and read the chief paper. The Harrison narcotic law was fully discussed. The practicing physicians present were: J. G. Wittenmyer, J. M. Wittenmyer and E. J. Kennedy, of Peebles; O. B. Kirkpatrick, of Cherry Fork, A. K. Kirkpatrick and J. M. Lockhart, of Eckmansville; F. C. Leeds, T. Stevenson and R. P. Albaugh, of Winchester; R. Y. Littleton, of Rome; O. T. Sproull, W. V. Loney, S. J. Ellison and T. C. Crawford, of West Union.

Resolutions in memory of Dr. G. D. McCormick were passed. The physicians present were pleased with the attendance, as fourteen out of twenty-one physicians of the county were present to participate in the program.

**Clermont County.**—The Clermont County Medical Association was called to meet May 26th. The day was stormy and the Association failed to have a quorum. T. A. Mitchell, Correspondent.

**Warren County.**—The Warren County Medical Society did not meet in May owing to the fact that the State Society met in Cincinnati in that month and many of the members were in attendance from one to three days.

A meeting was held in Lebanon on June 1 at which Drs. Mark Brown and R. W. Staley, of Cincinnati, read papers. Drs. Dudley W. Palmer and Wm. M. Doughty illustrated Brown's paper on "Duodenal Ulcer," the former with a series of case reports showing his methods of aiming at a diagnosis in each and the latter with a number of radiographs of cases seen in the Cincinnati General Hospital by Drs. Brown and Palmer.

Herschel Fisher, Correspondent.

## SECOND DISTRICT.

**Montgomery County.**—The regular meeting of the Montgomery County Medical Society was held at the Welfare Rooms, May 7, 1915, President C. C. McLean in the chair. The evening was spent in the report of the transactions of the State Society by Dr. E. M. Huston, one of our state delegates. Quite a number of the members were disappointed to learn that the Ohio State insurance plan was not adopted at this meeting.

A committee composed of Drs. Elenora Everhard, Lynn Jones and B. W. Beatty were appointed to formulate plans for a department of medical research. The duties of this department are to secure the co-operation of the members of the county society in the study of certain subjects that may present themselves, such as epidemics, feeding and care of children during summer months, etc.

The Montgomery County Medical Society meet at the G. D. A. Rooms, May 21, 1915. The program for the evening was given by Dr. Lynn Jones, who read a paper entitled, "The Indications and Contraindications of Electro-Therapeutics." He was quite enthusiastic about its use in certain selected cases and feels that it will be used more often in the future than it has in the past. He advocated the use of the Rontgen rays as an aid to diagnosis in a great many conditions besides bone lesions. The paper was discussed by Drs. R. A. Bunn and Elenora Everhard.

The Dayton Academy of Medicine met at its rooms, May 28, 1915, President Dr. P. W. Tappan in the chair. Team No. 1 invited Dr. M. S. Heidingsfeld of Cincinnati, O., to give us a paper. He took for his subject, "The Clinical Diagnosis and Salvarsan Treatment of Syphilis." He showed a number of lantern slides demonstrating the various stages of syphilis and the different forms these stages might present in different patients. He is rather a strong advocate of salvarsan and neo-salvarsan in the majority of syphilitic patients; he uses more of the former drug than of the latter; he makes frequent serological tests of his cases and if they respond promptly and progress constantly for the better no mercury is used in conjunction with the salvarsan.

The subject was freely discussed by the members of the Academy. A rising vote of thanks was extended to Dr. Heidingsfeld for his very valuable and interesting paper.

B. W. Beatty, M. D., Correspondent.

**Preble County.**—Dr. J. E. Hunter, councilor of the Second District, called the Preble county medical profession together on the night of May 27, at Eaton, and the old Preble County Medical Society was reorganized with the following officers and members: President, W. G. Brown, Lewisburg; vice president and reporter, J. C. Ryder, Eaton; secretary and treasurer, A. C. Hunter, West Alexandria. The following members were present: Drs. J. C. Ryder, H. Z. Silvers, W. I. Christian, G. W. Flory, E. E. Welsh, J. B. Lucas, P. H. O'Hare, W. B. Brown, C. A. Hawley, D. W. McQueen, A. H. Gilmore, A. C. Hunter. This membership will be increased at the next meeting, which will be held at Eaton on the third Thursday in June at 1:30 p. m., in the Commercial Club rooms.

The dues are \$5.00 per annum for county and state.

Dr. J. E. Hunter had with him Drs. B. F. Metcalf, Will Matchett and H. A. Snorf, of Greenville, all of whom addressed the meeting.

A. C. Hunter, Correspondent.

**Greene County.**—The May meeting was omitted, as 13 of our members attended the state meeting at Cincinnati. D. E. Spahr, Correspondent.

**Clarke County.**—The regular meeting of the Clark County Medical Society was held on Monday evening, April 13. The following program was presented:

Symposium on the Tonsil—Differential Diagnosis, E. B. Starr; discussion opened by C. W. Evans. The Tonsil as an Avenue of Infection for Systemic Diseases, F. P. Anzinger; discussion opened by H. B. Martin. Surgery of the Tonsil, D. W. Hogue; discussion opened by J. C. Easton.

At the regular meeting on April 26 the following papers were presented:

"Differential Diagnosis Between Gastric Ulcer, Gall Stones and Appendicitis," W. A. Ort; "Radiography of the Abdomen," W. P. Ultes.

On May 10th the Clark County Medical Society spent the evening listening to reports from the annual meeting of the State Society at Cincinnati. The report of the delegate covered the sessions of the House of Delegates. C. L. Minor reported the Eye, Ear, Nose and Throat Section; J. A. Link, the Surgical Section; F. P. Anzinger, the Medical Section, and W. C. Taylor the Section on Obstetrics.

J. R. McDowell, Correspondent.

**Darke County.**—At regular meeting of Darke County Medical Society, May 13th, held at the St. Clair Memorial Hall, the following papers were presented:

"Twilight Sleep," by H. H. Hatcher, M. D., Dayton, Ohio. The paper was of great interest and subject well handled. Dr. Hatcher has used the "Twilight Sleep" technic in several hundred cases and reports that he never, as yet, has had any "blue babies." His advice is to use smaller



amounts as it relieves patient of pain, controls labor and aids in getting complete dilatation. The subject was discussed by Drs. Hecker, Hartzell and Matchett.

Dr. Joseph A. Hall, of Cincinnati, presented the following paper: "Displacements of the Uterus and Corrections Thereof." This paper was a splendid review of the uterine displacements. Advocates the use of the pessaries in greater portions of these mal positions and emphasizes the fact that they must be conformed to meet the particular mal-position before any desirable results can be hoped for. Another percentage of mal-position associated with cystoceles should be corrected by the Watson operation.

The subject of "X-Ray Treatment of Epithelioma," as presented by Dr. O. P. Wolverton, of Greenville, was exceedingly interesting. After a liberal discussion of the various types of epitheliomas and their dangers, he recommends that the earlier stages belong to the roentgenologist and the advanced or moderately advanced belong to both the roentgenologist and surgeon. He reports cases cured who received treatment a few years ago. Discussion by Dr. Husted and Dr. Joseph Hall.

Dr. J. E. Hunter tendered his resignation as secretary of the society owing to the fact that the councilor work in the Second District would keep him busy. A. F. Sarver was elected secretary for the unexpired term.

A. F. Sarver, Correspondent.

Dr. J. E. Monger, Greenville, has been confined to his bed for the past two weeks with "Forditis" or luxation of the sacro-iliac as a result of "cranking" his Ford. Dr. Robert Carothers, of Cincinnati, reduced the luxation.

Dr. Horace Bonner, of Dayton, was a guest of the Darke County Medical Society on May 13.

A. F. Sarver, Correspondent.

### THIRD DISTRICT.

**Auglaize County.**—The Auglaize County Medical Society met in regular session on May 20th in Wapakoneta, with R. A. Rulmann of Minster in the chair. H. S. Noble of St. Marys and G. A. Haveman of New Bremen were the essayists of the evening.

Noble related a case where the symptoms had indicated a stone in the bladder, but where the stone searcher had not revealed its presence. The cystoscopic examination had disclosed a stone imbedded near the urethra, ostensibly very small. The operation produced a stone the size of a walnut which was entirely imbedded near and partly in the urether.

Haveman read on "Nitrous Oxide-Ether Anesthesia" and emphasized that by the aid of this gas, which could easily be administered at the home of the patient, a deep narcosis may be quickly obtained without any stage of excitement, and that even in long out drawn narcoses a minimum of

ether only is required, thereby relieving the patient of the evil after-effects of an extended ether anesthesia.

Both papers were well received and ably discussed. The names of W. S. Stuckey and C. P. McKee were announced by the secretary as essayists for the next meeting which will be held in Minster on June 17th. Dr. W. Bloyer, who has recently removed to Buckland in Auglaize County from Cincinnati, Ohio, joined the society as a member, which makes the number of paid-up members 23.

After the meeting, which was held in the City Hall, the members went in corpore to Hotel Steinberg, where a lunch was served, and where several pleasant hours were spent in social intercourse. Eighteen physicians attended the meeting and a healthy and growing interest is plainly evident.

C. L. Mueller, Correspondent.

**Marion County.**—In February the April meeting was set aside for the consideration of a fee bill and a committee appointed to draft a comprehensive bill, one not to increase fees but to be complete. The chairman of the fee bill committee was not able to be present at the April meeting, but the other members attempted to submit their report for adoption. There was some objection raised, and to insure a better understanding of the committee's ideas, as shown by their report, authority was voted the committee to have type-written or printed copies made and mailed to each member of the society within the month, and the June meeting was set aside for a fee bill hearing.

There will be no May meeting because of the state meeting.

Dr. F. Young has moved into his new offices in the Memorial Block. He has a splendidly appointed suite.

James W. McMurray, Correspondent.

**Wyandot County.**—The Wyandot County Medical Society held a meeting at the Carnegie Library Friday evening, May 14, 1915. An interesting talk on a subject of interest to medical men was given by Dr. C. D. Selby of Toledo, secretary and treasurer of the State Medical Society. A lecture on "Acute Otitis Media" was given by Dr. W. K. Rogers of Columbus. Upon motion, a committee was appointed to be known as the Vigilance Committee, whose duty it shall be to investigate any cases of illegal practice or unlawful advertising occurring in the county.

Those present were Drs. G. W. Sampson, G. O. Maskey, I. N. Bowman, J. Craig Bowman, Frederick Kenan, B. A. Moloney, A. N. Smith of Upper Sandusky, Drs. I. N. Zeis, R. C. Van Buren of Carey, Dr. A. L. Walton of Sycamore, Dr. A. A. MackIntosh of Marseilles, Dr. Jolly of Morral, and Dr. V. K. Knapp of Nevada.

The next meeting will be held June 17 at the same place. Frederick Kenan, Correspondent

**Seneca County.**—The county society held a banquet in the ordinary at the Hotel Shawan, in May, in honor of Dr. Harmon B. Gibbon, the president-elect of the State Society.

B. R. Miller, Correspondent.

**Mercer County.**—The Mercer County Medical Society held their regular monthly meeting at the mayor's office in Celina on May 25, with a large attendance and a good program. Dr. W. R. Taylor, of Fort Recovery, gave a detailed history of 21 cases of pneumonia with treatment. The doctor was congratulated for his high per cent of successful terminations.

Dr. H. A. Duemling, chief surgeon of Lutheran Hospital of Fort Wayne, Ind., read a very interesting paper on "Abdominal Tragedies," illustrated by an elaborate report of clinical cases, with the differential diagnosis and treatment. Errors in diagnosis were non-concealed in a few cases, for which the doctor is to be complimented. The paper was exceedingly interesting and instructive, and the author was tendered a vote of thanks by the society.

The next meeting will be held at the same place on June 22. The society agreed to hold a basket picnic for the doctors and their families at Mercelina Park, Celina, on July 27 next. The program has not yet been arranged, but a gala time is assured. D. H. Richardson, Correspondent.

**Marion County.**—There was no meeting of the Marion County Medical Society for June because of the lack of a quorum.

James W. McMurray, Correspondent.

#### FOURTH DISTRICT.

**Putnam County.**—The meeting of the Putnam County Medical Society, on account of the State Society meeting, was postponed one week and met May 13 at Ottawa in the assembly room of the court house. Following the opening of the meeting, the secretary, Dr. Douglas, reported the communication from the Red Cross Society, after which the appointment of the following Red Cross committees were made according to the communication: National committeemen, Drs. C. E. Beardsley, Douglas, Bixel, Wilcox and Lemly; local committeemen, Drs. C. O. Beardsley, Heffner, Hickey, Watterson and Ray.

Dr. Wilcox of Columbus Grove reported Dr. Begg as convalescing very favorably from a severe attack of pneumonia, which he contracted on his return from Florida.

Dr. Wilcox also reported a very interesting case of hysteria, which caused considerable discussion and comment.

Dr. Frank Light of Ottawa gave an excellent discussion on blood pressure, holding that blood pressure is influenced by the secretion of suprarenal glands. When the secretion becomes scant, circulation becomes rapid and the pressure high.

Systolic pressure is the maximum pressure of the heart. The diastolic pressure is that which is sustained in the arterial system in the interim. The effective work of the heart is the difference between the systolic and diastolic pressures. High blood pressure may be brought about primarily by intoxication, due to over-eating or drinking, with a lack of physical exercise. Nephritis, arteriosclerosis, hypertrophy of heart from overwork, Basedow's disease, etc. Low blood pressure is a result of anemic weakening diseases, as acute infections and chronic wasting diseases, pulmonary tuberculosis being a good example of latter. Hemorrhage and shock are also causes of low blood pressure. This paper was freely and ably discussed.

Dr. C. O. Beardsley next presented a paper on the physicians' index, in which he rated the physician largely according to the school in which he received his training. This aroused a lively discussion. Dr. B. E. Watterson was scheduled for a report of the State meeting, but was not present. Dr. C. O. Beardsley then presented the following resolutions:

"Whereas, The State of Ohio has seen fit to enact into law, practice acts which are in strict accord with the code of ethics of physicians to each other and their profession at large, also the duties of the profession to the public, as in H. B. 142 by Dr. Hoy, the Platt-Ellis Substitute Cult Bill 220 and the Harrison Narcotic Bill, all of which have a legal status given to it by the laymen to further their interests and aided by the profession to elevate the professional standing of its integral elements of our grand society,

"Therefore, let it be known that this, the Putnam County Medical Society, legally organized by the Ohio Medical Society, an auxiliary of the American Medical Association, in regular session do recommend the revision of its constitution and by-laws to include the legal enactments of the Ohio Legislature to date and their strict enforcement or suffer the penalties which are, first, expulsion which eliminates all reciprocity rights and auxiliary association privileges; second, for the more serious proven charges, the revoking of state licenses to practice medicine in the State of Ohio. Our unanimous support is offered to the State Board of Medical Examination.

"That we further recommend the revising of Putnam County Medical fee bill to commensurate with good service and on an equality with our neighboring county associations.

"That we further recommend the increasing of dues to the Putnam County Medical Society, payable semi-annually, first, to pay the per capita tax of the State Association, including a free subscription to its Journal, and a membership in its proposed defense association; second, to defray the expense of our local society.

"That we further agree to have the names of our members published in all newspapers of the county twice a year under the heading: Here are the names of the physicians and surgeons of Putnam county that are recognized as such by the Ohio State and American Medical Associations."

The first three resolutions were then taken up separately. The first resolution was placed in the hands of a committee to be reported at next meeting. In considering the second resolution, (Putnam county having no medical fee bill) a mo-



tion was enacted that a bill be adopted in accordance with the resolution presented and a committee was accordingly appointed to construct same. The third resolution was also accepted and placed in the hands of a committee to be reported at the next meeting. The fourth resolution was held over until the next meeting.

The society then adjourned to meet Thursday, June 3.  
H. A. Neiswander, Correspondent.

**Paulding County.**—The Paulding Academy of Medicine met in the Commercial Club rooms at 1 o'clock, Wednesday, April 21, with fourteen members and one visitor present. Legislative matters which had passed and those then pending were discussed, and resolutions passed commending our representative and senator for the assistance they had rendered in securing legislation of so much interest to the profession.

At the request of several out of town members of the Academy it was decided to hold our meetings in the evening from May until September.

Dr. B. Van Swearingen, of Ft. Wayne, Ind., then gave us a very interesting and instructive paper on hematuria, the discussion of which was opened by Dr. C. G. Church, of Van Wert, followed by general discussion. Dr. A. E. Bulson, of Ft. Wayne, read a paper on the more common eye affections of interest to the general practitioner. Discussion of this paper was opened by Dr. A. C. Bartholomew, of Van Wert.

These papers were so thoroughly good and practical that it would be impossible to do them justice to attempt to make an abstract of them here. One point in particular in Dr. Bulson's paper should be noted, however. "A child with a squint, no matter how young, should have the defect corrected by glasses. Whether a child is two years old or eight makes no difference."

A vote of thanks was tendered these gentlemen for their excellent papers, after which the members of the Academy and their guests went to Hotel Barnes, where an excellent four-course dinner was served.

The next meeting, to be held Wednesday evening, May 19, will be devoted to genito-urinary work, with Dr. C. E. Barnett, of Ft. Wayne, as our guest.  
C. E. Huston, Correspondent.

**Ottawa County.**—The Ottawa County Medical Society convened in regular monthly meeting in the mayor's office, Oak Harbor, Thursday, May 13, 1915. There was a good attendance, and a very interesting meeting. Dr. Carlton Cully Starkes of the Pool hospital, Port Clinton, was elected to membership.

Services in memoriam of Dr. Roscoe M. Huffman of the Pool hospital staff, Port Clinton (who was killed December 20, 1914), was held in Port Clinton, Sunday, May 2, 1915 at 2:30 p. m., under the auspices of the Port Clinton Business Men's Association and the Ottawa County Medical Society.

Program: Music; invocation, Rev. Fellers;

opening address, P. K. Tadsen; music; address, "His Youth," G. D. Whisler, Cleveland, Ohio; music; address, "His Profession," S. T. Dromgold, M. D., Elmore; music; address, "His Friendship," Rev. Kinnane; music; benediction, Rev. Strauss.

A bronze tablet has been placed in the Pool hospital at Port Clinton by Dr. Henry Pool as a permanent memorial of Dr. Huffman's career.

S. T. Dromgold, Correspondent.

**Wood County.**—We are very glad to report that the Wood County Medical Society has taken a new lease on life and has reorganized with the election of the following officers: President, F. D. Halleck, Bowling Green; vice president, E. B. Spitler, Hoytville; second vice president, M. H. Bowers, Perrysburg; secretary, A. A. Babione, Luckey; treasurer, C. S. St. John, Bowling Green; delegate, H. R. Roether, Perrysburg. Board of Censors: H. J. Powell, three-year term; J. M. Smith, two-year term; W. S. Trichler, one-year term.

The Wood county organization has been dormant for some time. This renewed spirit is, therefore, exceedingly pleasing.

**Fulton County.**—The Fulton County Medical Society met at Metamora, O., Wednesday, April 21, 1915. The following interesting program was presented: Appendicitis—Borderline Cases—When to operate and when not to operate, H. E. Brailey; discussion by E. A. Murbach. The Use and Choice of Anesthetics in Obstetrical Work, W. L. Lathrop; discussion by P. S. Bishop. Some Problems in the Medical Treatment of Gastric Ulcer, D. E. Patterson; discussion by G. Saulsberry. The Federal Narcotic Law. General discussion opened by A. A. Brindley. There were 16 members present.

A. A. Brindley, Correspondent.

#### FIFTH DISTRICT.

**Ashtabula County.**—The second annual banquet of the Ashtabula County Medical Society was held at Warren Hotel, Wednesday evening, May 19. The members were accompanied by their wives and there was a splendid attendance from all parts of the county. Dr. George W. Crile, of Cleveland, accompanied by Mrs. Crile, was the guest of the society. After the banquet Dr. Crile was introduced by W. S. Weiss, of Rock Creek. Dr. Crile's talk on the European war from a surgical aspect was interesting. W. S. Weiss, as toastmaster, was entertaining. Vocal solo rendered by Mr. Francis McGrath, and popular airs in which all joined in chorus, helped to enliven the spirit of the occasion. A vote of thanks was extended Dr. Crile. Those present spoke of the success of the banquet and hoped that it would continue to be an annual.

J. J. Hogan, Correspondent.

**Lorain County.**—The Lorain County Medical Society held its regular monthly meeting in Elyria on April 16. A lecture was given by Dr. F. C. Larimer, Mt. Vernon, Ohio, on the "Rise, Progress and

Development of Surgery." The lecture was illustrated by one hundred stereopticon slides showing matters of interest to both the doctors and the public. Music was furnished by a double quartet. The meeting was open to the public, and was held in connection with the opening of the Gates Memorial Hospital, Elyria.

C. R. Meek, Correspondent.

**Trumbull County.**—A meeting of the society was held on Thursday evening, May 20, 1915, at 8 o'clock, at the office of Drs. Smith and Marshall, Stone building, at Warren. Very interesting papers were read by Dr. Henry L. Sanford, Cleveland: "Recent Advances in G. U. Surgery," illustrated by lantern views, and by Dr. John MacLachan, Cleveland: "Feeding Babies in Health and Disease."

J. P. Marshall, Correspondent.

#### SIXTH DISTRICT.

**Summit County.**—Fifty-seven members from Akron, Copley, Peninsula and Wadsworth attended the meeting of the Summit County Medical Society May 11. C. F. Wharton, M. D., Akron; M. M. Bauer, B. S., M. D., Uniontown, and S. K. Crawford, M. D., Lakewood, were elected to membership and one application was presented. The membership is now 163, and fifth largest in the state.

The oldest physician in Summit county, E. K. Nash, celebrated his 87th birthday in April. He is well physically and bright mentally and a regular attendant at meetings. C. A. Bolich, surgeon captain of the Eighth Regiment, and H. R. Heckert, formerly a member of the First Field Hospital, were appointed to represent the society in the American Red Cross, with C. E. Townsend, formerly of the Seventh Regiment.

The program:

1. "Osteomyelitis," case presented by B. E. Miller. This is a chronic condition resulting from a tarantula bite in infancy. The bite of the insect is almost invariably fatal, but in some manner the patient survived. To examine the case, C. A. Bolich and J. S. Millard were appointed.

2. "Splenomyelogenous Leukemia," also exhibited by B. E. Miller. This is a disease of the blood with pathological changes, chiefly in the spleen, bone-marrow, lymphatic glands. E. L. Alspach and C. E. Norris examined the case for confirmation of diagnosis.

3. "Horseshoe Kidney," pathological specimen, exhibited by R. H. McKay. This is a rare condition and consists of a union of the ends of two kidneys to form one horse-shoe shaped body. This specimen is most rare, however, as there are three kidneys united instead of the normal two. It is not strictly "pathological," being really a case of malformation.

4. "Potts' Fracture," lecture by J. G. Blower. Percival Potts, a British surgeon (1713-88), first described this type of fracture, which involves the lower end of the fibula or small bone of the leg with displacement outward. It must be distin-

guished from Dupuytren's fracture which causes in addition laceration of the ligaments of the foot. It is named after Guillaume Dupuytren (France, 1778-1835). Dr. Blower used a skeleton leg to illustrate.

5. "About Wearing Glasses," paper by E. M. Wevear. The causes that bring about the need for glasses were described. The chief cause is eye strain about which people are usually careless. General health affects eyes for good or bad, as well as purely local causes. Lenses should be correct and correctly adjusted. Glasses were invented by Salvini Armato in 1290. Discussion was by S. St. J. Wright, V. D. Seidel, L. E. Brown, who emphasized Dr. Weaver's plea for early attention to suspected eye troubles in children. C. E. Townsend urged attention to "squint."

Program for June:

The visitor for the June meeting was W. B. Hinsdale, M. D., Dean of the Homeopathic Medical College of the University of Michigan. His subject was, "The Making of Physicians and What They Can Do When Made." Dr. Hinsdale formerly resided in Wadsworth and has many friends in Akron.

The Celsus Club, of Akron, held its monthly meeting May 26, with an attendance of 11 members and 12 visitors, the host being J. A. Van der Hulse. The subject of the paper read by Dr. Van der Hulse was "Twilight Sleep." The discussion was interesting and amusing and participated in by H. H. Jacobs, T. K. Moore, C. E. Norris, J. M. Denison, J. N. Weller, D. H. Morgan, J. H. Seiler, S. St. J. Wright, E. A. Weeks. For this year the officers of the club are: President, E. A. Weeks; vice-president, C. E. Held; secretary, C. E. Norris. The host on June 23 will be H. H. Jacobs.

A. C. McCormick, Correspondent.

**Wayne County.**—The Wayne County Society held its regular meeting in Wooster April 13. Thirteen members were present. Dr. R. C. Paul reported a case.

Dr. L. A. Yocum presented a paper on "Circumcision, Past and Present." The address of the day was made by Dr. G. F. Zininger, of Canton, on "Exophthalmic Goitre." The feeling of those present was that this meeting was the best the society has had for a long time.

H. M. Yoder, Correspondent.

**Stark County.**—An unusually large attendance of physicians and nurses were present at the 149th regular meeting of the Stark County Medical Society, held in Canton May 18, at the Chamber of Commerce rooms.

An extremely interesting and instructive program was presented as follows:

"Symptoms and Diagnosis of Incipient Pulmonary Tuberculosis," by S. A. Douglass, Superintendent State Sanatorium at Mt. Vernon.

Dr. Douglass emphasized the fact that his great-



est difficulty in realizing the aims of the Mt. Vernon Sanatorium, viz., effecting a cure of the incipient case, is due to the fact that **the family physician does not send the case early enough to the sanatorium.** Nearly 80 per cent of the cases were either advanced or moderately advanced, therefore beyond any hope of arresting the progress of the disease. If a physician waits for positive physical signs or positive sputum, it is as a rule too late to accomplish a cure. If the tubercular is to be saved, the physician must grasp the new conception of incipient tuberculosis signified by anemia, anorexia, malaise, slight elevation of temperature, etc. Tuberculin tests, rightly interpreted, are of great value. Painstaking history and examination, followed by careful study and analysis of the case are necessary for diagnosis.

"Tuberculosis of Lymph Glands," by Charles S. Rockhill, Cincinnati.

Dr. Rockhill summarized his illuminating essay as follows: (1) Hilus tuberculosis precedes parenchymatous. (2) The early symptoms are usually indefinite. They are principally of a low grade toxæmia. (3) The pathological changes can be made out by significant signs, which are hilus dimple, dilated veins on the chest, interscapular dulces and marked bronchophony (D'Espine's sign). (4) Stereoradiography is of utmost importance. It outlines a greater extent of tissue involved than is possible by physical signs and it is the greatest stimulant to careful clinical work.

The following resolutions were presented and unanimously adopted:

Whereas, The Canton Daily News in its issue of Sunday, May 15, 1915, announced its new policy of accepting "no more patent medicine or other medical advertising, and no classified advertising of doubtful legitimacy, such as the advertisements of fortune tellers."

Whereas, The Canton Daily News is to our knowledge the first newspaper in the State of Ohio to take this decided stand.

Resolved, That the Stark County Medical Society heartily congratulate the News for its fearlessness in adopting this high standard in journalism in the face of its immediate financial sacrifice thereby and that this society, believing that this policy will react tremendously to the advantage of public good and public health, offer our united co-operation to the Canton News in carrying out the above policy.

Four physicians were elected to membership. Dr. E. J. March, as delegate, gave a report of the state meeting at Cincinnati. A rising vote of thanks was tendered Dr. T. Clarke Miller, of Massillon, for his long and faithful service as Councilor of Sixth District.

Chas. A. LaMont, Correspondent.

**Portage County.**—The regular monthly meeting was held at the office of Dr. W. B. Andrews, in Kent, on May 13. It was the most enthusiastic and the best attended meeting held this year, so far. The roads being good, men were in from all parts of the county.

We were pleased to have with us Dr. John H. Weber, of Akron, who read an excellent paper on

lacerations of the cervix and perineum. The doctor illustrated by drawings his technic for the repair of these conditions and an interesting discussion followed.

Dr. L. A. Wolf reported an interesting case of diphtheria in a boy of fifteen years of age. The condition yielded nicely to 10000 units of antitoxin, but after thirty-six hours the pulse began to decrease, finally reaching so low as twelve per minute. A slight convulsion occurred and the pulse returned to about normal but purpuric spots appeared with hemorrhages from mucous membranes, skin and bowels, and the boy literally bled to death in a few hours.

Dr. J. J. Waite, of Deerfield, was elected to membership.

Delightful refreshments were served, after which the meeting adjourned.

John F. Hill, Correspondent.

**Richland County.**—The Richland County Medical Society held its regular monthly meeting at the Court House, Mansfield, on May 19th.

A very interesting report of the State meeting was given by Dr. A. H. McCullough, who considered it the best meeting of the State Society he had ever attended.

Dr. H. Woltman conducted a quiz on two of Dr. Cabot's case records which was instructive and exciting as well. These quizzes are proving to be a valuable part of our programs.

Dr. G. W. Baughman made answer to the query, "Why are hemiplegias mostly right sided? In hemiplegia due to pressure from hemorrhage, ought we to favor an increase of arterial blood pressure or not? In treatment, would blood letting, aconite or depressant drugs be indicated?"

This brought out considerable discussion, issue being taken upon some points which made it valuable.

J. M. Garber, President.

**Ashland County.**—At the regular meeting of the Ashland County Medical Society held at Samaritan Hospital, Tuesday, May 4, Dr. Walter G. Stern, of Cleveland, gave an informal talk on, "The Achievements of Modern Orthopedic Surgery."

Dr. Stern illustrated his remarks with specimens, showing diseases of bone, bone graphs, etc. Dr. Meuser gave the report of a case and Dr. McClellan a report of the State meeting.

W. M. McClellan, Correspondent.

#### SEVENTH DISTRICT.

**Tuscarawas County.**—The Tuscarawas County Medical Society met in the Council Chamber at New Philadelphia, May 11, at 8 o'clock p. m. The meeting was postponed from the regular time in order that as many as desired could attend the State meeting at Cincinnati.

Dr. Shumaker, of Canal Dover, read a paper on the subject of "Goiter," and presented four cases that had been treated by operative procedures. Both medical and surgical treatment was discussed by several of the members present.

The delegate, Dr. Moore, reported the work of the House of Delegates, and explained that he was unable to have Dr. Groves consent to serve as Councilor for another term, and for that reason Dr. McClellan, of Bellaire, was elected Councilor for the Seventh District. He also explained the action of the House of Delegates regarding the increase of state dues.

A resolution was introduced to amend our by-laws to increase the annual dues to \$5.00 per year, to conform to the change in the state dues.

Dr. McCollam reported the work of the legislative committee and all present seemed to think the profession should be congratulated for the excellent laws that had been secured during this session of the legislature.

The next meeting will be held at Canal Dover the first Tuesday in June, at 8 o'clock p. m.

Doctors Joseph Blickensderfer, Allen G. Beck, and George F. Bainter, were elected to membership in the society.

James A. McCollam, Correspondent.

**Harrison County.**—The Harrison County Medical Society met June 2 in the Methodist Church, Scio. Dr. Scott gave an interesting lecture on pneumonia, emphasizing the importance of "out on the porch" treatment. Every member present took part in the discussion.

Dr. Esther Anderson, of Soochow, China (a returned medical missionary and a native of this county), gave an account of her work in China.

The next meeting will be held in Jewett, July 7. We want to keep our society on "wheels" this summer, hoping to interest every physician in the county and the laity as well by meeting in the different towns.

S. B. McGavran, Correspondent.

#### EIGHTH DISTRICT.

**Fairfield County.**—The Fairfield County Medical Society met at Lancaster, April 13, at 8 p. m.

Clinical cases were reported by Dr. E. B. Roller, of Lithopolis.

Dr. H. M. Hazelton read the paper of the evening, subject, "Some Phases of Abortion." Dr. Hazelton said:

"Our standards as to the indications for therapeutic abortion will change with the lapse of years. Who has a right to say that a patient's moral reputation is not as valuable to the community as is the physical condition of some of the patients who apply to have therapeutic abortion induced upon them.

"We cannot always rely upon obstetric indications and hew to fixed lines and say—'so far shalt thou go and no further.' As our attitude and standards change, we will come to look upon the termination of pregnancy, not solely to save one's life, but there will arise situations where greater experience will teach the honest physician that it is justifiable to terminate pregnancy for some causes we do not tolerate today. This is a question of

advanced or advancing knowledge. What we cannot avail ourselves of today may be the standards of tomorrow.

"Shall the medical profession attempt to secure the conviction of the abortionist? I should say no. The detecting of a crime is a matter for the police and the courts. Let them attend to their own business and let us attend to our own by attempting to create a proper medical and public conscience in this matter. We must remember we are not combating ordinary crime, but that we are fighting an evil which is enshrined in the affections of a very large portion of the community, and which is not considered as evil by them.

What shall be our attitude toward these abortionists? If we are true to our profession and value our own honor, there is but one attitude toward this debased clan of murderers—and that is to have nothing to do with them. We must make them understand that as a great and honorable profession, we do not condone their traffic, whether it be applied in secret for a mere pittance in the hovel, or whether it defies the laws of God and man and is done in the palace or the well equipped operating room.

"What is the solution for the mitigation and cure of this great evil of abortion? We cannot find it in the church—both the Protestant and Roman Catholic churches have issued bans against this evil, and if we are to believe statistics it is still rapidly on the increase.

"We are compelled to find some other solution. That solution, to my mind, is education along modern scientific lines. The great mass of women of today must be taught that the life of the embryo and foetus is sacred—that the moment the womb is instinct with embryo, life and gestation has begun and any interference is murder. If we can, by education, convince the women of the next generation as to the presence of actual life from conception onward, I believe we will do much to curb this evil.

"This education and teaching should not be given at a time when a distracted woman is facing the loss of her reputation, or when a married woman is clamoring for an abortion upon the grounds which seem to her to be adequate. It must be a matter of early training. It must be so taught that a girl will grow up firmly convinced that feticide destroys the life of the child just as really and in the same degree as does infanticide."

Jas. M. Lantz, Correspondent.

**Muskingum County.**—The Muskingum County Medical Society held its regular meeting on May 26. Dr. A. H. Gorrell read a very interesting paper on vaccine therapy. He described the luetic test and various syphilitic and tuberculin tests, and the latest serums for tuberculosis, septicaemia, etc. He also described his observations of results of treatment by these methods during his recent studies in New York hospitals.

The president appointed Drs. McCormick, Geyer



and McDaniel on the public health and education committee.

The April meeting was held on Wednesday, April 28th. Mr. T. S. Conner, A. M., C. E. and M. Eng., of Zanesville, addressed the society on, "The Geological Topography of the Muskingum Valley." The subject was a very instructive one and especially interesting at the time as our city held a bond election on May 11, and among the issues to be voted is whether we are to have mechanically filtered or well water. Mr. Conner showed conclusively that we had an abundance of water in the deeper underground waters that is was proposed to tap if well water should be decided on. The society took no action endorsing either the well or mechanical system.

Dr. L. R. Culbertson read a paper entitled, "House Heating from an Economic and Hygienic Standpoint." The hygienic factors of house heating—plenty of oxygen by ventilation—were carefully considered and the comparison of the cost of coal and gas were considered, whether used in coal furnace, hot water or gas heat. In a hot air furnace in his own home comparisons of gas during the past winter was made with the cost of coal during four previous years. Gas was found to be \$24 cheaper than coal used the year before. This was used in the tie-in furnace sold and installed by the Federal Gas Company (Ohio Fuel Supply Co.) of Columbus. Attention was drawn to the fact that much illness was due to people burning gas in grates and stoves and having insufficient ventilation, thereby causing colds, pneumonia, grippe, anaemia, etc. Various methods were suggested for ventilation and efficiency in heating.

L. R. Culbertson, Correspondent.

**Zanesville Academy of Medicine.**—The sixteenth regular meeting of the Muskingum County Academy of Medicine was held in the Chamber of Commerce rooms, Zanesville, May 12, 1915. President Brown called the meeting to order at 8:15 p. m.

Dr. D. H. Bowman, of Roseville, read a paper on, "Personal Observation of Rheumatism," and Dr. J. C. Crossland reported a case of "Hemophilia," and discussed this condition.

Both the paper and the report brought forth considerable discussion by Drs. Goebel, Allen, Higgins, Davis, Bainter, Melick, Brown and Hanna. Drs. Bowman and Crossland closed the discussion.

Dr. Goebel, of Sonora, was a guest of the Academy.

Edmund R. Brush, Correspondent.

**Washington County.**—Dr. S. A. Cunningham entertained Wednesday evening, with the annual Medical Society banquet, which it is his custom to give, and which assembled on this occasion some sixty of his brother physicians and their wives, and a few other friends who do not add "M. D." to their signatures. The banquet was given at the Bellevue hotel, and after a fine course dinner which included all the delicacies of the season and

some in advance, a number of informal and interesting addresses were given. Among the speakers were Dr. C. C. Elson, W. E. Sykes, and many of the physicians present. A delightful feature of the entertainment was a group of readings with musical accompaniment, given by Mrs. W. M. Hart and Miss Myrtie Sibley. The following physicians and their wives from out of town were among Dr. Cunningham's guests: Dr. Sellev, of Watertown; Dr. Lee Humphrey, Dr. Clyde Leeper and Dr. Northup, of McConnellsville; Drs. Ray and Radcliffe, of Caldwell; Dr. Van Winkle, of Belpre, and others.—Marietta Register-Leader.

#### TENTH DISTRICT.

**Knox County.**—The Knox County Medical Society met at the Hospital-Sanitarium, Mt. Vernon, on the afternoon of Wednesday, May 11. There was a good attendance, and those who had attended the state meeting in Cincinnati were enthusiastic concerning the success of it.

Dr. J. F. Lee read a paper on "Diagnosis and Treatment of Congenital Heart Disease." He reviewed the anatomy of the embryo and the development of the heart; then, the symptoms; and had but little to say of treatment, which is ineffectual saving for symptoms, but that proper climatic, dietetic and hygienic conditions were of benefit to the comfort of the patient.

Dr. J. H. Norrick read a paper on "Treatment of Convulsions in Infants and Children." Believing that a knowledge of the cause is very essential to the proper treatment, he reviewed the several causes and said the treatment was prophylactic, so far as possible.

Dr. E. A. Martin read a paper on "The Early Diagnosis of Tuberculous Meningitis." He defined "early diagnosis" to be in the very beginning only; that it was very difficult because of the similarity of the symptoms to those of other conditions, particularly derangements of the alimentary tract; then he spoke of lumbar-puncture.

Dr. S. A. Douglass, superintendent of the Ohio State Sanatorium, who was delegate to the State Association, presented an able and complete report of the proceedings of that meeting.

Dr. J. H. Norrick presented a case of probable epithelioma of the penis, with involvement of both groins, one now suppurating.

The next meeting is to be in Gambier in July, and to be of a social nature with a dinner.

E. V. Ackerman, Correspondent.

**Crawford County.**—The Crawford County Medical Society met at the Monnette Memorial Hospital, Bucyrus, Ohio, on Thursday, April 22. Dr. A. M. Steinfeld, of Columbus, presented a most interesting clinic. The cases shown were tuberculous spine and anterior poliomyelitis. The clinic was a most enjoyable one and all present felt that it was a day well spent. The next meeting will be in June.

R. J. Caton, Correspondent.

# The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY  
BY THE  
OHIO STATE MEDICAL ASSOCIATION

UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

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We were mistaken last month when we said, in the leading editorial, that we believed it would not be necessary to levy the additional assessment of one dollar on each member for the year 1915, as provided by unanimous vote of the House of Delegates at the Cincinnati annual meeting on May 5.

We were wrong, dead wrong. Not only has the Secretary-treasurer called for the additional assessment, through the secretaries of the component societies, but he has discovered after a careful audit that unless the assessment is paid promptly by every member of the State Society, The Journal will have to cease publication in August for the balance of the year, and the various activities of the State Society will have to cease abruptly.

Including the surplus invested in bonds, and accounts receivable from Journal advertisers, the State Society has on hand just enough cash to run until August. At least \$3831.50 is needed to finish the year, and this must be raised by the dollar assessment.

A complete financial statement of the Association's finances would require several pages. The books of the Secretary-treasurer have been audited by the firm of Robert J. McIntosh & Co., certified public accountants of Toledo and Cleveland. The books of The Journal were likewise audited by W. D. McKinney, certified public accountants of Columbus. Their work was reviewed by the Auditing Committee of the State Society. These detailed reports are on file in the office of The Journal and are, of course, open to inspection.

For the past two years the Association has been creating a steady deficit, due largely to the increased cost of The Journal and the increased leg-

islative activity. This has eaten away the surplus and brought us to our present rock-bottom condition. The House of Delegates realized this, and raised the annual dues from \$1.50 to \$3.00, effective next year, and provided for the additional assessment of one dollar for 1915. This must be collected, immediately.

The budget for the remainder of the year has been cut to bare essentials and provides a monthly net deficit of \$766.30, or a total of \$3831.50 for the five months.

The dollar assessment will raise a trifle over \$4,000 which will carry us through 1915 nicely. The increased dues in 1916 will obviate the need of such assessments in the future.

To give you an idea of "where the money goes" we print the following monthly budget as prepared for the last five months of 1915:

#### Monthly Expenses of The Journal.

*Salary, G. V. Sheridan, News Editor....	\$100 00
Salary, two assistants .....	100 00
Monthly printing account, average .....	415 00
Postage on Journals, average .....	30 00
Stationery and printing .....	10 00
Rent and telephone .....	20 00
Miscellaneous postage .....	20 00
Traveling expense .....	30 00
Miscellaneous general expense .....	50 00
Total per month .....	\$775 00

#### Estimated Monthly Expenses, Secretary-Treasurer's Office.

Salary to Dr. Selby .....	\$ 83 00
*Salary, G. V. Sheridan, per Legis. Com. ....	50 00
*Salary, G. V. Sheridan, Bureau of Promotion .....	58 30

\* Mr. Sheridan is paid \$2500 per year by the Association. The amount is divided among three committees—the Publication (\$100.00 per month), the Legislative (\$50.00 per month), and the Bureau of Promotion (\$58.30 per month).



Bureau of Promotion, Advertising in Journal .....	110 00
Average expense, Councilors .....	40 00
Average expense for President.....	10 00
Average expense, Secretary-Treasurer.	15 00
Total, Secretary's Office, per month\$	366 30
Total per month for Journal .....	775 00
	<hr/>
	\$1141 30
Advertising net revenue per month, Journal .....	375 00
	<hr/>
Monthly deficit .....	\$ 766 30
For five months .....	\$3831 50

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Speaking of state societies, Dr. J. Hutchins White, president of the Oklahoma State Medical Association, said:

"Our State Societies today are in much the same condition as the American Medical Association was before 1899. Many of them are barely paying expenses and most of them are not trying to do anything else. Their per capita assessment in each case is the smallest possible amount that will pay absolute necessary expenses. The result is that most of them do nothing because they cannot afford to do so and, instead of each State Association being a miniature American Medical Association in its own field, many of them have little, or no influence, with the public in their own state. Then the finances of the State Societies are next in importance to a medical organization. If our state organization has money to spend it can do things; if it has not, it cannot. The more it does for its members and the public, the more support it will have, consequently the stronger it will be financially, so that the thing works in a circle."

An association that never has enough money to do anything except to pay its own expenses and that on a very modest scale, Dr. White likens to a machine which uses up all of its power in turning its own wheels.

The members of our own association have readily grasped this fact. The need of the dollar special assessment has been universally acknowledged by the members in a kindly spirit and the obligation is being generously responded to. Many county societies have already collected the full amount, despite the unfortunate "slip" in last month's Journal, and have forwarded it to the Secretary-Treasurer.

With such a spirit upon the part of the members and the county officers—with such backing as this—the officers of the state association can not help but feel stimulated to greater efforts in the behalf of the organization, the profession, and the public.

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In writing to advertisers, use the specific address therein given. The postoffice box, or the number of the street, maybe the "key" which signifies that you saw the announcement in the Ohio State Medical Journal. Give the Journal the credit for putting you in touch with the advertiser. Reciprocate our favor to you.

Governor Willis disregarded the expressed wish of hundreds of medical men, in filling the vacancy which occurred late in June on the Industrial Commission of Ohio. The State Association at its Cincinnati meeting passed a formal resolution requesting that the Governor appoint as a third member of the commission, a surgeon familiar with the industrial accident field. The resolution pointed out that the very important surgical features of the workmen's compensation act bring up intricate medical and surgical problems which need the attention of an experienced man. County societies throughout the state had previously endorsed this movement and had filed their expressions with the governor. Instead, on June 22, Governor Willis appointed Mr. Herbert L. Eliot, of Delaware, a branch manager for a fire proofing company, who is widely known as an "original Willis" man.

The Journal sincerely hopes that when the next vacancy occurs in the Industrial Commission, the governor will give serious attention to the request of the medical men of the state that they be given representation on this commission. At the present time the laboring men have a representative in Mr. Duffy. Mr. Eliot may be said to represent the manufacturers, while the chairman of the commission is a lawyer. Everyone knows that in handling an industrial insurance of this sort, the three important factors are the employer, the employee and the physician who attends the injured employee, and who very often through his skill saves the employee from unnecessary disability.

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There is another phase of the workmen's compensation act which will within the next few years demand the serious attention of physicians of Ohio. In June the Ohio Supreme Court held that the present act does not include compensation for disability caused by occupational diseases. The lower courts had held to the contrary. Following the Supreme Court decision it is practically certain that all interests will unite in modifying the Ohio law so that occupational diseases will be brought under its scope. This will mean another very broad extension of the field and a consequent increase in the importance of medical and surgical features of the act.

It must be admitted that when the law was enacted two or three years ago the State Medical Association was more or less out of touch with its development. This fact caused much trouble in the early days of its enforcement—trouble that only now is being satisfactorily work out. It therefore behooves us as a state society to keep in the closest possible touch with the development of this new situation. This is work for the legislative committee. Dr. Upham, the chairman, is in close touch with the various phases of the matter and you may rest assured that when the compensation law is revised, the influence of the medical profession will be felt.

Again it seems necessary to remind our members that care in filing their written reports is absolutely necessary to avoid misunderstanding and friction with the medical department of the Industrial Commission of Ohio.

Recently we again investigated a number of cases in which the attending physician had protested to the commission that bills for medical services, rendered to employes insured by the state, had been unfairly cut by the medical department. In a great majority of cases the doctor was at fault, having failed to state definitely the exact character of the injury and the special circumstances which made justifiable his charges.

The point is best illustrated by the case of the Southern Ohio doctor who sent the commission a bill for five dollars for visiting a patient. The medical department cut this to two dollars, the maximum amount allowed for a house visit under ordinary circumstances. The doctor wrote a scorching letter in reply, pointing out that the patient lived seven miles in the country and that bad roads made his home almost inaccessible. The commission replied, of course, that if he had explained this situation in the first place the five dollar fee would have been allowed without question.

Many cases of a similar nature arise. The most satisfactory way for the doctor to do is to place himself in the position of the commission's examiner. Remember that the examiner is compelled to govern his rulings by certain set standards, of state-wide application, and that he knows absolutely nothing about the nature of the case excepting what appears in your report. If this is done, it will be much more satisfactory for all concerned.

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An interesting side-light is thrown upon the popularity of scientific sections at the state meeting by the statistics collected at the Cincinnati meeting. On the registration cards members were requested to express their section preference, with the following result:

Medicine .....	375
Surgery .....	209
Obstetrics and pediatrics .....	39
Eye, ear, nose and throat .....	116
Dermatology, genito-urinary surgery and proctology .....	35
Nervous and mental .....	9
Hygiene and sanitary science .....	18
No preference .....	101

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Every crook in Ohio who has ever tried his or her hand at medical quackery will be on the job this fall, trying to wheedle from the state board of medical registration one of the limited practice licenses authorized by the Platt-Ellis law. At the present moment indications are that they will have tough sledding.

The medical board is on record as guaranteeing the practitioners of the cults a square deal. That does not mean, however, that the board intends to

throw down the bars and admit to license every oily-tongued fakir and bewhiskered ignoramus who seeks admittance. The board will see that those who are honestly practicing in a special field, and are decent morally, are either licensed under the automatic provision of the law for those who have been at it for five years, or are given a fair examination as provided by the act. But the board will be grossly negligent if it does not carefully scrutinize every applicant, delve into his or her record, and sternly eliminate those who have proven themselves unworthy. The board owes it to the state as well as to the medical profession to act with extreme conservatism in this matter. The practice of the healing art is too serious a business, and throws the practitioner into too intimate a relation to the home, to take any chances.

Of course, the board will be extremely careful. No one knows better than its members, and particularly its secretary, the character of the persons who have been illegally practicing those branches and hybrid therapies which the law deals with, who will be the most clamorous candidates for early recognition.

Every member of the Ohio State Medical Association has a serious duty in assisting the board to weed out the undesirables. The Journal will publish a list of all applicants for limited practice certificates. The names will be printed several weeks in advance of the time when certificates are to be granted, and with the express purpose of giving our members an opportunity to file with the board information as to the character and past practices of the applicants. This information will be regarded as confidential by the board.

This will be done to assist the board in its investigations as to the character of the applicants. If a chiropractor resides in your community, you are far more likely to be familiar with this character than an agent of the board who is not familiar with local conditions. And do not, for a moment, think that the situation does not require careful attention. Many "quiz schools" are being conducted in Ohio at the present time, for the sole purpose of bolstering up "students" to pass these examinations. And there will be a grand scramble when the new law becomes operative, late in August.

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In our humble opinion the time has arrived for this association to join forces with the other Ohio organizations interested in public health, in a concerted campaign for the enactment of a full-time county or district health officer law. This, we feel, is fundamental, and should be made the basis for all legislative work in the future.

Through the formation of the Ohio Public Health Federation the public health interests of the state have been united into a compact and forceful organization. This was demonstrated in the last General Assembly, and those familiar with the situation feel that the time is now ripe for a



general movement with the big project as its objective.

The introduction into Ohio of an adequately trained and decently paid health service, with a local laboratory in each county, would be the basis upon which all health conservation work could be established. The campaign for the prevention of tuberculosis would be immeasurably advanced, the work of the commission for the blind would be strengthened, and it would be a splendid center for public health educational work—as are the well equipped health departments of the larger cities of the state.

Instead of frittering our time on a large number of bills, none of which are fundamental, let us in the future centralize our forces on one great campaign for this important measure.

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An effort is to be made by the Ohio State Clinical Association to meet the demand for better clinical work for the general practitioners of Ohio. Dr. F. F. Lawrence, of Columbus, president of the association, is now engaged in enlisting the co-operation of the Columbus surgeons and specialists in building a program for the next annual meeting, which will be held in Columbus early next year, that will be designed to appeal particularly to the men in general practice.

The aim will be to devote the major portion of the program to diagnostic and demonstrative work, and to subordinate the actual operative features—which are of direct interest to comparatively few. It is hoped to secure a large attendance at these clinics, and to stimulate thereby the propaganda for early diagnosis. Instead of making the meeting an occasion for the surgeon to demonstrate his technique, the endeavor will be to educate the practitioners of general medicine to a better knowledge of clinical symptoms.

There is a real need for this work. The experience of all surgeons and all specialists attests to this. In the field of cancer alone there is a terrible waste of life due to failure on the part of medical men to promptly recognize symptoms, so that radical treatment may be attempted before it is too late.

The program of our state society includes little or no clinical work, and such a program by the state clinical society should fill a great need.

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"Formaldehyde fumigation as it is and has been practiced is a ceremony not a service," wrote Health Commissioner Ruhland, of Milwaukee (Wisconsin Medical Journal, May, 1915.)

Ruhland discontinued the use of formaldehyde as a disinfecting agent October, 1914. During the ensuing winter (1914-15), the health department of Milwaukee recorded 574 cases of diphtheria and 217 cases of scarlatina, in neither of which did the recurrences exceed 1.04%. In comparing this record with those of previous years, when formaldehyde was used, and with those of other cities still practicing fumigation, Ruhland found

evidence of no increase in the percent. of recurrences.

Chapin, of Providence, was the first to see the fallacy in formaldehyde fumigation. He discontinued it. New York has taken the same step with reference to certain of the contagious diseases.

To be effective formaldehyde disinfection must be done at a temperature of 70° F. or higher, with a least 75° moisture. It is preferably done under pressure. Practically, these conditions are rarely met, consequently the fumigation results in nothing more than a false sense of security. Under these conditions it is a useless expenditure and a menace to health.

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"The Cancer Problem," by William Seaman Bainbridge, Professor of Surgery, New York Polytechnic Medical School and Hospital, is an interesting and timely discussion of this extremely important subject. The author discusses in detail the general considerations of the disease. Of special interest, however, are the sections on non-surgical treatment and his deductions. His claims for the necessity of the campaign of education, especially of our own profession, are certainly substantiated.

A very comprehensive bibliography is included in the volume. The volume has just been issued by The MacMillan Company, of New York.

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The Journal has received a copy of the 1915 year book of the Summit County Medical Society, compiled by Dr. A. S. McCormick, the active secretary. It not only contains a complete roster of the membership but full information concerning the education, affiliations and practice of the members, from Moses Thompson, who was the first physician in Summit county and who was one of the charter members in 1842, down to the latest 1915 acquisition. It is a decidedly interesting little booklet and is entirely indicative of the activity of the splendid Summit county organization.

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**Early Diagnosis in Cancer.**—This month's medical journals throughout the country are devoting special attention to cancer. The Pennsylvania State Medical Society inaugurated the movement, to stimulate more interest in the medical profession in the need of early diagnosis, so that radical treatment may be taken in time to be effective. Dr. Wood urges the necessity of this in the leading article in this issue. Dr. Teachnor urges the same care in the diagnosis of rectal troubles. It is a subject which deserves your very serious consideration.

The campaign to lessen the ravages of cancer is different from other public health campaigns. The first need is to arouse the interest of physicians, who first come in contact with the cases, and through early recognition are able to stop a fatal malady.

This places upon the physician a responsibility which demands a careful diagnosis of all cases brought to his attention.

## Original Articles

# Cancer: What We Know About It and What We Can Do For It\*

F. C. WOOD, M. D., NEW YORK

(Director of Cancer Research, George Crocker Special Research Fund, Columbia University, New York)

- I. The results of clinical and pathological observations on cancer.
- II. The results of experimental studies on animals.
- III. Therapeutic methods.

CANCER has been recognized from the earliest times, the first recorded observations being those of the Egyptians in the Papyrus Ebers and the Hindus in their medical writings, probably dating from 2000 to 1500 B. C. Excision of the tumor was recommended even by the Hindus. Hippocrates, who introduced the names carcinoma and scirrhus, Celsus, and Galen were familiar with some of the clinical types, Leonides (about 180 A. D.) was one of the first to record operations on cancer of the breast, and he described retractions of the nipple as a diagnostic symptom. Ambroise Paré (1575) recommended excision of the tumor whenever possible. Fabricius (1606) even describes in detail the operation for carcinoma of the breast, recommending the removal of the axillary nodes first, to be followed by excision of the entire gland. Bichat (1801), who laid the foundations of modern pathological anatomy, noted the difference between the stroma and parenchyma of carcinomata. Laënnec (1804) pointed out that some tumors resemble in their structure the normal tissues of the body (homologous), others have no such resemblance (heterologous). Further advances had to await more perfect microscopes, the work chiefly of Amici and Lister (the father of Lord Lister, the surgeon), whose theoretical studies began to be applied about 1830. The observations of Brown (1831), of Schleiden (1838), and of Schwann (1839) on the architecture of the animal and vegetable cell, were published about the same time as the important work of Johannes Müller (1838) on "The Minute Structure and Morphology of Tumors." Virchow in 1855 began to study the tissue relationships of the cells which form tumors, and he together with Thiersch (1865) and Waldeyer (1867) laid the foundation for our modern classification of tumors. In fact, so thorough was their work that later studies have added only details, important though these latter may be, to our knowledge. Cohnheim (1877) only thirty-eight years ago called attention to the importance of tissue remnants left during embryonic life as the starting point for some of the more complex tumors. In later years Hauser and Ribbert (1890-1898) have carried on a long discussion on the question whether a tumor grows by producing

alterations in the neighboring healthy cells or, as Ribbert holds, from a small original focus spreading through and replacing healthy tissues. The majority of pathologists now hold with Ribbert. Another important point which has been much discussed from a theoretical aspect is the question of the multiple origin of tumors which seem to occur in certain limited fields, notably the intestine and the skin. Numerous attempts have been made (Farmer, Moore, Boveri), to bring certain abnormal appearances in the cells or their nuclei into correlation with various theories of tumor growth, but without success. It has been shown that many of these changes are present in cells taking part in inflammatory or regenerative processes, and are hence not characteristic or explanatory of neoplasia.

It is impossible here to go further into the details of the pathological histology of tumors, but it may be granted that the results obtained by the intensive microscopical and clinical study of tumors have been of great importance. New varieties of neoplasms are recognized and the lines between some of the older groups have been drawn more clearly.

For example, a rare form of tumor occurring in the brain and spinal column has recently been described and some twenty-five cases studied. These chordomata resemble to a certain extent the cartilaginous tumors; they are relatively benign if promptly handled, but only those which are situated along the spinal cord and the sacrum can be satisfactorily attacked. One patient whom I have been watching for some years has had three recurrences, and is still in fairly good health. If we had known more of the nature of the tumor at the time of the first operation it might have been possible to have obtained a permanent cure. The growth still remains somewhat localized, though it is over five years since the first operations were done.

The old group of endothelial tumors is now generally abandoned and many of the tumors of the neck previously considered of this type have been shown to be not endothelial in origin, but epithelial, derived from embryonic remnants of the salivary glands and the tissues in close relationship with them, which dormant for a considerable period, usually well into adult life, suddenly begin to grow, sometimes producing formidable tumors. Here, too, an early operation will often save the patient, but the excision must be thorough and if a local recurrence takes place an immediate resection of the tumor and scar may result in permanent cure. Such tumors are

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still too often called sarcomata or chondrosarcomata, but they run an entirely different course from these very malignant types of neoplasm.

The tumors of the jaw, the so-called epulides, have also been thoroughly studied and we now know that they are almost benign and need merely thorough excision. A recent collection of cases showed that 70 out of 72 had not recurred after a reasonably clean removal of the tumor without resection of the jaw; and yet ten years ago many mutilating operations were performed for this variety of new growth.

Bloodgood has done good service in calling attention to the fact that many of the giant cell sarcomata of the long bones are also of this type and do not need amputation, but only thorough removal of the tumor with curettage of the cavity. Dean Lewis, of Chicago, has recently demonstrated an interesting series of these cases, some of them free from recurrence for many years after a local excision.

Another group of recently studied tumors is that of the adamantinomata from the enamel organ of the rudimentary teeth, which we now realize do not correspond in malignancy to the true epithelial tumors of the gum and need only careful excision of the new growth and a small portion of the neighboring bone.

Much light has recently been thrown upon the cystadenomata of the breast, which have been extensively studied by Greenough, of Boston, and by Bloodgood. While Greenough considers that many of these tumors are early carcinomata, Bloodgood has shown that they do not recur after operation and that they contribute to a certain extent to the high percentages of cured cases of carcinoma of the breast. I have seen many interesting tumors of this group and in only a very small percentage have I found any indication of true malignancy. It is important, however, in all cases when operating upon such tumors, to have a microscopical examination made, either at the time of operation or as quickly thereafter as possible, in order to decide whether in addition to the removal of the tumor cleaning out the axilla is necessary. Occasionally, it is extremely difficult to interpret the microscopical appearances, and if there is any doubt it is better to do a radical operation rather than to jeopardize the patient's life by leaving portions of a malignant growth in the breast pending a secondary operation. During this period distribution of the cancer cells takes place very rapidly and the ultimate prognosis is much worse than if the operation is completed at a single stage. It cannot be too strongly insisted upon that every surgeon should equip himself for the practical exercise of his profession by the microscopical study of tumors freshly removed from the body, in order that he may be able to make a diagnosis with the naked eye, a thing which can be done in the breast, for instance, with great accuracy in a

large percentage of cases. To the trained eye probably not one per cent of the cases are in any way doubtful, and how few hospitals or private individuals can afford to have an expert pathologist present at the operation. The surgeon should make his own diagnoses.

Distinct progress has then evidently been made by the application of the older methods of study, but the limitations are considerable because we cannot determine under the microscope what the actual malignancy of a group of cells is, and as it is impossible to experiment on human beings by leaving a portion of a suspicious growth in the body and waiting to see whether the portion left is truly malignant or not, it has been necessary to turn for further knowledge to the use of animals, where the situation can be completely controlled. I will, therefore, after a short discussion of the statistical results, turn to a consideration of what we have learned by experimental methods.

The clinical studies of the last three decades have been of great value in increasing our knowledge of the behavior of tumors in the human body; especially is this true of the extensive statistical studies of the results of modern surgical methods in the operative treatment of cancer. The reports of long series of carefully followed cases, all microscopically verified, have clarified our ideas on the mode and extent of the distribution of cancer in the tissues, have rendered more precise our operative technique, and, indeed, in some instances, have quite revolutionized our surgical procedures.

The pioneers were Billroth, Volkmann, Mikulicz, Kocher, Gross, and their pupils, and it is a pleasure to recognize the fact that the younger generation of surgeons in this country has done much to build on the foundation laid by the old masters of the art. I need mention only Halstead and his pupil Bloodgood, J. C. Warren and his group, Bull, Weir, and McBurney of New York, Murphy and others in Chicago, and last, but not least, the Mayos, whose accurate records and vast material are now being worked up for the benefit of those who have no such opportunities for study from a large clinical service.

#### Heredity.

The purely statistical studies of mortality records have led to such contradictory results that it is as yet impossible to draw any final conclusions. We may safely assume that the investigations in this line in the last ten years have shown that cancer is a widespread disease afflicting all races of mankind, though varying somewhat in its incidence, owing to racial peculiarities or habits; that there is certainly an increased number of cases due perhaps to the fact that more people live to a considerable age now than a few generations ago; that there is also probably a proportional increase at least in certain organs, but that much of the apparent increase is due to better diagnosis. As an example, it is generally conceded that superficial cancer shows no proportional in-

crease in the past thirty years. In addition, statistics point strongly to the probability that cancer is not contagious, does not occur in special districts, and is not hereditary under ordinary conditions in man.

#### Results of the Experimental Study of Tumors in Animals.

There are many advantages in the experimental study of tumors in animals. It is now pretty generally acknowledged that animal tumors are quite comparable to those appearing in man. Their clinical course is much the same; the spontaneous tumors in animals are almost always progressive until the death of the host; their morphology is much the same as that of some human tumors; they form metastases; they recur after operation; and they seem to possess an unlimited capacity for growth and propagation. One of the advantages is that animals bearing cancers—and these are chiefly mice and rats—are cheap and easily housed so that a large number of them can be kept under observation. The shortness of their life makes them reach the cancer age rapidly and in some strains of mice at least the occurrence of cancer is quite comparable in its frequency with the occurrence of cancer in man.

Certain types of tumors have not yet been noticed in animals, but the ordinary types of carcinoma, sarcoma, and some of the mixed tumors appear with fair frequency. Each species seems to have predilection for a certain variety of tumor. Mice in most cases have a very vascular hemorrhagic adenocarcinoma of the breast; carcinoma of the lung also occurs with considerable frequency. Sarcomata also appear occasionally and these tumors are seen in the rat as well. Dogs have chiefly carcinoma and chondrosarcoma of the breast; rabbits and guinea-pigs also have tumors which have been transplanted through a series of animals. With our ability to transplant these primary tumors we can study their variations in growth most easily; they can be operated upon partially or completely; they can be treated with any substance which we think may have a therapeutic value; and all can be autopsied and the size of the tumor accurately determined. This complete control has resulted in our learning more about cancer in fifteen years from our observations on animals than was learned in four thousand years from the study of cancer in human beings. Some of the facts which have been established by this experimental work may be of interest to you.

1. In the first place, it has been found that by a concentration of cancerous ancestry in certain strains of mice by keeping the strain pure, that is, breeding only from cancerous females, a certain slight increase in the frequency of the occurrence of cancer is noted. In the ordinary stock having both mother and grandmothers non-cancerous, the maximum occurrence of cancer was about 8 per cent. In the strain in which the mother or one or

both grandmothers or all three were cancerous the percentage rose to 18.2. This increased liability is probably in the nature of a predisposition of a tissue or organ to undergo cancerous change under the conditions of chronic inflammation or degeneration which occur in old age in mice, their very short lives making old age come on at about eighteen months. But it must be remembered in attempting to apply these facts to human beings that these mice were all derived from a group in which cancer occurred in 8 per cent of those reaching old age, which is considerably higher than the occurrence of the disease in the human female. The inbreeding in these experiments was of such a degree that it would be impossible for the same condition to occur in the human race; and the results show simply that it might be possible to get a highly cancerous race by such a close inbreeding in man. The study of the cancer incidence in islands or villages where the population changes very slowly and inbreeding is considerable, has not shown, however, any such great increase; hence, inbreeding is not the only factor.

Though it is popularly supposed that cancer is very abundant in certain districts, when the population of these districts is studied it is usually found that all the young people have left to go to neighboring towns or cities, leaving only those whose age is such that they are liable to cancer; consequently the number of cases seems large and the percentage is increased for that locality. But if the general percentage of cancer incidence at these ages is noted, it will be found that no greater number of cases of cancer have occurred at, say, the age of sixty, in the village than occurred in the general population elsewhere at the same age.

2. It has been shown that an animal with a spontaneous tumor is enormously susceptible to inoculation with that tumor, the number of takes approximating, with proper technique, 100 per cent; whereas the same tumor when inoculated into a healthy animal may take in only one or two per cent. The same phenomenon has unfortunately been observed in man, for some of those treated with a vaccine prepared from tumor cells as recommended by Coca have developed large tumors at the site of inoculation. Curiously enough, young animals are more susceptible to inoculation with cancer than are old ones, showing that conditions which allow the growth of a cancer are different from those which permit its origin, and the resistance of the tissues of the aged to the growth of cancer again parallels what we have known in regard to the effect of old age on tumors in man, very slow growth being a matter of quite general experience.

3. This extreme ease of inoculation gives a hint to the surgeon as to the necessity for the greatest care in guarding against the distribution of particles of tumor tissue about the incision and also a hint as to the advisability of palpating a sus-



pected cancer as little as possible before operation, for without doubt, the repeated examination of a malignant growth causes a distribution of embolic particles throughout the body in a considerable portion of cases. Care should be taken, therefore, to handle such tumors as little as possible.

4. The transplantation of tumors has shown that as in human beings so in animals the morphology and structures remain fairly constant.

5. It has shown also that microscopical structure is no certain guide to malignancy. Tumors of certain glands very closely resembling normal structures are highly malignant, and others showing a great variation from the normal are not at all malignant and tend to disappear when left untreated.

6. It has been shown that great variation in susceptibility to inoculation with the same tumor in animals of different strains when kept under different conditions of food, climate, etc.; but that after a tumor has started to grow, neither feeding, starvation, nor the withdrawal of any constituent of the food has any real effect.

7. The caging of a large number of animals in close contact with each other has shown that cancer is not contagious. For example, in my laboratory there are some 10,000 inoculated mice and rats in three rooms, yet no spontaneous tumors develop in animals in the same cage with those bearing large tumors, often ulcerated and infected. This fact should quiet some of the popular delusions as to the danger of contagion from cancer.

8. It has been shown to be impossible to transfer a tumor of a mouse to a rat, for example, and vice versa; though Murphy of the Rockefeller Institute has shown that if the bone marrow of the animal is largely destroyed by the action of X-Rays a tumor graft can be alive for a few weeks in an alien host. Of course, continuous propagation under these conditions is impossible. This demonstrates that tumors in animals have nothing to do with tumors in human beings and that contagion from animals is impossible. The astounding suggestion that human cancer is derived from cancer in cabbages, which was widely circulated by the daily press some years ago, is one of those curious delusions with which the human mind is occasionally afflicted.

9. It has been found possible to produce an immunity in animals to the inoculation of cancer cells. This immunity is induced only by the injection of live cells, such as blood cells or cells from the spleen or other organs. If the cells are crushed so that their vitality is destroyed they have no immunizing effect; blood serum has no immunizing effect; neither have tumor cells when thoroughly ground. This immunity cannot be produced after the tumor has begun to grow; a fact which at once demonstrated the futility of attempting to cure cancer by vaccination with ground cancer cells or tissue products.

The cancers of animals then offer an admirable means of testing the value of any therapeutic agents. But it must be remembered that animals are not the same as test tubes and that curious results are occasionally obtained from neglect of this fact. For instance, in a recent publication it was stated that by giving animals a certain substance—phloridzin—which causes a form of diabetes, tumors in the animals were made to disappear. Unfortunately, it developed that the tumor used in the experiments was one that often disappears spontaneously, as charts of the same tumor in my laboratory will show; and that when this drug was administered to mice bearing a tumor which grows progressively and always kills the animal, the course of the tumor was not influenced. In trying out cancer cures, therefore, we must always use a progressively growing tumor, not one which easily induces an immunity to itself and thereby is spontaneously cured.

But little has as yet been learned from animals to lead us to feel that the discovery of the cause of cancer is at all near. The parasitic theory has recently been losing ground, though the investigation by Peyton Rous, of the Rockefeller Institute, of a series of chicken tumors which can be transmitted by extracts obtained by crushing the growths and passing through a Berkefeld filter that holds back ordinary bacteria, has again brought up the question at least for chicken tumors.

Rous' discovery is less convincing as a general phenomenon for not only does it concern a sarcoma, a type of tumor in which there are more reasons for considering the possibility of a parasitic origin than in carcinoma, but it is the only sarcoma so transmissible; those of rats, mice, rabbits, and dogs cannot be so transmitted. Against a parasitic agent are also the facts that the tumor material causes no immunity against itself or related tumors and that no complement fixation can be demonstrated in the blood of fowls bearing a tumor, the tumor substance being used as an antigen.

The recent discovery by Fibiger, that the presence of certain nematode parasites in the gastric mucous membrane of rats induced the formation of what are apparently beginning cancers, shows only the close correlation between irritation, ulceration, and tumor formation, and not that the parasite is actually the cause of the cancer. It has long been known that the chronic ulcers of the stomach in human beings very frequently lead to the production of a carcinoma in the neighborhood, and work in my own laboratory has shown that Fibiger's pictures can be accurately duplicated by simple mechanical irritation or by the continuous presence of certain aniline dyes and other substances which have the power of stimulating the growth of the tissues. Nevertheless, Fibiger has not been able to transplant the tumors which he produced, nor have any of the experiments in my own laboratory led to

a progressively growing tumor. The Mayos also have not shown that the gastric tumors which they describe are true carcinoma, but it is certain that all these experiments bring us very close to the possibility of studying the origin of true cancer, for unquestionably if a sufficient number of these tumors are produced some of them may develop malignancy, just as we know that old X-Ray burns are extremely dangerous, some ninety operators having died from cancers originating in these chronic sores. Thus while animal experiments have shown us many interesting facts in regard to the biology of tumors, they have not yet explained the cause of cancer, nor has the work done on them offered us any present hope of a cure. It is, however, only along these lines that any advance can be made in the future, and blind empirical administration of substances hypothetically supposed to influence cell growth unfavorably is not the best way of approach. Instead we must learn just what the conditions are under which cancer arise and when we know much more than we do now of the nature of a cancer cell and when we discover that the cancer cell is somewhat different, even in the slightest degree, from the tissue in which it arises, we may be able to attack it by some chemical means, but success is much more apt to follow careful systematic investigation on animals than haphazard experimentation on human beings.

#### Therapeutic Methods.

Like the old joke that "the more one sees of men, the better he like dogs," so the more one sees of cancer cures, the better he thinks surgery. After all, animal work has convinced us that surgery is the best cure for cancer, but a far more intelligent and progressive surgery than that now generally practiced, and for the permanent cure of tumors there must necessarily be a very much earlier diagnosis than is now generally possible. To get these early diagnoses people must be trained to consult their physicians early and physicians be trained not to turn such people aside with the remark that the swelling is perfectly harmless. They must be shown that it is necessary to remove all suspicious lumps which are accessible under local anesthesia and submit them to microscopical examination. Deeper tumors should be removed by operation immediately if their harmless nature cannot be certainly determined by clinical means. The Crocker laboratory has become a dispensary through which pass a large number of hopeless cancer cases which have become inoperable frequently because some physician stated that the lump was harmless and did not need attention. Osteopaths and Christian Scientists also are not without sin in this respect, but they have the excuse of ignorance based on lack of education. Unfortunately, hopes which

have been aroused by the furore, largely in the daily press, concerning the beneficial results of radium and X-Rays have not been confirmed by experimental study. There is no question but that both of these agents will continue to be of value in the treatment of certain small, relatively benign, accessible cancers, especially of the face, where a mutilating operation is often refused by the patient; but as yet no consistent benefits have been obtained in deeper tumors. The quantity of radium required is so large that at the present price it is entirely beyond any individual physician, as the mere interest charges on the invested funds necessitate the assessing of very large fees for treatment. The improvements in the X-Ray tubes recently made by Mr. Coolidge of the General Electric Company, promise that vastly more powerful rays of a wave length very close to the gamma rays emitted by radium may soon be produced; but even in this case the immensely complex and expensive apparatus which will be required to give the high voltage needed to work such a tube and the initial cost of the tube itself, limit such treatment largely to institutions.

No other form of treatment has shown any considerable number of successes, and in this statement can be included the trypsin treatment, which has been exploded by Bainbridge, the Hodenpyl serum treatment, which Ill showed to be worthless, the Nowell serum, also exposed as of no value, the recent vegetable cure promulgated by certain well-known laboratory workers in New York, the proprietary Protonuclein and the mixed toxins. All of these agents are of no real value; the patients die of the new growth despite the enthusiastic reports which emanate from the uncritical. In many of the reported cures, also, no microscopical examination of the tumor was made. I quote from the latest article on the use of a hypothetical serum against cancer, in which the writer, Kohlhardt, reports four cases. In two of these no microscopical examination was made; while in the two cases in which microscopical examination proved that the condition was cancer, death resulted. The occasional cures reported even after a case has been carefully followed for some time are either mistakes in diagnosis or examples of a phenomenon not yet recognized by the surgeon though well known to laboratory men, and that is that occasionally a tumor, especially a sarcoma, disappears spontaneously; why, we do not know. Some of these tumors in animals may disappear in every case after three or four weeks growth. In human beings unfortunately such spontaneous disappearance is rare, though I have followed in my own material one or two such cases.

"Earlier diagnosis and earlier operation" must be my last words on therapeutic methods.



## Cysts of the Prostate, With Report of a Case\*

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**C**YSTS of the prostate either are extremely rare, or else are not readily recognized, if we are to judge from the comparatively small number of cases that have been reported, to which number I wish to add another which came under my observation recently.

This patient was a man 51 years of age, who complained of difficult urination, dating his trouble to a period eight years before when, after an operation for mastoiditis he had some slight trouble with his bladder at which time his bladder was irrigated. For the preceding year the flow of urine has been obstructed, the difficulty of urination having increased steadily, becoming very much worse during the last six months. He was unable to empty his bladder completely, had a frequent desire to void, and slight dysuria.

Cystoscopic examination showed the bladder capacity to be 300 c. c. The cystoscope was easily introduced. Five ounces of residual urine was found, the urine being fairly clear. What appeared to be the median lobe of the prostate was considerably enlarged, the lateral lobes were only slightly enlarged; there was some trabeculation of the bladder. Hypertrophy of the middle lobe of the prostate was the diagnosis and prostatectomy was recommended.

The operation was performed under complete Anoci-association.† A midline incision was made over the pubic region through which the bladder came into position readily. It was grasped with bladder hooks and opened with a longitudinal incision. Upon exposing the prostate a tumor mass the size of the end of the thumb was disclosed protruding from the prostatic portion of the urethra. By slight pressure this could be made to close the urethral orifice completely. It was apparent that this was causing the obstruction. It was covered with mucous membrane, and the blood vessels radiating over which made it appear not unlike the prostatic growths so frequently seen. Upon attempting to remove it it suddenly ruptured and viscid fluid escaped. By gentle manipulation the sac was removed. It was distinctly the wall of a cyst. The bleeding was slight. The usual technique of prostatectomy was employed. The patient made an excellent recovery and has had no trouble since.

### Classification of Prostatic Cysts.

In his monograph on cysts of the prostate, written in 1907, Cabot classified them as follows:

1. Echinococcus.
2. Retention cysts due to the distention of occluded prostatic glands.
3. Cystic dilatation of the utricle.
4. Cysts or cystic cavities in connection with cancer of the prostate.

It is interesting to note that as early as 1878 this subject was quite thoroughly discussed by Emile Planty-Mauxion in his thesis for his doctor's degree. To the retention or "secretion" cysts, as he calls them, and the hydatid cysts he adds abscess, calculous and proligerous cysts.

Legueu and Verliac in 1910 (*Presse Med.*, 1910, xviii, 150) in their review state that if we omit cysts of the prostatic utricle, hyatid cysts, which are only pelvic cysts attributed to torsion of the prostate, and two cystic lymphangiomas reported by Reichel and Liebi we shall find very few cysts of the prostate. In the *Traite chirurgical d'Urologie* which appeared in that year were reported scarcely 10 cases of large cysts of the prostate.

### Retention Cysts.

Velveau (quoted by Planty-Mauxion, loc. cit.) thinks that these cysts are formed by the pressure resulting from the effusion of several liquid drops in the pre-existing tissue. A small drop of liquid serum extravasates into the parenchyma of the gland from one cause or another and a vacuole is created. Several drops are added, the tissues are compressed and the cyst is formed by the contraction of the neighboring tissues. Chetwood is of the opinion that retention cysts may result from occlusion of the natural opening of one of the follicles. Among the cases collected by Planty-Mauxion are that of Morgagni, one reported by Dolbeau, and Home's case, a cyst about the size of an orange, located on the side of the prostate. Dolbeau in a dissection observed two cysts on the prostate of a man 60 years old. They were about the size of a pea and were situated symmetrically on each side of the verumontanum immediately beneath the urethral crest. Planty-Mauxion tells us that it is not unusual to find these in old men. He believes that what Gosselin said of the testicle applies to the prostate, viz., that as long as this organ does not functionate, that is, up to the time of puberty, there are no cysts; in the young adult, when the organ functionates regularly there is no tendency to a morbid condition, but during old age, when the prostate no longer functionates regularly, and there is a diminution of secretion, then these cysts become frequent.

Socin and Burckhardt (*Deutsche Chirurgie*, 1902, liii, 365) refer to an interesting case observed in 1792 by LeDentu. In an operation which was undertaken on account of hematuria, the prostate in front of the urethra was found to be unusually hypertrophied, the middle lobe projecting well into the bladder. Both lateral lobes were enlarged and the entire lower half of the gland was transformed into a sac the size of a small apple, which extended downward to the membranous part of the urethra, and posteriorly to the seminal vesicles. The ejaculatory ducts and sinus prostaticus were not attached to it, but it

\* Read in abstract at the meeting of the Ohio State Medical Association at Cincinnati, Ohio, May, 1915.

† Anoci-association, Crile and Lower, pp. 158-171.

was connected with the urethra by many small openings, which proved to be the somewhat enlarged orifices of the excretory ducts of the gland. The cyst was unilocular with walls smooth on the exterior, and the interior was covered with numerous small crested ridges, communicating with one another. The patient had had no difficulty in urination. Le Dentu considered it a true retention cyst of the prostate, produced by dilatation of a larger number of gland-lobules, with consequent pressure atrophy of the walls and interstitial tissue.

#### Abscess Cysts.

Of abscess cysts Planty-Mauxion (loc. cit.) says: "An abscess is produced; the inflammation which has caused it is not very intense or has not persisted long enough to form a path of elimination; pus is concreted; a limited membrane produced and thus the cyst formed." He adds that a cyst of this type is apt to be confused with a tuberculous prostate.

#### Calculus Cysts.

According to Planty-Mauxion (loc. cit.) these are not true cysts. He quotes a case of Coulson in which 15 grammes of liquid were found in the interior of the membrane encysting a calculus of the prostate.

#### Proligerous Cysts.

This name is derived from the character of these cysts, which consist of purely epithelial productions or vegetations of mediocre volume, which appear as rounded nodules with a large base. The most common seat of proligerous cysts is the breast, occasionally the lips and cheeks. Prostatic proligerous cysts are rare.

#### Echinococcus or Hydatid Cysts.

Not very many hydatid cysts have been observed. Among these referred to in the literature are the cases of Lowdell, Tillaux, Curling, Millet's case reported by Nicaise, Butreuille, Bangs, Winterberg, Wood. In that of Lowdell the tumor was larger than foetal head. Hydatid tumors have also been found in the omentum.

Winterberg (Med. News, 1896, lxi, 521-523) reports a case of hydatid cyst of the prostate gland which was complicated with cysts in the peritoneal cavity and liver. In 1904, J. Wood, (Brit. M. J., 1904, i, 20) observed in a case in which a hydatid cyst simulated an enlarged prostate and caused complete retention of urine. In this case the kidneys were found to be cystic, the total kidney weight being only eight ounces; the ureters were dilated, and numerous small cysts were located in the liver. Mallez is said to have diagnosed a case during life and to have cured it by surgical intervention.

Bangs in 1901, (Ann. Surg., 1901, xxxiii, 565-573) in his report of a hydatid cyst gives five reasons why he believes that the cyst is of prostatic origin:

"1. The length of the urethra, viz., 10½ inches, in a young man, 39 years of age, in whom there were no evidences of any inflammatory process.

"2. Obstruction to urination was at the neck of the bladder and in the situation of the left lobe of the prostate, which was found to be asymmetrically enlarged.

"3. Notable rotation towards the right of the beak of the searcher as it came in contact with the left lobe of the patient's prostate, and the left lateral deflection of the handle of instrument to enable its distal end to curve around, so to speak, the obstruction.

"4. The situation of the tumor as determined by digital examination by rectum, as verified by two other observers; but this is admittedly inconclusive.

5. Findings at time of the operation."

The tumor in this case (Bangs) contained in all possibly 25 ounces of fluid. When it was brought up into the wound many collapsed secondary cysts were found in it and removed. About 20 of these secondary cysts appeared to be complete while others were in fragments, so that it was impossible to estimate the total number of the secondary cysts. The inner lining of the sac was rubbed dry and all the cysts and remnants of cysts cleared away. It was impossible to remove the sac, therefore the edges of its opening were stitched with silk to the abdominal wall in the lower fifth of the incision; two drainage tubes were inserted into the sac, and the abdominal wound was closed. Microscopic examination showed the presence of hooklets and many secondary cysts in the fluid evacuated from the tumor. As to the patient's condition at the time this report was made, digital examination of his prostate by rectum showed that a small and normal prostate could be defined, but a sausage-like mass was felt extending from the posterior edge of the left side of the prostate backward and upward as far as the finger could reach. Although the posterior margin of the left lobe of the prostate was well defined, a little deeper pressure determined that it was blended with the lower extremity of the mass. Furthermore, when a searcher was introduced into the bladder, its beak was still rotated to the patient's right on reaching the level of the prostate.

#### Etiology.

Planty-Mauxion suggests that in addition to what has already been said regarding the etiology of specific forms of prostatic cysts poor hygienic conditions, fatigue and poor general health have an important bearing on the causation of the formations. The mode of formation then may be analogous to that of cysts of the kidney. By the aid of the microscope, Paget has observed in the kidney the first stages of the formation of certain cysts—small rounded vesicles surrounded by a cellular stroma, and containing a small drop of liquid. As for hydatids, they can penetrate into the prostate from the intestines, the bladder or the kidneys. In Lowdell's case the patient had in the epiploön two hydatid cysts which had been recognized during life. Chopart found in the bladder two hydatid cysts, the size of a hen's egg.



To quote Legueu and Verliac (loc. cit.), "Is there a relation between the small microscopic dilations which one finds in the glands of the prostate in the course of an adenoma, and the large cysts of which we speak at this time? The rarity of these large cysts permits us to suppose that they are of a different order and we can readily think that they are related perhaps to the embryonic inclusions. The cause of retention is still unknown. It is only at autopsy or at operation that they are discovered."

Chetwood thinks that large cysts of the prostate are usually the result of congenital formation and require differentiation from a vesicle neoplasm or diverticulum of the bladder.

Another interesting case referred to by Socin and Burckhardt is that described by Englisch in 1790. In a patient 40 years of age there was found at operation a tumor measuring 1.3x1.5 cm. at the lower circumference of the vesical orifice of the urethra, which projected into the interior of the bladder like the middle lobe of the prostate. It fluctuated, was transparent and looked like a cyst of the *pars supra-montana*. The gland was not otherwise enlarged, and the bladder was small and trabecular. According to Englisch the cysts originated from the enlargement of a gland element of the prostate and was either congenital or arose soon after birth. (Socin and Burckhardt.)

#### Location.

Cysts of the prostate may be found in the prostatic ducts, near the bladder, in one or both lateral lobes, in the middle lobe only, or may involve the whole gland.

According to Socin and Burckhardt (loc. cit.) their favorite location is in the *par mediana*, directly under the mucous membrane of the bladder neck. In rare cases they may extend further and may cause the connective tissue in their vicinity to atrophy so that the character of the original hypertrophy is retained only in single places. The case of Le Dentu, previously referred to, is said to have originated in this way.

#### Symptoms.

The most commonly noted symptoms of prostatic cysts are frequent micturition, difficult urination and defecation, and retention. To again quote Socin and Burckhardt (loc. cit.), those which develop endovesically seem to cause mechanical disturbances in urination. If located deeply and situated back of the prostate and in front of the rectum, they may even when small, produce disturbances in urination and defecation. Through the pressure on the surrounding parts large cysts may cause pain.

#### Diagnosis.

The diagnosis of cysts of the prostate is not always easy, because they often closely simulate solid tumors, hypertrophy or bladder diverticula. Thompson (quoted by Socin and Burckhardt) reports the case of a nine year old boy, in whom rectal puncture was undertaken on account of retention and the impossibility of inserting the

catheter through the urethra. This emptied the contents of the cyst instead of the bladder contents and the patient improved.

Among the very few cases which have been diagnosed during life are those of Mallez, already referred to, and one reported by Burckhardt. The latter was the case of an officer, 51 years of age, who had enjoyed good health until about six months before when he suddenly complained of dysuria, with partial retention lasting two days. Two weeks before he had had another attack with dribbling evacuation, micturition every half hour and strangury. When examined with the exploratory sound the colliculus felt like a hard crest or swelling. The elastic catheter readily passed into the bladder and 480 c. c. of clear urine were removed. Rectal examination showed but slight enlargement of the prostate. The cystoscope, however, revealed a tumor which appeared to be a grayish-red, transparent mass and a high section verified the cystoscopic findings. The tumor was removed intact by the galvano-cautery snare. The slight bleeding was controlled by compression. Primary bladder suture and tamponade of the rest of the wound, were employed. After eight days secondary suture of the abdominal wall was made and 17 days after operation the patient was dismissed, the wound having completely cicatrised. The tumor was as large as a plum, soft, fluctuating and transparent. Socin and Burckhardt (loc. cit.) suggest that if it is possible to insert a catheter, the first procedure should be to empty the bladder. The impossibility of feeling the catheter per rectum, and the presence of a fluctuating tumor in the pelvis, over which the instrument is forced to the front, are appearances which make the diagnosis of cyst possible. If the cyst projects into the bladder an endoscopic diagnosis will give the safest information. The cystoscopic picture is very characteristic, so that the skillful examiner can not easily be mistaken in the transparent rounded form, grayish-red or grayish-blue in color. (Socin and Burckhardt.)

#### Treatment.

The treatment to be employed in these cases depends upon the nature and location of the cyst. If it is simply a retention cyst with small base it can be removed intravesically through an operating cystoscope, either by the snare or cautery. If the base is broad and the covering of mucous membrane thick, as was the condition in my own case, reported above, excision seems to me the best procedure. The opening can then be closed by intravesical suture and all hemorrhage seen and arrested. Under certain conditions, if the cyst is large and causes a complete retention, evacuation of the cyst may first be done, as suggested by Chetwood, its removal being undertaken, if it refills, either by complete excision or by cauterization.

Until more of these cases are recognized and treated, no definite line of procedure for all cases can be prescribed.

## The Diagnosis of Cancer of the Rectum and Sigmoid Flexure\*

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WE have no specific reaction for diagnosis in internal cancer. The Abderhalden reaction for specific ferments in cancer-cells, Brieger's and Frebing's Antitrypsin, and Crile's isolysin reaction are the prominent serological tests which are supposed to give a specific reaction of the blood serum of cancer patients, with many others which have been exploited recently, are yet *sub-judice*. Each of the methods demonstrates that there is a substance in the blood serum of cancer-patients which reacts specifically on a substance in cancer tissue. However, none of the methods have shown sufficient reliability of results to warrant general adoption as a diagnostic measure. Until some method is worked out along this line we must depend upon clinical signs and physical measures of examination, to base our conclusions when cancer is suspected.

One person out of every twelve dies from cancer. The sex ratio in cancer of the rectum and sigmoid is three men to one woman. Five per cent. of all cancers occur in the rectum and six per cent. of all cancers occur in the rectum and sigmoid. Sixteen per cent. of all cancers of the alimentary canal occur primarily in the rectum and sigmoid flexure. Ninety-five per cent. of all cancers of the alimentary canal below the duodenum occur in the rectum and sigmoid. Cancer of the rectum has been found at fifteen years of age and in numerous instances it has been recorded much earlier than what is usually known as the cancer age.

Every case of cancer referred to me during the past ten years has been treated from a few months to over a year for one of the more common diseases of the rectum. A careful search of the rectum and sigmoid should always be made when treating the more common ano-rectal diseases. Twelve per cent. of cancers of this region are accompanied by hemorrhoids. Statements of patients that they have discharges of mucus, pain and tenesmus during and following stool or the so-called "bleeding piles" should not be accepted and prescribed for in a casual and careless way without a thorough rectal examination.

If I can impress the importance of a thorough examination and the frequency of cancer in cases presenting certain characteristic symptoms, that can usually be detected before the tissues are so involved that removal is out of the question, by which a diagnosis can be presumptive, if not positively made, upon the general practitioner on whom the responsibility rests for an early diagnosis, I shall feel justly compensated for my effort.

However, I am constrained to believe that it is not always the fault of the physician when a

proper examination is not made. Many patients through false modesty and fear of pain have an aversion to rectal examination and will neglect themselves quite often, despite the advice of the physician until operation is of little value.

The end results of neglected cancer of the rectum and sigmoid are the same as in cancer in other parts of the body. Surgical treatment is the only means of relief and that is of little value other than a palliative measure unless the diagnosis is made early. On the other hand if the condition is recognized early enough the results are equal if not better than other parts of the digestive tract.

You will find if the history is carefully taken that the majority of cases give a history of chronic digestive disturbance for a long time preceding the development of the objective signs. In every case the history reveals the existence of a long standing constipated habit. Almost without exception the well marked symptoms are preceded for some weeks by an obstinate constipation coming suddenly and resisting all medical treatment. Constipation often alternates with short attacks of diarrhoea. Often the patient will have a chronic obstruction for months before the disease is diagnosed. Most of the symptoms complained of at this stage are referred to the stomach or they may be in any part of the abdomen, especially when the disease is located in the sigmoid flexure. The part of the abdomen to which the symptoms point often helps us to determine the location of the disease. These symptoms are usually considered as functional disturbances by the physician and are erroneously diagnosed as nervous dyspepsia, flatulency and intestinal indigestion—terms which serve to satisfy the patients until they realize from the gradual and progressive loss of vitality that eventually follows that they are afflicted with a serious malady. Such conditions should be regarded as highly suggestive of cancer and the importance of a thorough examination forcibly impressed upon the patient, as I have observed cancer of the sigmoid to follow in each of these apparent functional disturbances.

A history of this kind is not at all conclusive of cancer. In fact the majority of cases investigated will prove to be purely functional disturbances or other constitutional diseases, but the profound nature of cancer and the knowledge that nearly every case presents such symptoms in its early inception should be the signal for the physician to subject his patients to a most thorough examination, because it is at this stage of the disease when operation is productive of the most good. It is unfortunate that we are always unable to say definitely at what stage of the disease symptoms appear. We know, however, that when

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the objective manifestations are present the disease is well advanced. I have seen cases in the inoperative stage without symptoms of any nature sufficient for the patient to consult a physician, when stricken with a violent hemorrhage or an acute obstruction as the first symptom.

The first pronounced symptoms that appear to cause the patient to realize that something is wrong in this part of the body are pain, tenesmus, muco-purulent stools, flatulency, pelvic discomfort, feeling of incomplete evacuation, and in the advanced stage irritation in the adjacent organ due to pressure and inflammation. If the growth is low in the anal canal the symptoms appear much earlier in the course of the disease. One would think its recognition in this part of the bowel would present few difficulties, but the symptoms are often taken for those of "piles" and examination is deferred until operation is of little value.

Flatulency is a very common intestinal disturbance and does not necessarily mean cancer of the rectum. It more often means something else. It is always present, however, as a symptom in chronic obstruction.

Too much stress is laid on the appearance of nutritional disturbances by the physician before he makes a diagnosis. There may be no anemia, exhaustion or cachexia during the entire course of the disease. Pain, when it occurs, is always associated with constipation when the growth is in the sigmoid. It usually comes in sharp cramp-like attacks at short intervals, before stool or soon after taking food, followed by diarrhoea, as the feces are usually liquified by a purgative. It is caused by the increased peristaltic action, which is due to the mechanical irritation in the bowel and is Nature's attempt to rid the bowel of its accumulation. In advanced cases when the obstruction becomes more complete and the abdominal walls thin, the peristaltic wave may be visible. The bowel above the stricture is seen to stiffen and contort in different positions in an attempt to overcome the obstruction. In such cases there is always a possibility of rupture of the bowel, and this indicates an early and complete obstruction. If the growth is low in the anal canal it may appear as an early symptom, as it is due in this position to the involvement of the sacral nerves and pressure on adjacent organs. In the majority of instances it does not develop until late in the course of the disease.

The examination of the feces for mucus, blood and pus is important. Their presence always means ulceration, and if persistent and passed together in the form of slime, the chances are the ulceration is due to cancer. Either is not significant if found alone as they occur separately in a great many intestinal diseases. The test for occult blood in the feces should be made after the proper dietary restrictions in all suspected cases as this reaction appears at a very early period in intestinal cancer. If present, it constitutes in my

opinion the earliest possible sign of cancer of the bowels.

The amount of blood varies in different cases. When it comes in large quantities and the patient is exsanguinated the ulceration has opened a large blood vessel. It is usually found mixed with mucus, pus and epithelial debris in the feces. The bright red blood found on the sides of the commode and which follows the stool, is, in the majority of instances due to internal hemorrhoids. Pus is a significant symptom when it appears in the stool. Its presence always means ulceration of some nature and if found mixed with blood and mucus in the absence of fistula and other inflammatory diseases it is a valuable clinical symptom of cancer.

Mucus in the stools is considered of little value because it occurs in so many intestinal diseases. However, I have the history of one case of cancer of the sigmoid in which the only symptom apparent was a profuse discharge of a glary mucus once or twice daily. The sigmoidoscope revealed an inoperable growth that had been treated for two years for mucus colitis.

Ribbon or pencil shaped stools are present only when the growth is low in the anal canal. When the growth is in the sigmoid the feces pass through the stenosed area and collect below the growth and pass as formed stools. It has been my observation that they occur more often in neurotic persons with a spasmodically contracted sphincter than in organic stenosis. Tumors of the sigmoid can rarely be palpated until the disease is far advanced, unless the abdominal wall is extremely thin. They can usually be differentiated from tumors of other organs after the colon has been inflated if they are above the area of inspection. The blood examination in advanced cancer shows secondary anemia and is of value when found in connection with other symptoms.

The examination of the different parts of the alimentary canal by the X-Ray is a method used extensively at the present time by diagnosticians for the recognition of growths, strictures and misplacements. The intestinal tube throws no shadow, and it is only after introducing some substance into the canal impervious to the rays that we are able to locate its position and note the arrestation of the substance at a certain point after the normal time for its passage through that portion of the bowel. This arrestation of the bowel contents can only occur after the stenosis is far advanced. Therefore a skigram is of value to corroborate the diagnosis made from clinical symptoms and cannot be relied upon to give any special assistance in the early diagnosis. A better plan for the lower bowel is to inject three or four ounces of bismuth solution into the rectum with a four-inch irrigator and with the fluoroscope observe its transit upward as the solution is rapidly carried through the rectum and colon by a reverse peristalsis. If the movement of the solution is arrested and the bowel below this point distends with the solution

and gradually enters the bowel above a tumor or stricture may be suspected.

In addition to the symptoms mentioned we have the proctoscope and sigmoidoscope for inspection and the gloved finger for palpation to aid us in making our diagnosis. The index finger covered with a rubber cot is probably the most valuable agent to examine the distal four or five inches of the rectum. If the finger fails to find any disease in this area the proctoscope is next introduced with the patient in the knee-chest position and the ampulla of the rectum explored. Finally if these measures fail the sigmoidoscope is inserted and as much of the lower bowel inspected as possible—about twelve to fourteen inches. If the bowel is free from disease for this distance you are safe in making a negative diagnosis in the majority of cases. However, many of the symptoms may apply to cancer in the other parts of the colon but the suspicious area is always within the limits of this instrument.

I rarely see these cases before the stage of ulceration. The margins of the ulcer are usually round with nodules of infiltration beyond the borders. In the later stage it becomes crater-like with irregular, bleeding edges. When the examining finger or the proctoscope is withdrawn from the rectum it is always followed by a free discharge of pus and blood of a peculiarly offensive odor. There is always more or less contraction of the lumen of the bowel, depending on the length of time the disease has existed, becoming almost closed in the last stages, forming an annular stricture. To describe just what you will see or feel and what is peculiar to cancer if it is present is rather difficult but the experienced finger and eye of one who has observed a mass of this kind before can hardly fail to recognize the condition.

Many of the symptoms which I have described may be prominent in intestinal tuberculosis, syphilis, amoebic ulceration, simple ulcerative colitis and proctitis, from which cancer must be differentiated. Primary intestinal tuberculosis is an extremely rare affection. When present it will

respond to the authentic tubercular tests. Syphilitic lesions are either of the gumatous or infiltrating inflammatory type, seen late in the history of a person that has been previously infected. They usually result in a suppurative annular stricture from the deposits of inflammatory exudate in the wall of the rectum and can be recognized by palpation and from the history of the case. Amoebic ulceration has always been considered a disease of the tropics and is caused by the *Entameba histolytica*. They can always be demonstrated and should be carefully sought in the stools, not once but many times, including scrapings from the ulcerated mucous membrane in persons having many bloody and slimy passages, since we know that it occurs much more frequently in this section of the country than was formerly supposed. Simple proctitis and colitis is an inflammatory condition ending in ulceration by infection of the traumatism of the mucous membrane by the various pus producing organisms. The chronic diarrhoea in these cases has a tendency to subside under local treatment, and exacerbate after a time over a long period of years, finally resulting in benign stenosis of the bowel.

Rectal cancer may be confused with any of the benign growths that occur in this region but more especially polypi and villous tumors. As these often undergo malignant degeneration and cause obstruction it makes their removal, when present, important, as no one can decide when this change takes place. They are always isolated and without inflammatory induration, usually pedunculated and hang from the rectal wall. If they bleed it is always of a bright red color while in cancer it is a dark-colored slime.

I feel that it is needless to say more, as this briefly covers the salient points that are necessary to have in mind when looking for cancer in this region. My final admonition is to insist upon the importance of a more thorough examination in all cases presenting rectal or chronic intestinal disturbances.

## Surgical Shibboleths\*

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"Then Jephtha gathered together all the men of Gilead, and fought with Ephraim: and the men of Gilead smote Ephraim. And the Gileadites took the passages of Jordan. And it was so, that when those Ephraimites which were escaped said, Let me go over; that the men of Gilead said unto him, Art thou an Ephraimite? If he said, Nay; then said they unto him, Say now Shibboleth: and he said Sibboleth: for he could not frame to pronounce it right. Then they took him, and slew him at the passages of Jordan: and there fell at

that time of the Ephraimites forty and two thousand."

THERE were some battles in those days, as in our day, and the shibboleths we have with us, as in the days of Gideon. The highest type of German, however Kultur-beleckt could never pass as a Yorksman, and some racial anomaly of the musculature of an Indian's tongue in lower Canada gave to the Yankee his distinctive name. As it is with races, it is with specializing groups of men working, or not working, along in parallel lines. Merchants and hoboos, lawyers and

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preachers have them. The surgical guild is not exempt. Happily, with us the shibboleths of today are not those of yesterday, nor will they be those of tomorrow.

Within living memory venesection, Lister spray, normal ovariotomy, open wound treatment, craniotomy, vasectomy, poultices and a host of others have been used and discarded. Others too numerous to mention have taken their places because mental processes have not changed and we, like our fore-bears, follow conventional ruts until some surgical skidding changes the routine. Take for example the matter of pre- and post-operative treatment.

Colon stasis and intestinal toxemia have become shibboleths for traditional purging and enematising to which every prospective beneficiary of surgical operation must be treated. The other day I saw some good oil soap, 99 44/100% pure, wasted on a young paragon of health, about to have her hammer toes corrected, under local anesthesia. If the ward routine obtained further, the process was repeated in two or three days. Though doubtless of advantage to get rid of surplussage of intestinal contents before operation, any excessive pre-operative purgation can have no rational basis. It dehydrates the body tissues just at a time when the water is most needed to flush out the added toxins resulting from anesthesia and the absorptions of the ferments in every fresh wound, however clean. Furthermore, excessive purgation tends to decrease the alkalinity of the blood. We aim before operation to bring the patient to his highest physical efficiency. To do this, it is important that the tissues should not be dehydrated, but rather should they be bathed in a plentiful alkaline medium.

This is easily consummated by an indulgence in alkaline waters before operation. Operations on diabetics have lost their terrors for me because of this practice, based, I believe, on sound reason. I am firmly convinced that at least excessive purgation leads to post-operative nausea and vomiting, probably through acidulation of the blood. Since we have given up purgation and substituted for it free indulgence in alkaline water, we have seen less and less post-operative nausea and vomiting.

It is self evident that patients treated in this way must suffer far less from thirst. Even in abdominal cases where it would seem that preliminary purging is most indicated it is shown to be at least not necessary by the excellent results obtained in emergency operations for appendicitis, ruptured tubal pregnancy and gunshot wounds, if they be but timely performed.

Preliminary skin sterilization, another shibboleth five years ago, is all but discarded today. The pre-operative shaving of the field of operation and encasing it in a dressing is too much like the prologue of a drama with twelve or more hours of waiting for the rise of the curtain. It cannot be conducive to a calm sleep. The staphylococcus

epidermidis of Welch, though ubiquitous, probably is quite as harmless as its genial discoverer, and any pathogenic tendencies it may possess can be fully cared for on the operating table. I use iodine for sterilization. It tints the skin a pleasing, rich mahogany, and dulls the knife. I use it because almost every one else uses it, but ether and alcohol served me just as well. Simplicity in preliminaries leaves the brain cells untired by decreasing the dread of an operation inherent in every one with a colon properly placed. Along the same line of preliminary anoci-association (another shibboleth), I have given up as much as possible preliminary stay in the hospital and stretcher bearing the patient to the operating room. To enter the hospital on the day of the operation and to walk into the operating room alike stimulate the patient's self-confidence at a time when it is likely to slip away.

The fate of a patient is, as a rule, decided on the operating table. Routine preliminary treatment is out of place, and routine post-operative treatment is equally improper. After the ordinary operation, especially since the introduction of gas-oxygen anesthesia, the patient is returned from the operating room in a condition approaching the normal. There is rarely any shock. The pulse is scarcely above normal, the body is warm and dry, singularly free from that annoying clammy perspiration so usual after ether anesthesia. The patient is, as a rule, in full possession of his faculties when removed from the operating table. Why condemn this patient to any one position for any specified time? And usually, it is the dorsal, with head low, the position already occupied by the patient on the hard operating table. By the use of pillows under the knees, and permitting the patient to turn or be turned on his side, I am sure that I have diminished the post-operative pains in the back, so common and distressing a symptom in the past.

A few weeks ago, on coming into a colleague's room a half hour after a difficult cholecystectomy, I found him lying on his abdomen peacefully sleeping. Voluntary movements, particularly of the lower extremities, I encourage to obviate or at least lessen the chances of thrombosis and pulmonary embolism.

In operations in the upper abdomen, the prolonged dorsal posture seems to me particularly hazardous in that the free inspiratory descent of the diaphragm, already made more difficult by the high abdominal incision is still more impeded by the weight of the upward pressure of the heavy viscera of the upper abdomen. The breathing becomes almost altogether costal, and without question in my mind this tends to the greater frequency of lung complications after these operations.

The rigid enforcement of the dorsal post-operative treatment is a relic of the days when we were not sure of our wound closure. The tight bandage that one sees so often applied I think is entirely

out of place, since it only can increase the impediment to free respiration. I have therefore discarded it altogether, and use only a retentive dressing.

By way of parenthesis it may here be asked whether a dressing of any kind would be necessary in any case, if contamination, as by the patient's hands could be avoided. This thought comes to me from the practice which I have indulged in in treating infants on whom I have performed a radical hernia operation. In these cases, after thoroughly painting the wound with iodine I have used no dressing whatever, but simply covered the genitalia with a towel, suspended from a cradle. If the infants are old enough for volitional movements, the hands are pinned to the dress. The wound is kept entirely uncovered, and in no instance have I seen infection. In small wounds of the face and scalp where dressings would be cumbersome and difficult to maintain in place, I have long refrained from their use altogether.

The natural antithesis of the prolonged dorsal posture with its disadvantages is the Fowler position. This, without question, has been of inestimable value, and will always be considered one of the most valuable contributions of American surgery. In purulent infections of the abdomen, or where infection is deemed probable, the delimitation of the process and the decreased tendencies to absorption of its products, are too well known to be more than referred to here, but like all good things it has been overdone, and I feel sure that many unpleasant, if not disastrous complications may be traced to its use. It is my unvarying custom to defer the use of the Fowler bed until several hours after the operation, and never, while the patient's condition, as indicated by the quality and frequency of the pulse, shows the heart already to be under a strain. Its routine use in these cases is fraught with danger, which at times is ascribed to some condition other than the true ones.

Not long ago, in a neighboring city, I saw a patient four days after a simple appendectomy. There was no post-operative rise of temperature, the pulse had gradually become more rapid and there was very considerable distress of breathing. The patient had vomited twice some bilious matter. She had been in the Fowler's posture on a Fowler bed from the time of the operation without any change of position. A physical examination showed the stomach enormously distended, with the lower part of the abdomen absolutely flat. By the use of a stomach tube, applied at two o'clock in the morning, an enormous quantity of gas was removed, and the bed lowered. On the following morning, the pulse had returned to nearly normal, food had been retained, and the two distressing sequela of an unwise use of a measure, in itself admirable, tachycardia and dilatation of the stomach had disappeared.

After prolonged abdominal operations, the musculature of the intestine and that of its supporting

mesentery is doubtless in a state of relaxation, notably the muscle of Treitz, a condition which tends of itself to kinking nearest the highest point of the jejunum and acute gastric dilatation.

To be of service the Fowler's position must be maintained without any added strain on the patient. A special bed is almost obligatory, otherwise the efforts of the patient to maintain himself in the semi-upright posture may be a mental and physical strain extremely trying. Under such circumstances I believe the position is more likely to do harm than good.

An immediate sequel of post-operative confinement in the dorsal position is the retention of urine, which in a routine way is usually met by catheterization; oftenest done by nurse or ward orderly. Except in rare cases this is never indicated within the first twenty-four hours after operation. The routine use of the catheter at specified intervals must be avoided, since, as every surgeon knows, injections will occasionally creep in, and at times leave the patient in a condition more difficult to relieve than that for which the operation was done. During the first twenty-four hours after an operation of any magnitude, very little urine enters the bladder. It is far safer and it usually answers the purpose, to allow a patient to sit up or even stand up to empty his bladder than to resort to the use of a catheter. There are certain instances, of course, in which catheterization must be practiced, as for example after perineal operations or those upon the lower rectum. Except in these instances and unless the general condition of the patient makes it hazardous to assume the sitting or standing posture, I have made it a rule to allow no catheter to be used.

This brings us quite naturally to the routine post-operative care of patients in bed and in the hospital. In most hospitals, privately maintained, where the service is not a very active one, it is essential for the welfare of the hospital, and perhaps for the doctor, that patients shall be as many and remain as long as possible.

In municipal hospitals and in charity wards, the reverse must of course obtain. Our body politic must be brought nearer to a socialistic state before those who have and those who have not can be treated alike. But apart from this digression, the welfare of the patient, it seems to me, is best enhanced by doing away with confinement in bed as soon as possible, and by curtailing in the same way his hospital internment.

Several years ago, a lad of eleven, (on whom I had performed a shoulder girdle amputation), ran home from the hospital in his nighties, on the third day because they would not let him get out of bed. It did him no harm but inspired a self-confidence, which is so often lacking in many subjects after operation.

Unless contraindicated, there is no reason why patients should not be out of bed within twenty-four to forty-eight hours after even major operations, such for example, as radical breast amputa-



tions, hydroceles, varicoceles, interval appendectomies and ordinary goiters. The patient can at least be lifted into a rolling chair and given a change of air and scene. The loosening of a clot from behind a ligature and the causation of pulmonary embolism which might be feared is no more likely to occur within twenty-four or forty-eight hours than after ten or twelve days. Indeed, in the majority of cases recorded the catastrophe resulted toward the end of the second week, and often just when the patient was about to depart from the hospital. Furthermore, just where one would most expect to see pulmonary embolism, namely as the fatal sequel of femoral or saphenous phlebitis, I have never seen it.

I recognize fully the great therapeutic value of physiological rest, to which Hilton so forcibly directed attention; but rest may often be obtained out of bed better than in it. Of course, the temperament of the individual must guide us somewhat in determining how that rest can be best secured. Being out of bed stimulates the sense of well being, and to that extent helps to lift him again to the mental and physical state, which is his normal.

A further advantage of the early out of bed post-operative treatment is that it almost uniformly does away with the routine exhibition on the third or fourth day of some favorite laxative, and the enema which follows it as a shadow.

The upright posture and a modicum of food put into an empty stomach are the best incentives to peristalsis, even in the sluggish colon. Witness the matutinal line up next to the barber shop of any large caravansary where rooms with private toilet facilities are few in number, and inversely high in price.

Fortunately, the excessive dietic care, even after stomach operations in vogue only a few years ago, has been proved unnecessary. Liquid food may be given as soon as vomiting and nausea have ceased, within a few hours, if there has been no nausea. On the second or third day, semi-solid food will generally be tolerated, and make superfluous the purge, and its worse morganatic half, the enema.

This brings me quite naturally to the most recent, and not to be found in the Century dictionary, and therefore perhaps the most abused of surgical shibboleths, to proctoclysis. The inimitable Hogarth, in his "Marriage a la Mode" sketched the doctor with a ring handle of a pewter syringe projecting from his bulging pocket. Gerard Dou painted him with the nozzle projecting. The apparatus of today is too large for any pocket.

Furthermore, it is too numerous. An eminent authority states, (Trout) and not facetiously, that 293 various parts of mechanical devices for proctoclysis have been described. Now, it is not my purpose to decry the use of rectal irrigation by the drop method. On the contrary, I recognize in it, and especially in abdominal surgery, a procedure of the very first importance, often helpful and at

times life-saving. The giving of fluid by the rectum relieves the seemingly unquenchable post-operative thirst as nothing else can, save only copious draughts of water or weak tea, taken in the ordinary way. But let it be water or tea, as soon as toleration is established, or even before, since copious draughts act as a stomach lavage.

Since proctoclysis has been introduced, the physiological salt solution has been used by rote. How many of us see to the temperature at the point of discharge? Finney tells us that in one of the hospitals with which he is connected, and it must be a good one, being in Baltimore, the pharmacist had gotten some formulas mixed and for two years they had been using something else.

Physiological salt solution has come to be looked upon as almost equal to blood serum. Next to proctoclysis, hypodermoclysis is probably oftenest resorted to, yet how valueless is it when the heart's action is too feeble for capillary circulation. That it is not entirely harmless I have seen. A case where most extensive sloughing under both mammae resulted from what was probably an injudicious routine use of a most valuable agent. I question whether hypodermoclysis should not be altogether discarded. Transfusion into the vein is now so easily accomplished that it is hard to understand why the solution should ever be put under the skin.

Trout has recently shown that if we carry out the ordinary methods of proctoclysis with salt solution and use the amount of fluid ordinarily supposed to be absorbed we would be forcing into an already weakened patient, in the space of twenty-four hours, the average amount of salt consumed as a condiment by a normal man in one month.

It is only recently that we have come to learn that salt in excess is distinctly toxic, and that in proctoclysis, at least, ordinary tap water answers as well as the salt solution, and one-third more fluid than salt solution will be taken up by rectum, and the thirst is fully as quickly allayed.

A number of deaths have been recorded in literature, either after the employment of the strong solution of chloride of sodium or in which the ordinary physiological solution was used.

Conclusion: The critical method with which I have taken the liberty to express the foregoing thoughts concerning some pre- and post-operative treatments, would, I am sure you will agree with me, be equally applicable to many routine practices, as for example, of operative indications. This I may take up at some subsequent time. "Sufficient unto the day is the evil thereof." What I desire to inveigh against is the proneness we all have to blindly follow precedents, established perhaps by some forceful surgeon with at least as forceful a pen and speech as knife, with a press-agent, and often with more than a modicum of modesty and perchance less of honesty.

## NEWS NOTES OF OHIO

Dr. W. C. Ramsey, of Cadiz, will locate in Akron.

Dr. G. M. Campbell has moved from Navarre, Stark county, to Akron.

Dr. and Mrs. James W. Miller, Steubenville, are attending the Pacific Exposition.

A daughter arrived June 4 at the home of Dr. and Mrs. K. H. Harrington, Akron.

Dr. Helen Nolan, of Toledo, is serving with the Red Cross, in the Paris war district.

Dr. H. N. McNerney has moved from Fredericktown, Knox county to Corning, Perry county.

Dr. Leslie L. Bigelow, Columbus, who has been confined to his home for several weeks is recuperating in Michigan.

Dr. Horace F. Tangeman has been appointed otolaryngologist to the Branch Tuberculosis Hospital, Cincinnati.

Dr. C. M. Taylor, of Columbus, has been re-elected supreme surgeon of the United Commercial Travelers of America.

Dr. E. E. Campbell, Logan, is spending a month's vacation in the East. Dr. C. W. Irish, Columbus, is caring for his practice.

Dr. John A. Caldwell, Jr., has been appointed junior surgeon, and Edgar C. Steinharter, junior gynecologist, to the Cincinnati Hospital.

Dr. John Adams, of Cincinnati was elected medical director of the G. A. R. of Ohio at the state encampment held in Mansfield on June 24.

We are glad to report that Dr. S. P. Fetter, of Portsmouth, who was seriously ill following a diphtheretic infection, is steadily improving.

N. R. Sauerwein, Paulding, inspector in the state bureau of vital statistics, charged with the work of securing birth and death reports, has resigned.

Dr. W. D. Macabee, Cardington, was elected surgeon of the United Spanish-American war veterans of Ohio, at their annual meeting in Mansfield, June 23.

Dr. F. J. Sofge, Cincinnati, was shot in the back on June 28 by an unknown man who entered his

drug store and requested medical attention for an apparent injury to his hand.

Toledo Clinical Laboratories will be closed from July 8 to October 10, inclusive, during which period Dr. R. C. Longfellow will visit Hawaii, China and Japan for special study.

Dr. John H. Perry, assistant superintendent of Longview Hospital, Cincinnati, has resigned his position to accept a similar post at the new Hospital for Criminal Insane at Lima.

National Eclectic Medical Association will hold its 1916 convention at Cedar Point, Ohio. The society met in San Francisco, June 15, 16 and 17, with several delegates from Ohio in attendance.

Dr. William B. Chamberlain, Cleveland, was elected vice president of the American Laryngological, Rhinological and Otological Society at the twenty-first annual meeting held in Chicago, June 16.

An experienced physician of 25 years general practice desires to locate in some up-to-date Southwestern Ohio town of from 500 to 2,000 population, and would be pleased to hear from any member regarding such a location. Address communications to "Physician," care The Journal.

The Ohio Commission for the Blind recently adopted resolutions commending Dr. Van S. Deaton, of Alcony, member of the legislature from Miami county, for his work in introducing and securing the passage of the bill enacted by the last general assembly designed to further protect the eyes of infants from the ravages of ophthalmia neonatorum.

### GOVERNOR NAMES DELEGATES TO MISSISSIPPI T. B. CONFERENCE

Governor Willis on June 21, at the request of Governor Ralston, of Indiana, appointed the following delegates-at-large from Ohio to the third annual Mississippi Valley Conference on Tuberculosis, to be held in Indianapolis, September 29 and 30, and October 1: Drs. J. P. Baker, Findlay; Fred Peregoy, Barnesville; Edwin S. Lyon, Akron; J. C. Bowman, Upper Sandusky; T. Dale Barker, and A. O. Peters, Dayton; A. G. Helmick, G. W. Mosby, and C. O. Probst, Columbus; R. P. Daniels, Toledo; J. W. Costolo, Sidney; S. A. Douglas, Mt. Vernon; W. A. Sackett, Akron; C. S. Hoover, Alliance; J. D. Parker, Sandusky; D. E. Hughes, Delaware; L. W. Campbell, Ada; C. L. Case, Ashtabula; J. C. M. Floyd, Steubenville; H. K. Dunham, C. S. Rockhill, and J. S. Gunkle, of Cincinnati; W. H. Merriam, and W. C. Weber, of Cleveland and W. L. Jones and C. R. Clark, Youngstown.



## DR. PRITCHETT'S REPORT CRITICIZES O. S. U. TRUSTEES FOR STARTING SCHOOLS WITH DIFFERENT STANDARDS

The newspapers of the state late in June gave wide publicity to a section of the ninth annual report of Henry S. Pritchett, president of the Carnegie Foundation for the Advancement of Teaching, which was published under the interesting title of "Medicine and Politics in Ohio."

The report bristled with criticism of the action of the Ohio State University trustees in establishing on the campus of the University two medical colleges with different standards. After reviewing the general development of medical education for the past fifteen years, Dr. Pritchett says:

"In the midst of these divergent forces—medical reform, medical politics, and university ambition—the American Medical Association, through its Council on Medical Education, has been the most active agent for betterment in medical teaching, in the furnishing of requisite laboratories and hospitals, and in the placing of medical institutions upon a sound basis. Like most reformers, the Council has at times been tempted to go too fast.

"The Ohio State University, through its governing body, has during the past summer, adopted a policy with respect to medical education in which at least some of the factors just mentioned have played a part. The University, by a resolution adopted in January, 1914, accepted the property of the Starling-Ohio Medical College of Columbus, and constituted this school the department of medicine of the Ohio State University, thus becoming responsible both for the standards and for the support of the school. A few months later it also announced its purpose to establish a college of homeopathic medicine, and accepted a homeopathic school in Cleveland, transferring the student body from Cleveland to its own campus. This action, in view of what had gone on in medicine in the United States during the last ten years, is so remarkable, and of such significance to every college and university as well as to every medical school, that it deserves consideration at some length. If the policy adopted by the Ohio State University is one to which other states must come, the decision is one of far-reaching importance. It is for this reason that I have sought to obtain, as fully as possible, the considerations that induced the Ohio State University to undertake this program of medical education.

### Conditions at O. S. U.

"In making this effort, I have conferred with the board of government and the president of the university, with the medical schools themselves, with prominent practitioners of both schools, and with the Council on Medical Education of the American Medical Association. I am indebted to

all of them for the spirit in which they have welcomed my inquiry, and particularly to the board of government and to the president of the university. The board did not look upon such a study as an intrusion. It recognized fully that the state university is a public institution, and that as such is a fair object of scrutiny by all those interested in education. The board held a special meeting at which all of its members were present and at which they explained at length the circumstances under which their action had been taken.

"The government of Ohio State University is vested in seven trustees appointed by the governor and confirmed by the senate. Each trustee serves seven years, one trustee retiring each year; but re-appointments are common. The board is, therefore, a stable board. Two of the trustees are graduates of the university. Four others are graduates of other colleges. All the members of the board are men of unusual intelligence and character, who give to their duties a high order of conscientious service.

"The process through which the board was led to take its action is described by them in some such terms as follow:

"The members of the board had no desire on their own initiative for a medical school. They were in fact doubtful as to the need of such a school and as to the ability of the university to support it. They were, however, appealed to most strongly by members of the medical profession connected with the Starling-Ohio College to take over their institution. It was urged that only in this way could the medical school in Columbus be continued, in view of the raising of standards and the decreasing income from tuitions. Furthermore, it was urged upon the members of the board by the representatives of this school and by other physicians that it was the duty of the state university to provide medical instruction. Finally, and chiefly through the efforts of the representatives of the Starling-Ohio Medical College, the secretary of the Council on Medical Education of the American Medical Association appeared before the board and urged the adoption of the Columbus school. In addition, he described the Starling-Ohio College as one of the strong medical schools of the country, a school which the Council on Medical Education was ready to place in the same group with Johns Hopkins and Harvard. It was on such representations, the board states, that they were induced to consent to the adoption of the Starling-Ohio College, provided a suitable enabling act was passed by the legislature.

"This enabling act was introduced into the Ohio legislature by the dean of the Starling-Ohio Col-

lege, and without support from the trustees of the university. Inasmuch as the president of the university was also president of the board of trustees of the Starling-Ohio Medical College, a friendly co-operation may be at least assumed. In the legislature the bill ran against a snag. The homeopathic physicians of the state objected to the establishment upon a state foundation of a college of medicine under the control of what they denominated the "regular" doctors. The governor of the state at the time was strongly devoted to homeopathic medicine, and the homeopaths were in a position to defeat the bill. This they frankly announced they would do unless provision was made also for a homeopathic school of medicine under state control and support. The story of the negotiations by which this impasse was removed is not entirely clear. The board of trustees of the university insist that they gave no assurance that a homeopathic school would be established. The homeopathic physicians state frankly that they received satisfactory assurances that homeopathic medical education would be taken care of before they let the bill through. The university and the homeopaths seems to have come to terms at a conference held in the governor's office. Whatever may have been the difficulties in the way of the bill, they were removed; and on April 18, 1913, the bill was passed.

#### Council on Medical Education.

"The next step in point of time seems to have been taken by the Council on Medical Education of the American Medical Association. The Council, as all interested in medicine know, is the representative of the American Medical Association in medical education, and in the name of the Association classifies medical colleges. At this time its classification was as follows:

"The highest class was designated under the term A Plus; the second class designated A; the third, Class B; and the lowest, Class C. The Starling-Ohio Medical College was in Class A—the second class, a fairly generous rating for it.

On December 27, 1913, the Council passed the following resolution of encouragement, which was transmitted to the trustees of the university:

Resolved, That if Ohio State University takes over the Starling-Ohio Medical College, maintains its present standard and provides adequate financial support for its future, the school will have fulfilled the requirements for a Class A Plus rating."

It is quite evident that the board of trustees of the university, after the passage of the enabling resolution, in April 1913, had some misgivings as to its ability to take over any school at all. It is equally evident that the representatives of the Starling-Ohio College who saw approaching bankruptcy were using every means to unload the burden of their medical school upon the university. In this effort they had the hearty support of the Council on Medical Education. It goes without saying, however, that the Council did not know of the contemplated second school, nor does it seem probable, in view of subsequent develop-

ments, that the board took at its full value the reference made by the Council to the necessity for "adequate financial support." In fact, the source of adequate financial support seems never to have figured prominently in the deliberations. There was a general feeling that if the state became responsible, the support would be forthcoming. An extraordinary high estimate appears to have been placed on the value of the property of the Starling-Ohio Medical College. This property was in most respects obsolete for medical teaching, and in cash represented a sum insignificant in the establishment of a modern school of medicine. The Starling-Ohio College had, in fact, little to offer a university intending to start a high grade school of medicine.

Very soon after the receipt of this assurance from the Council the board of trustees decided to take the plunge, and on January 27, 1914, adopted the following resolution:

"Be It Resolved by the Board of Trustees of the Ohio State University:

"First: That pursuant to an Act of the Legislature of Ohio, passed April 18, 1913, (C. L. 103, p. 344), a college of medicine and a college of dentistry be established at The Ohio State University.

"Second: That the proposition of the Board of Trustees of the Starling-Ohio Medical College, submitted to the Board of Trustees of the Ohio State University, under date of January 10, 1913, supplemented by the proposition of the Trustees of the said Starling-Ohio Medical College, dated January 27, 1914, be accepted, provided that the title to the said property is acceptable to the Board of Trustees of the Ohio State University, and to this end a committee of three shall be appointed to take steps to execute the required papers and to examine and pass upon the muniments of title necessary to the carrying out of this resolution.

"Third: The Board of Trustees of the Ohio State University desires to go on record as likewise willing to establish a homeopathic department to said College, provided the property inducements offered by the Homeopathic School of Medicine are satisfactory to this Board, and it is ordered that the investigation as to the property of the Cleveland-Pulte Medical College, of Cleveland, Ohio, be continued."

#### Without Delay.

"The Starling-Ohio, now become the Medical School of Ohio State University, was duly promoted to a place in the first class of medical schools by the Council on Medical Education on February 24, 1914. There was no loss of time and no delay to ascertain the 'adequate financial support.'

"At this point the board parted company with the Council on Medical Education and its advisers in the Starling-Ohio, and began its conferences with the homeopathic representatives. In the course of its inquiry, the board was greatly impressed by the courtesy and good bearing of the representatives of homeopathic medicine as compared with the personal qualities of the 'regular' doctors. In the end it decided to establish not merely a 'homeopathic department' in the medical college already adopted, but to set up on the campus of



the university a complete homeopathic medical school. Whether or not this was involved in the original understanding with the homeopaths arrived at during the legislative struggle is a matter of some difference of opinion. The representatives of homeopathy believed they had secured such assurance. In any event, this was the outcome, and the second school was provided for in a resolution of the board adopted May 26, 1914, which read as follows:

"Resolved, That the Board of Trustees of the Ohio State University, pursuant to the resolution adopted January 27, 1914, now declares that the time has arrived for the establishment of a college of homeopathic medicine in the University, and that the Board proceed to open the facilities for such instruction next September, subject to the means available for such purpose."

"The university was thus committed to two medical schools, for neither of which was there any assurance of support.

"The outline just given affords but a partial picture of the varied influences—personal, professional, medical, institutional, and political—that contributed to the final result. What apparently happened was this:

"The board, at the beginning doubtful of the desirability of taking over the Starling-Ohio, finally made up its mind to do this, provided the legislature gave the necessary authority. Confronted by opposition in the legislature, due to the rivalry between two groups of practitioners, and apparently having little information concerning all the travail through which American medical education has gone in the last ten years, and lacking any definite opinion of its own regarding medical education, the government of the university decided to placate both medical factions and, by giving a school to each, to secure the support of both for legislative appropriation. By this process a question which was primarily educational and scientific was settled finally upon what in the broader sense must be called political grounds.

"Notwithstanding the high respect one must have for the governing board of the university, it is difficult to review this action without protest. The actual need of a medical school at this time seems to have received slight consideration. Ohio is over-crowded with practitioners, and in Columbus and its vicinity this over-crowding is excessive. At the end of this paper are given certain statistics regarding the number of medical practitioners in the state, from which it is evident that even if no school of medicine were conducted in Columbus for twenty years, the region would still be over-supplied with physicians.

#### Haste, Basis of Criticism.

"There was thus no need for hurry in determining what form of medical school ought to be adopted. Whether the board appreciated the cost of medical education is not entirely clear, but so much has been said on this matter in recent years that this information was doubtless before them.

The conduct of a medical school upon anything like a sound basis will cost the state not less than \$100,000 a year. In addition, buildings and hospitals must be provided, the cost of which at a low estimate would be not less than \$1,000,000. Their maintenance would involve an expenditure of \$50,000 more. Something like \$150,000 a year is as little as a university can expect to spend upon its medical school and maintain it in a fair state of progress. Toward this sum the tuition fees would contribute but a small amount. To maintain two schools, a university must expend as a minimum something in the neighborhood of \$300,000 a year and provide buildings well on toward \$2,000,000. It is not for an outsider to say whether or not the State of Ohio should furnish such support. Ohio is a rich state and it can afford to do for medicine whatever it may find desirable. There are, however, few universities that would be willing from consideration of expense alone to make themselves responsible for a new medical school, to say nothing of two. Medicine is the most costly field of education in which a university can engage. The property of both of these schools is almost negligible in comparison with what must be expended to establish them on a modern basis.

"The board has here not only allowed a question which ought primarily to be settled upon educational and scientific grounds to be settled by outside interests, but it has also committed itself to two schools whose theories of medical teaching are antagonistic. A university owes to its state something more than quick obedience to outside pressure; the state has a right to expect from it educational leadership. The right form of medical education is exactly the sort of question that a university is supposed to determine for itself. For a modern university to stand sponsor for two conceptions of medicine—scientific and sectarian—involves not only a singular inconsistency but a surrender of its educational leadership.

#### Status of State Schools.

"The story of this transaction throws an interesting light also upon certain tendencies, which, during the last few years, have become more marked in the relation of state universities to the demands made upon them. The state university is primarily a servant of the whole people. It is quite right that such a university should respond quickly to popular needs; but it is evident that there is a tendency among many state universities—and in particular among those that live next door to a legislature—to be a little too sensitive to a demand which may be construed as an expression of popular opinion if it is conveyed through the legislature. The tendency is to make the state university a representative of every faction strong enough to demand representation, rather than to make it a courageous leader of the educational forces of the state. In the case of medical education, the state was entitled to the belief that the

government of the university would have some views of its own with regard to medical education. If the educational policy that was pursued in this instance is to be continued, any other medical body which is able to muster enough influence in the legislature may demand a third medical school!

"A word ought to be said also concerning the advice given to the board of trustees of the university by the representative of the Council on Medical Education of the American Medical Association. The secretary of the Council, in appearing before the board, urged strongly the duty of the university to take over the existing medical school, notwithstanding there was no assurance of support for such a school. Such advice is certainly questionable. This process has led in the past to many of the worst situations in medical education that the country has known. A university that has no sure promise of support for medicine should wait till it has such assurance. Otherwise, there results almost inevitably a situation in which the medical school is nominally a university school, while in reality it enjoys neither university ideals nor university support.

#### Different Standards.

"The action of the secretary of the council in recommending to the trustees the Starling-Ohio College in such strong terms is still more questionable. The Starling-Ohio Medical College was the residuum of five medical schools which have existed in Columbus during the last eighty years. The final consolidation, which occurred in 1908, formed the present school out of the Starling-School and the Ohio Medical University. Since this consolidation, the school has made great improvement. Its departments of anatomy, physiology, chemistry, pathology, and bacteriology have been placed upon as good a basis as the income of the school admitted. This income is entirely from fees. These departments are all manned by poorly paid and hard-worked teachers. The staff of clinical and surgical teachers is made up of practitioners retained from the various combinations and consolidations that have been made—similar to those which have gone on in most American cities. The school is in the process of transformation from a practitioners' school to one of scientific medicine but that transformation has as yet had little effect upon the clinical and surgical teaching. There are, for example, six full professors of surgery, all practitioners, the university having added one since it took possession! That this school, facing extinction, should make every effort to have itself taken over by the university was natural; but that the Council on Medical Education should class such a school with Harvard and Johns Hopkins, and should commend it upon such terms to the trustees of the Ohio State University, is not only justifiable, but goes far to stultify the standards of the Council.

"The Cleveland-Pulte School, which was made the homeopathic school of the university, was of the weakest description. It was graded by the Council on Medical Education in its fourth class C. In comparison with its facilities, those of the Starling-Ohio Medical College were admirable. In taking over this school, however, the university wisely chose a completely new faculty, made up of non-residents, mainly younger men with modern medical training. The clinical and surgical professors are therefore salaried men giving their time to the college and the tiny hospital just fitted up. The homeopathic school is thus already more completely on a university basis than the older school. The university took over the student body of the school, and agreed to retain for the present both its standards of admission and its tuition fees. The university thus presents for the time two medical schools having not only different theories of medicine, but different standards and different fees. It is announced, however, that within two years both schools are to go upon a basis of two years of college for admission and that the fees will be the same in each.

"The reasons for making the new school of homeopathy a continuation of an existing school rather than starting a new one were of a very practical sort. The Cleveland-Pulte, like the Starling-Ohio, was making heavy weather. With a homeopathic college supported by the state, destruction was sure. The acceptance of this school—notwithstanding its unenviable reputation—secured two results. It gave, first of all, a body of students at beginning; but what was more important, it gained the support of homeopathic practitioners throughout the state. A large proportion of these are graduates of either the Cincinnati-Pulte School (now defunct), or of the Cleveland Homeopathic School, later absorbed into the Cleveland-Pulte. This motive is distinctly appealed to in the first bulletin of the university issued in the name of its homeopathic school. It is there stated that the Cleveland-Pulte Medical College has become an integral part of the Ohio State University. 'This action,' adds the bulletin, 'perpetuates the Cleveland-Pulte Medical College, but under a different title and under state control.' The way has been made entirely clear for each group of adherents to work for the largest possible appropriation for its own school. This involves two departments of anatomy, physiology, pathology, bacteriology, and other medical sciences, no less than the duplication of clinical and surgical chairs. For, although the homeopath uses the same anatomy, the same pathology, the same bacteriology as the man who works in the name of scientific medicine, the former insists that homeopaths ought to control the entire course of teaching if the medical student is to come into medicine and surgery with the right point of view. The results of this double program will be observed with great interest.



### Too Many Doctors in Ohio.

In submitting this report Dr. Pritchett added a memorandum concerning the number of physicians in Ohio which likewise attracted wide attention in the lay press. Probably no newspaper publicity in recent years has served to throw more illuminating attention to the fact that there are too many practicing physicians in this state. Clippings at hand show that many editors commented upon this point and called attention to the need of greater care by the state in licensing persons to meet and treat the sick. The memorandum is as follows:

"Omitting all unlisted practitioners, nature healers, osteopaths, and others, including men who have attended a year or two of medical school but have never qualified for practice, and yet have a surreptitious practice, there are in the state of Ohio 7912 physicians who seek to make a living out of its 5,000,000 inhabitants. This is at the rate of one licensed physician for every 630 men, women, and children, or about three times the number of physicians per thousand of population that one finds in a thickly settled country like Germany, for example, which is generally looked upon as over-stocked with doctors. Of the cities of Ohio, Columbus is the most be-doctored. It has one practitioner to every 520 inhabitants; Cincinnati has one doctor to every 560 inhabitants; Cleveland has one to every 800; and Toledo is fortunate in having only one to every 1000 inhabitants.

"An extremely significant thing regarding the statistics of Ohio physicians is that to a greater degree than in most states they are home-grown. Of the 7500 physicians from whom educational statistics were obtained, 5568 got their training in Ohio medical schools. The Council of Medical Education of the American Medical Association classified medical schools into four groups, the first two of which are supposed to include all the medical colleges that can be considered respectable. Of the Ohio physicians now in practice, 1990 came from these two higher groups of medical schools, the A Plus group and the A group. But it is interesting to note that 1019 of these better trained physicians come from medical schools outside of the state. In other words, the medical immigration to Ohio has been on a much higher plane than the medical production of Ohio.

"A further examination of these statistics brings out some additional interesting facts. From the two lower classes of medical schools in the list of the American Medical Association 844 practitioners of medicine are now at work in the state of Ohio. In all, 2234 of the physicians today practicing in Ohio have been trained in institutions at present classified by the American Medical Association, whether they are good, indifferent, or bad. In other words, nearly 5000 members of the present medical service of Ohio received their training in institutions which have disappeared en-

tirely and mainly because they have been unable to live under the improved conditions of the last ten years."

### PUBLIC HEALTH FEDERATION ENDS SESSION WITH TREASURY BALANCE

Organization Will Be Maintained Between Legislative Sessions to Follow Public Health Matters.

The Executive Council of the Ohio Public Health Federation, at a meeting in Columbus on June 25, closed up its work in connection with the last General Assembly, and provided for the publication of its complete report which will be distributed to co-operating committeemen throughout the state and to others on request. The Council by unanimous vote determined to maintain the organization between legislative sessions and to keep in close touch with all public health problems, such as the management of state hospitals, the registration of non-medical practitioners, the registration of nurses, conduct of infant welfare campaigns; etc.

The report by Dr. J. H. J. Upham, of Columbus, member of the Executive Council for the Ohio State Medical Association and treasurer of the Federation, shows that a total of \$1241.85 was collected from the seven co-operating organizations and that expenditures in the six months' campaign amount to \$976.99, leaving a balance on hand of \$264.86. This will later be increased by \$67.50 due as the third assessment against the Ohio State Pharmaceutical Association, making a total balance in the treasury of \$332.36.

This amount was raised by a per capita assessment of 15 cents against each co-operating association. The amount was contributed as follows:

Ohio Society for the Prevention of Tuberculosis, \$225.00; Ohio State Medical Association, \$570.00; Homeopathic Medical Society of Ohio, \$51.00; Ohio State Eclectic Medical Association, \$32.25; Ohio State Dental Society, \$183.60; Ohio State Pharmaceutical Association, \$135.00; Ohio State Veterinary Medical Association, \$45.00; Total, \$1241.85.

The expense consisted of \$19.70 for circular letters; \$182.32 for printing, stationery and office supplies; \$126.56 for postage; \$600.00 for salaries to clerical force for six months, and \$48.41 miscellaneous expense, including telegrams and telephones.

This was considered a remarkably small expenditure in view of the large amount of work accomplished. The Federation defeated every bill it opposed and co-operated in the enactment of all favorable public health legislation. It was a real force in the eighty-first General Assembly.

On June 4, Cedarville College, Cedarville, Ohio, conferred the honorary degree of Doctor of Laws upon Dr. Albert Freiberg, of Cincinnati.

## RULES OHIO WORKMEN'S COMPENSATION ACT DOES NOT INCLUDE INDEMNITY FOR OCCUPATIONAL DISEASES

With all Justices but one—Judge R. M. Wanamaker—concurring, the Ohio Supreme Court decided, June 17, that occupational diseases are not within the scope of the elective workmen's compensation law of 1911.

As the elective act of 1911 is, in respect to the classification of those who are to be compensated for "injury received in the course of employment," identical with the present compulsory act which became effective January 1, 1914, the dispute is settled.

The decree of the court of last resort overturned the judgments of the Hamilton County Court of Appeals and Common Pleas Court, which awarded to David Brown, a Cincinnati workman, a judgment for \$85.25 for injury received while at work. His complaint, contracted during his employment, was "lead colic." The decision of the court is to be reported but the opinion has not been written.

Brown was employed by the Eagle White Lead Company, of Cincinnati. This firm had paid its premium into the state fund. Hence Brown asked for an award from the State Industrial Commission. It was refused and he took his petition to court. The lower courts sustained his contention.

The decision is regarded as saving the workmen's compensation law, as experts believed it would have broken down if made to cover occupational diseases. The necessary legislation to bring industrial health hazards under its scope probably will be taken up within a few years. At present there is no right of recovery as against the employer whose men suffer from occupational diseases.

Many physicians come under the protection of the state workmen's compensation act and are entitled to compensation when injured in the course of their employment. The act covers all public employes, and this of course includes all health officers, county infirmary and city and township physicians, and others, similarly employed. A recent instance developed in Madison township, Montgomery county. Dr. W. C. Mendenhall, of Trotwood, was injured last August when his automobile was struck by an electric car. He suffered a fracture of the right ulna, a severe fracture of the infra orbital ridge of the right eye, and a fracture of skull. Inasmuch as at the time of the accident he was engaged in his work as township health officer, the commission held him to be a public employe and entitled to compensation. He received about \$300.00 in addition to the payment of nurse, hospital and other expenses. The payment did not in any way prevent or affect an in-

dependent suit for damages which he filed against the electric railway company. Other similar instances have arisen.

The commission established a ruling of some importance to hospitals in a case originating in Gallipolis. A special nurse attending a patient in Holzer hospital was injured. Owing to the fact that the hospital had less than five employes it is not under workmen's compensation. Attorneys for the nurse maintained that inasmuch as she was working in the hospital she was an employe of the hospital, in which event it would have raised the total number of hospital employes to five and would have automatically brought it under the plan of industrial compensation. Had this condition held, Dr. Holzer would have been compelled to pay damages to the injured nurse.

The commission held that where a nurse is employed by a patient to devote her entire time to the patient, even though she attends the patient in the hospital, she is not an employe of the hospital in which the patient is being treated.

The Industrial Commission of Ohio is paying to the physicians of the state between one-half and three quarters of a million dollars a year for services rendered in attending injured men who are insured by the state. This estimate is based upon a recent report of the actuary of the commission in which he states that in the future the commission will handle 88,000 cases a year. The average paid for medical attention in each case has been steadily climbing until it has reached an average of approximately ten dollars per case.

Dr. E. R. Hayhurst, under the direction of the state board of health, is making an extensive survey of the occupational disease situation in this state. Mr. Wallace D. Yapple, chairman of the Industrial Commission, is quoted as favoring the extension of the state insurance plan to cover occupational diseases as soon as the necessary information is available. Material revision of the present workmen's compensation act will be necessary to accomplish this.

Chairman Wallace D. Yapple, of the state industrial commission, will address the annual meeting of the American Public Health Association, at Rochester, N. Y., September 7-10, on "Commission Supervision of Industrial Hygiene versus Specific Legislation."





# NEWS OF STATE MEDICAL BOARD

## OFFICIAL BOARD

LEE HUMPHREY, M. D., President, Malta, March 17, 1917  
 J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920  
 S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921  
 LESTER E. SIEMON, M. D., Cleveland, March 17, 1918  
 T. A. McCANN, M. D., Dayton, March 17, 1916  
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919  
 BEN. R. MCCLELLAN, M. D., Xenia, March 17, 1922.

GEO. H. MATSON, M. D., Secretary,  
 Office, State House, Columbus.

Examiner in Preliminary Education,  
 K. D. SWARTZEL, M. Sc., Columbus.

We present herewith a complete list of those who passed the examination conducted by the state medical board in June, who were granted certificates to practice medicine in Ohio at the regular meeting of the board on July 8. The examination questions are printed on the subsequent pages. The examination was taken by 143 graduates, three of that number failing. The list which follows gives the name of the graduate, his or her school, and the intended residence for practice.

Carl C. Borden, Ohio State University, College of Medicine. Intended residence, Springboro, Warren county.

Clarence G. Bozeman, Ohio State University, College of Medicine. Intended residence, McConnelsville.

Arthur K. Buell, Ohio State University, College of Medicine. Intended residence, Canal Winchester, Franklin county.

Harry W. Burnett, 123 Meridith St., Dayton, Ohio State University, College of Medicine. Intended residence, Dayton.

Mabel Roe Coddling, Ohio State University, College of Medicine. Intended residence, Findlay, Hancock county.

Charles H. Clovis, Ohio State University, College of Medicine. Intended residence, Columbus.

Allen G. Crow, Ohio State University, College of Medicine. Intended residence, Jacksontown, Licking county.

Virgil H. Danford, Ohio State University, College of Medicine. Intended residence, Byesville, Guernsey county.

Roy L. Davis, Ohio State University, College of Medicine. Intended residence, Paulding.

Joseph M. Dunn, Ohio State University, College of Medicine. Intended residence, Mt. Carmel Hospital, Columbus.

Jesse C. Edwards, 249 Wilber Ave., Columbus, Ohio State University, College of Medicine. Intended residence, Columbus.

Loren L. Frick, Ohio State University, College

of Medicine. Intended residence, Greentown, Stark county.

John T. Gibbons, Ohio State University, College of Medicine. Intended residence, Protestant Hospital, Columbus.

John S. Hattery, Ohio State University, College of Medicine. Intended residence, Celina, Mercer county.

Cullen W. Irish, Ohio State University, College of Medicine. Intended residence, Barberton.

Alta Weiss, Starling Medical College, Columbus. Intended residence, Rogersville, Tuscarawas county.

Daniel J. Leithauser, Ohio State University, College of Medicine. Intended residence, Defiance.

James G. Lemmons, Ohio State University, College of Medicine. Intended residence, Kingston, Ross county.

Thomas G. McCormick, Ohio State University, College of Medicine. Intended residence, Mt. Vernon.

Joseph B. Metzger, 930 Colburn St., Toledo, Ohio State University, College of Medicine. Intended residence, Toledo.

James I. Nesbet, Ohio State University, College of Medicine. Intended residence, West Alexandria, Preble county.

Wm. F. Millhon, Ohio State University, College of Medicine. Intended residence, Senecaville, Guernsey county.

Harry A. Minthorn, Ohio State University, College of Medicine. Intended residence, St. Clair Hospital, Columbus.

Glen Nisley, Ohio State University, College of Medicine. Intended residence, Mt. Carmel Hospital, Columbus.

Philip J. Reel, 308 Buttles Ave., Columbus, Ohio State University, College of Medicine. Intended residence, Columbus.

Joseph H. Rinehart, Ohio State University, College of Medicine. Intended residence, Springfield City Hospital.

Clarence F. Ruhlmann, Ohio State University, College of Medicine. Intended residence, Minister, Auglaize county.

James C. Sargent, Ohio State University, College of Medicine. Intended residence, Children's Hospital, Columbus.

Raymond S. Schutte, Ohio State University, College of Medicine. Intended residence, Kenton.

Adam E. Szczykowski, 871 East 67th St., Cleveland, Ohio; graduate of the Ohio State University, College of Medicine. Intended residence, Cleveland.

Wm. N. Taylor, Ohio State University, College



of Medicine. Interne in Protestant Hospital, Columbus.

Jay I. Thompson, Ohio State University, College of Medicine. Intended residence, Mingo Junction, Jefferson county.

Cresswell S. Toops, Ohio State University, College of Medicine. Intended residence, Mt. Sterling, Madison county.

James H. Warren, 324 East 20th Ave., Columbus, Ohio State University, College of Medicine. Intended residence, Columbus.

Ferdinand W. Wiehe, Ohio State University, College of Medicine. Intended residence, St. Mary's.

Zackary T. Penhorwood, Ohio State University, College of Medicine. Interne in Miami Valley Hospital, Dayton, Ohio.

Peter E. Kern, 200 West 2d Ave., Columbus, Ohio State University, College of Medicine. Intended residence, Columbus.

Kurt C. Becker, 1516 Collingwood Ave., Toledo, Ohio State University, College of Medicine. Intended residence, Toledo.

Jesse C. Bohl, Ohio State University, College of Medicine. Intended residence, Sardinia, Brown county.

Austin H. Seed, Ohio State University, College of Medicine. Interne, St. Francis Hospital, Columbus, Ohio.

Aldo V. Sibert, Ohio State University, College of Medicine. Intended residence, Wapakoneta, Auglaize county.

Wyndham C. Sparling, Ohio State University, College of Medicine. Intended residence, Marietta.

Frederic M. Stanton, Ohio State University, College of Medicine. Intended residence, Columbus.

Leonard E. Stutsman, Ohio State University, College of Medicine. Intended residence, Dayton.

#### Western Reserve Graduates.

Ernest J. Aten, 1556 East 22d St., Cleveland, Western Reserve University. Intended residence, Cleveland.

Leonard J. Bernstein, 9911 Somerset Ave., Cleveland, Western Reserve University. Intended residence, Cleveland.

Stephen Wm. Boesel, Western Reserve Medical School. Intended residence, Cleveland.

Russel Collins, Western Reserve University. Located at Western Reserve Medical School.

Wm. W. Donaldson, Western Reserve University. Interne, United States Marine Hospital.

Roy P. Forbes, Western Reserve University. Interne, City Hospital, Cleveland.

Benj. H. Gillespie, Western Reserve University. Intended residence, Akron.

Richard A. Gregg, Western Reserve University. Intended residence, Cleveland.

James C. Hawkins, 1556 East 22d St., Cleveland, Western Reserve University. Intended residence, Cleveland.

James S. Kramer, Western Reserve University. Interne, Lakeside Hospital, Cleveland.

Wm. Markus, 9911 Somerset Ave., Cleveland, Western Reserve University. Intended residence, Cleveland.

Emerson Megrail, 1556 East 22d St., Cleveland, Western Reserve University. Intended residence, Cleveland.

Patrick S. Murphy, Western Reserve University. Interne, City Hospital, Cleveland.

Howard S. Myers, Western Reserve University. Residence, Bolivar, Tuscarawas county.

Harry D. Piercy, Western Reserve University. Intended residence, Cleveland.

Lew Potts, Western Reserve University. Interne, City Hospital, Cleveland.

Randolf S. Reich, Western Reserve University. Interne, St. Luke's Hospital, Cleveland.

James L. Reycraft, Western Reserve University. Interne, Maternity Hospital, Cleveland.

Manly H. Shipley, Western Reserve University. Interne, City Hospital, Cleveland.

Wilbert W. Lawrence, Western Reserve University. Interne, Charity Hospital, Cleveland.

Wm. S. Nichols, 6606 Carnegie Ave., Cleveland, Western Reserve University. Intended residence, Cleveland.

Harry V. Paryzek, Western Reserve University. Interne, Lakeside Hospital, Cleveland.

Stanley J. Spotanski, 6214 Francis Ave. S. E., Cleveland, Western Reserve University. Intended residence, Cleveland.

Arthur R. Timme, 10306 Purpont Ave., Cleveland, Western Reserve University. Intended residence, Cleveland.

Francis C. Tyng, 2299 Grandview Ave., Cleveland, Western Reserve University. Intended residence, Cleveland.

Herbert V. Weihranch, Western Reserve University. Intended residence, Cleveland.

James H. West, Western Reserve University. Interne, Charity Hospital, Cleveland.

Geo. E. Wilson, 1556 East 22d St., Cleveland, Western Reserve University. Intended residence, Cleveland.

Harry E. Woodbury, Western Reserve University. Interne, City Hospital, Cleveland.

Nicholas L. Zimmer, 866 Ansel Rd., Cleveland, Western Reserve University. Intended residence, Cleveland.

Charles W. Burhaus, Western Reserve University. Interne, City Hospital, Cleveland.

#### Ohio-Miami College.

Elizabeth I. Adamson, Ohio-Miami Medical College. Interne, Cincinnati General Hospital, Cincinnati.

Clarence W. Betzner, 2627 Vine St., Cincinnati, Ohio-Miami Medical College. Intended residence, Cincinnati.

Wm. H. Burns, Ohio Miami Medical College. Intended residence, St. Henry, Mercer county.

Samuel C. Clark, Ohio Miami Medical College. Intended residence, Cherry Forks, Adams county.

Harley B. Fisk, Ohio-Miami Medical College. Interne, Good Samaritan Hospital, Cincinnati.

Wm. L. Freyhof, Ohio-Miami Medical College. Interne, City Hospital, Cincinnati.

Nettie L. Gerish, Ohio-Miami Medical College. Intended residence, Gypsum, Kansas.

Frank S. Kreft, 2905 La Grange St., Toledo, Ohio-Miami Medical College. Intended residence, Toledo.

Albert P. Hofman, Ohio-Miami Medical College. Interne, Good Samaritan Hospital, Cincinnati.

Larry R. Gale, Ohio-Miami Medical College. Intended residence, Newport, Washington county.

Benjamin H. Lamb, 3302 Eastside Ave., Cincinnati, Ohio-Miami Medical College. Intended residence, Cincinnati.

Henry H. Lowe, 709 McMakin Ave., Cincinnati, Ohio-Miami Medical College. Intended residence, Cincinnati.

Frank C. Metzger, Ohio-Miami Medical College. Interne, Cincinnati General Hospital.

Charles L. Miller, Ohio-Miami Medical College. Interne, Good Samaritan Hospital, Cincinnati.

Hazlett A. Moore, Bond Hill, Cincinnati, Ohio-Miami Medical College. Intended residence, Cincinnati.

Benj. Morris, Ohio-Miami Medical College. Interne, Cincinnati General Hospital.

Wade W. Oliver, 2233 Park Ave., Cincinnati, Ohio-Miami Medical College. Intended residence, Cincinnati.

Russel H. Padin, Ohio-Miami Medical College. Interne, Good Samaritan Hospital.

Hiram B. Weiss, 3314 Perkins Ave., Cincinnati, Ohio-Miami Medical College. Intended residence, Cincinnati.

#### Eclectic Medical College.

Harry A. Bennett, Eclectic Medical College, Cincinnati. Intended residence, Toledo.

Fred C. Gallaway, Eclectic Medical College, Cincinnati. Intended residence, Marysville.

John T. Conner, Eclectic Medical College, Cincinnati. Intended residence, Sidney.

Leslie E. Daugherty, Eclectic Medical College. Intended residence, Wilmington.

Samuel E. Eagon, Eclectic Medical College, Cincinnati. Intended residence, Cambridge.

Bennie L. Englerth, Eclectic Medical College, Cincinnati. Intended residence, Anna, Shelby county.

Wm. H. Gaskins, Eclectic Medical College, Cincinnati. Intended residence, Cincinnati.

Harold E. Gibson, Eclectic Medical College, Cincinnati. Intended residence, Forest, Hardin county.

Cleal G. Hissong, Eclectic Medical College, Cincinnati. Intended residence, Benton Ridge, Hancock county.

Laurence D. Miller, Eclectic Medical College,

Cincinnati. Intended residence, Forest, Hardin county.

Robert S. Postle, Eclectic Medical College, Cincinnati. Interne, Bethesda Hospital, Cincinnati.

Franklin Postle, Eclectic Medical College, Cincinnati. Interne, Seton Hospital, Cincinnati.

Ugo Sissa, 630 West 6th St., Cincinnati, Eclectic Medical College, Cincinnati. Intended residence, Cincinnati.

Jacob Schwartz, 1612 Main St., Cincinnati, Eclectic Medical College, Cincinnati. Intended residence, Cincinnati.

Clarence J. Schirack, Eclectic Medical College, Cincinnati. Interne, St. Mary's Hospital.

Claude F. Yauman, Eclectic Medical College, Cincinnati. Intended residence, Cincinnati.

Herschel R. Yost, Eclectic Medical College, Cincinnati. Interne, Bethesda Hospital, Cincinnati.

Ralph E. Powers, Eclectic Medical College, Cincinnati. Interne, St. Mary's Hospital, Cincinnati.

#### College of Homeopathy.

Neil A. Dayton, 1342 Addison Road, Cleveland, Ohio State University, College of Homeopathic Medicine. Intended residence, Cleveland.

Arthur C. Fischer, Ohio State University, College of Homeopathic Medicine. Intended residence, Cleveland.

Cleon A. Giles, Ohio State University, College of Homeopathic Medicine. Intended residence, Canton, Stark county.

Sidney J. Heeley, Ohio State University, College of Homeopathic Medicine. Intended residence, Lorain.

William J. Hultenschmidt, Ohio State University, College of Homeopathic Medicine. Intended residence, Cleveland.

Carrie I. Hyatt, Ohio State University, College of Homeopathic Medicine. Intended residence, Lodi, Medina county.

Frank G. Jones, Jr., 9416 Talbot Ave., Cleveland, Ohio State University, College of Homeopathic Medicine. Intended residence, Cleveland.

Leonard W. Kuttler, 643 East 113th St., Cleveland, Ohio State University, College of Homeopathic Medicine. Intended residence, Cleveland.

Leo. C. Neiswander, Ohio State University, College of Homeopathic Medicine. Intended residence, Columbus.

Eugen P. Neitz, Ohio State University, College of Homeopathic Medicine. Intended residence, Cleveland.

Martin A. O'Brien, 10511 St. Clair St., Cleveland, Ohio State University, College of Homeopathic Medicine. Intended residence, Cleveland.

Henry C. Priel, Ohio State University, College of Homeopathic Medicine. Intended residence, Euclid, Cuyahoga county.

James W. Reese, Ohio State University, College of Homeopathic Medicine. Intended residence, Elyria.

May Scheinkola, 3788 East 93d St., Cleveland,



Ohio State University, College of Homeopathic Medicine. Intended residence, Cleveland.

Rollin Schwartz, Ohio State University, College of Homeopathic Medicine. Intended residence, Salem, Columbiana county.

Henry Snow, Ohio State University, College of Homeopathic Medicine. Intended residence, Norwood.

Archie Dean Woodmansee, Ohio State University, College of Homeopathic Medicine. Intended residence, Cincinnati.

#### Other Colleges.

Lee A. Hays, Eclectic Medical College, Cincinnati. Intended residence, Johnstown, Licking county.

Clyde K. Startzman, Indiana University School of Medicine, Indianapolis. Intended residence, Bellefontaine.

Frederick Wm. Dersheimer, Jefferson Medical College, Philadelphia. Intended residence, Wells-ville, Columbiana county.

Edson A. Freeman, Rush Medical College, Chicago. Intended residence, Akron.

Earl B. Maxwell, Boston University, School of Medicine. Intended residence, Findlay.

Chester M. Peters, Hahnemann Medical College, Chicago. Intended residence, Massillon, Stark county.

Amin Y. Abdelkarim, Cleveland-Pulte Medical College. Intended residence, Cleveland.

Samuel J. Feingold, University of Pittsburg, School of Medicine. Intended residence, Canton.

Leroy B. Sherry, Johns Hopkins University, Medical Department. Intended residence, Cleveland, Lakeside Hospital.

#### QUESTIONS SUBMITTED AT THE JUNE BOARD EXAMINATION.

The following questions were presented applicants for medical licenses at the semi-annual examination held in Columbus June 8, 9, 10 and 11:

**Examination in Chemistry.**—1. Describe concisely one test for albumin and one for sugar in the urine. Upon what chemical action is each based? 2. How would you determine the amount of urea in urine? Describe a test for indican in urine. 3. Give a brief outline to determine the fitness of water for drinking purposes. 4. Give formula for ethyl alcohol; methyl alcohol; from what is each made? 5. Differentiate the chlorides of mercury, naming properties, actions and characteristics.—J. K. S.

**Practice.**—1. What is artificial pneumothorax? What are the indications for producing it, and what local pathologic conditions interfere with its successful production? 2. In what conditions is high blood pressure found? 3. Give a case of a patient with a history of rheumatism several years ago, now complaining of swollen ankles, shortness of breath, cough and albuminuria, what would you suspect? Outline treatment. 4. How would you diagnose a case of incipient phthisis? 5. Outline the treatment of a case of acute parenchymatous nephritis with threatening uremia. 6. Outline the dietetic treatment of diabetes mellitus. 7. What are the symptoms of a brain tumor

situated on the right side of the middle fossa? 8. Differentiate between a case of diabetic coma, uremic coma, and apoplexy. 9. Give treatment for each in preceding question. 10. Give causes and treatment of rickets.—J. H. J. U., S. M. S., and L. E. S.

**Dermatology, Syphilology and Diseases of the Eye, Ear, Nose and Throat.**—1. Define psoriasis. Mention its varieties. Outline its treatment. 2. Dermatitis—mention its causes. Give treatment. 3. How do you recognize scabies? Mention the treatment. 4. Describe the initial lesion of syphilis. How can you prove its true syphilitic nature? 5. Outline the treatment of syphilis in the secondary period. 6. Define astigmatism. Give its symptoms and prescribe lenses for correcting the vision. 7. Describe iritis—name its varieties and outline treatment. 8. Describe otitis media purulenta, its results and dangers. 9. Describe atrophic rhinitis. How is it treated? 10. Describe laryngeal tuberculosis.—B. R. McC.

**Anatomy.**—1. Name the superficial muscles of the back. 2. How many spinal nerves? Which is the sensory and which the motor root? 3. Describe the structure of the stomach. 4. Describe the larynx. 5. Describe the left subclavian artery.—S. M. S.

**Physiology.**—1. What four structures enter into the formation of joints? Describe two of them. 2. Explain what is meant by tonicity of muscle. 3. What general digestive purpose is served by vegetable acids and what ill effects are observed by the ingestion of too large amounts of them? 4. What are the functions of the lymph? 5. Describe origin, distribution and function of the vagus nerve. 6. Describe two methods of determining arterial blood pressure in man. 7. Describe the succession of events in the thorax during inspiration and expiration. 8. Describe tendon reflex; name principal forms. 9. Bound the area of taste and describe the taste buds. 10. Describe the functions of the internal ear.—L. E. S.

**Diagnosis.**—1. Define the limits of the liver by percussion and by palpation. 2. When a general increase in the size of the liver is found, what does it denote? 3. How can you make diagnosis of amebic dysentery? 4. How is the spleen examined? What pathological conditions does a uniform enlargement of this organ indicate? 5. In what affections of the stomach is haematemesia present? Mention physical signs of mitral incompetency. 7. What physical signs denote chronic bronchitis? 8. Dyspnoea—mention its types and state in what pathological conditions it is found. 9. How do you examine a patient for tremor? Mention its varieties and pathological significance. 10. Aphasia—mention its varieties and the lesions which they denote.—B. R. McC.

**Obstetrics.**—1. Give symptoms and treatment of puerperal eclampsia. 2. Name the different displacements of the uterus and outline general treatment. 3. What is the third stage of labor? Give in detail its management. 4. What have you to say about the use of anaesthetics, in obstetrics, as to kind, time and method of administration. 5. Outline the general preparation of patient and surroundings in a case of impending labor.—L. H., and S. M. S.

**Pathology.**—1. What morbid conditions in the mouth give rise to systemic diseases; mention some of the latter and the manner of their production. 2. What are the morbid changes in the cord in tabes dorsalis? In infantile paralysis? 3. Give pathological findings in pernicious anemia. 4. What pathologic conditions may arise from the presence of gall-stones. Of renal calculus? 5. What is the normal average amount of urine

voided in twenty-four hours? What diseases cause an increase? Give clinical findings in each.—J. H. J. U.

**Surgery.**—1. Name five principal points of diagnostic importance in abdominal examinations. Discuss significance of tension and tenderness of abdomen from surgical point of view. 2. Briefly state pathology, symptoms, diagnosis and treatment of acute vulvitis. 3. Give symptoms and treatment of fracture of olecranon process. 4. Outline a general plan for treatment for concussion of the brain. 5. Give symptoms and treatment of subphrenic abscess.—T. A. McC.

**Materia Medica and Therapeutics (Regular).**—1. For what purposes are diuretics employed? Name three and mention doses. 2. What symptoms follow the continued use of cocaine and morphine? How would you treat an habitue of each? 3. Name three medicines used hyperdermically and state the precautions to be observed. 4. Name two cardiac stimulants and two cardiac sedatives. Describe physiological action and write a prescription for each. 5. What preparations of mercury are employed as cathartics? Mention doses of each. 6. What are the uses of narcotics? Name the principal ones and mention doses. 7. What is the source of ergot? Describe its physiologic action. Mention its principal uses. 8. Nitroglycerin—give physiologic action; therapy and dose. 9. Name some conditions in which the bromides are indicated and your method of giving them in large doses. 10. Define external antiseptic agent. Name two important ones and explain how they are used.—L. H.

**Materia Medica and Therapeutics (Eclectic).**—1. Mention usual dose and indications for gelsemium. 2. State briefly the indications for the use of passiflora, eryngium, and saw palmetto. 3. Mention some conditions in which you would use codeine and heroin, and state dose of each. 4. What are the indications for the use of quinine; when is it contra-indicated? 5. What is podophyllin; when is it indicated? 6. Name chief alkaloid of nux vomica; give its dose and therapeutic uses. 7. State briefly, indications for the use of phytolacca, veratrum, ergot. 8. Mention prominent symptoms of poisoning by opium, corrosive sublimate. Name antidotes. 9. When is the hypodermic use of lobelia indicated? Give dose. 10. When would you use antitoxin? Mention doses and describe method of use.—J. K. S.

**Materia Medica and Therapeutics (Homeopathic).**—1. When is Bryonia indicated in typhoid fever? Name symptoms calling for its use. 2. What is Hahnemann Causticum and what are general indications for its use? 3. Give leading renal indications for employment of nux vomica and cantharis. 4. From what source do we obtain abies negio and when should it be employed? 5. Give the etiology, duration and prognosis of pertussis. 6. Name three remedies homeopathic to above disease. 7. What are the manifestations of hereditary syphilis? 8. How would you treat a case of hereditary syphilis? 9. Give the symptoms and treatment of tetanus. 10. Differentiate acute enteritis from acute dysentery. Name two homeopathic remedies for the latter.—T. A. McC.

On June 23 the sheriff of Scioto county arrested "Dr." L. Von Walden, of Cincinnati, who had been previously indicted by the Scioto county grand jury on a charge of practicing medicine without a

license. Von Walden spent the night of June 23 in the county jail.

He was indicted for treating the wife of James I. Moon, of Portsmouth, for heart trouble. Moon told the grand jury that Von Walden had collected a fee of \$150.00 and had failed to aid his wife in any way. The Scioto county sheriff located Von Walden in offices on Sixth street in Cincinnati, which he found to be luxuriously furnished. He was released under bond to appear when wanted.

### MANY "HEALERS" SEEK TO SERVE ON EXAMINING BOARDS

The Various "Degrees" Indicated by Initials Given  
Below were Carefully Copied from  
the Records.

The medical board is at present sifting candidates for membership on the various examining boards.

The law provides that the board shall call to its aid representatives of the various cults to examine all persons who apply before October 1 in the limited branch which they seek to practice. There is a general scramble for these appointments, as might be supposed.

The Journal herewith prints a list of applicants so that any information concerning same may be filed with the secretary of the board.

The State Chiropractic Association nominates the following to examine Chiropractors: John Oswalt, Warren, Ohio, president of the Chiropractic Association; Paul H. Strand, Youngstown, vice-president of the association, and E. Thayer Ward, its secretary.

The Naturopathic Physicians Association, which embraces several cults, nominates the following men for the examining committee: Chiropractic, W. N. France, "D. C.," Ashland; E. P. Findley, "D. C.," Byesville; W. W. Ford, "D. C., M. T. D.," Columbus. Mechano-Therapy, C. E. Clark, "M. T. D.," Columbus. Neuropathy and Magnetic Healing, A. A. Taylor, "D. N. H.," Newark. Electro-Therapy and Hydropathy, J. B. Warren, "N. D., M. T., D. C.," Marion. Suggestive Therapy and Psycho-Therapy, R. A. Deken, "S. T. D.," Lima. Swedish Movement and Massage, E. E. Whiteis, Columbus.

P. J. Wisser, Conneaut, formerly of Youngstown, not being satisfied with the list of those nominated by the Association, appoints himself as a candidate. The Reverend L. M. Nesmith, Custer, Ohio, suggests himself as a candidate for the position of examiner of Electro-Therapeutics. It is also reported that C. C. Rutledge, of Pemberville, who calls himself a professor and poses as a chiropractor, would like to examine chiropractors.



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**A**CTIVITIES OF OHIO CITIES  
 IN PUBLIC HEALTH WORK  
 HOW ABOUT YOUR CITY?  
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Van Wert public health workers are considering the advisability of employing a visiting nurse.

Canton board of health is investigating the possible menace as germ carriers of free text-books in the public schools.

Elyria board of health is considering the enactment of regulations requiring pasteurization of all milk sold in the city.

Trumbull County Anti-Tuberculosis Society will open a second tuberculosis dispensary in Niles, similar to the one operated in Warren.

Why not conduct a "better babies" contest under the auspices of your county society? It would be a splendid thing for your community.

Physical tests covering 19,000 boys from the four upper grades of the elementary schools of Cleveland show that 3,000 are below normal in physical development.

The anti-fly committee of the Canton Chamber of Commerce late in June established a "fly-swatting week" and called upon each citizen to kill 25 flies a day for seven days.

The Cincinnati Anti-tuberculosis League announced in June that four agencies of fraudulent tuberculosis cures operating in Cincinnati had been put out of business since January 1.

A new set of quarantine regulations, including several drastic changes, has been adopted by the Toledo board of health. Copies have been sent to all physicians by Dr. D. W. Iford, health officer.

Northern Ohio health officers are campaigning for stringent ordinances regulating dogs, in an effort to curb rabies which has developed with serious frequency along the southern shore of Lake Erie.

The establishment of a city tuberculosis camp was recently urged by Health Commissioner Light, of Dayton, to supplement the new bi-county tuberculosis sanatorium which will be built by Montgomery and Preble counties.

Cincinnati board of health on June 5 in its bulletin urged citizens to be vaccinated against

typhoid. The bulletin says, "It is rather remarkable that people will take a chance of contracting this disease when a harmless and practically infallible method of escaping it has been perfected."

Ohio men took an active part in the conference of the American Association of Medical Milk Commission which convened at Berkeley, California, on June 18. Dr. J. J. Thomas, Cleveland, was elected president; Dr. Otto P. Geier, Cincinnati, secretary; and Dr. William J. Graf, Cincinnati, assistant secretary.

Cincinnati Department of Health conducted another very successful "better babies" contest late in June with more than 500 entries. The winner scored 99 per cent. Physicians in charge discovered many bad tonsils, enlarged glands and adenoids, which were called to the attention of the contestants' parents.

After a successful test of the method by Health Officer Daniel W. Iford, Toledo, the city health board has adopted the plan of room quarantine in infectious diseases, and an order has been issued giving detailed quarantine instructions under this method of handling infections. This places the afflicted person in charge of a nurse or other member of the family who must be completely isolated from the other members. The latter are allowed to pursue their usual occupations.

Cincinnati department of health has issued a splendid eight-page booklet on the care of babies, containing advice for nursing mothers, notes on bottle feeding and the general care of infants, feeding schedules and diet lists. Twenty-five thousand have been distributed through pupils of elementary grades and various social agencies. The city registrar of vital statistics is sending one into each home for which a birth certificate is issued. The bulletin should prove a powerful factor in Cincinnati's active infant welfare campaign.

Health Officer Landis, Cincinnati, is seeking an appropriation for additional district physicians to combat infectious diseases in the segregated district. The district is now inspected by squads of three—two district physicians and a sanitary policeman. Women found to be diseased are immediately sent to the hospital and their certificates of health issued by private physicians are confiscated. It is believed that by assigning full-time men to this work, this inspection service can be improved and the city will be better protected from a constantly increasing menace. Dr. Landis recently described conditions in Cincinnati at the meeting of the American Society for Sanitary and Moral Prophylaxis in New York City.

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 \* NEWS NOTES COLLECTED AT \*  
 \* STATE BOARD OF HEALTH \*  
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The newspapers of the state in June gave wide publicity to an official opinion by Attorney General Turner, in which it was stated that he held the state board of health has authority to issue an order prohibiting the use of drinking cups, spoons, ets., that have not been thoroughly cleansed by washing in boiling water after use by each individual. The newspapers' version of the opinion was not entirely correct.

The Attorney General holds that the board must first establish the fact that such a sterilization order would be reasonable and necessary—must be able to prove, in fact, that without the enforcement of such a regulation, the spread of contagious and infectious diseases will be materially increased. He said:

"I am of the opinion that if your board finds that disease is being or has been spread among the people to a degree substantially affecting the public health through the repeated use, without sterilization of glasses, spoons and other utensils at public soda fountains, and that a rule requiring that all such utensils should be thoroughly cleansed by washing in boiling water after use by each individual or by the installation of sanitary devices for individual use only, would in a substantial way effectively prevent such spread of disease, the board has the power to make such an order and that it is the duty of the local officials to enforce the same."

This, in the opinion of many, makes impossible the establishment of such a regulation as it would be very difficult, if not impossible, to prove definitely through a large number of specific cases that infectious diseases had been directly spread by this means.

**PRACTICAL QUESTIONS DISCUSSED  
 AT HEALTH OFFICER'S MEETING**

**Annual Conference of Board with Northern Ohio  
 Officials Held at Cedar Point.**

The annual conference of the state board of health with local health officers was held at Cedar Point July 13 and 14. The usual papers were presented by members of the staff. An interesting feature this year was the round table discussions participated in by the local officers. The following practical questions were among those discussed:

What are the reportable diseases in Ohio and how should they be reported?

What diseases are quarantinable in Ohio and how should they be quarantined?

What should the health officer do when typhoid fever is reported or suspected?

What should be done when a milk-borne disease is reported in the family of a dairyman?

When should schools be closed for communicable disease?

When and how to disinfect and its relation to the termination of quarantine?

How are boards of health appointed in cities, villages and townships? What is their authority and jurisdiction?

Who should be appointed as health officer? What are his duties and how is he compensated?

What should be included in the sanitary code of a village or township, how adopted and enforced?

Who pays the expense of quarantine and disinfection?

What is the procedure to be followed in the abatement of a nuisance?

How are the expenses of the board of health to be met?

**BOARD AUTHORIZED TO CONDUCT  
 INVESTIGATIONS AS NEEDED**

Attorney General Turner has rendered an official opinion to State Auditor Donahey authorizing representatives of the state board of health to visit other states to attend conferences and to conduct investigations relating to matters of public health. The opinion specifically directed the auditor to honor a voucher for the expenses of two representatives who had attended the conference of state and provincial boards of health in Washington. Mr. Turner declared it to be "false economy to say that while thousands might be spent to stamp out disease when once it comes into our borders, no money may be spent in investigations to prevent it from getting into our state."

**DEPARTMENT NOTES.**

Dr. E. F. McSherry, who has been serving as director of the hygienic laboratories, has been made assistant bacteriologist. L. H. Van Buskirk, assistant sanitary engineer, who has been with the board a number of years, was appointed acting director of the laboratories.

The Ohio Commission for the Blind has placed at the disposal of the board its corps of six nurses who are engaged in eye work. They will co-operate with the board in cases of ophthalmia neonatorum reported.

J. Gilbert George, B. S., graduate of Ohio State University, who has been engaged in serologic work in Michigan Agricultural College and with the H. K. Mulford Company, has been engaged as an antitoxin chemist at a salary of \$1800 a year. Several chemists will be needed to manufacture the diphtheria antitoxin which will soon be turned out by the board's laboratories.



**WORK OF LABORATORIES.**

The April report of the hygienic laboratories shows a total of 689 diagnostic and 246 water examinations. The diagnostic examinations were divided as follows: Diphtheria—positive, 49; negative, 116; suspicious, 12; total, 177; tuberculosis—positive, 108; negative, 311; sus., 1; unsatis., 1; total, 421; typhoid—positive, 6; negative, 51; atypical, 2; total, 60; rabies—positive, 11; negative, 6; unsatisfactory, 1; total, 18; malaria—unsatisfactory, 1; miscellaneous, 12.

**BOUQUETS FOR SEVEN CITIES.**

Results so far obtained under the new system of morbidity reports indicate that this system will eventually be very successful in Ohio. Results are much better in cities where the active cooperation of the local health department is offered. The city health officers in Cincinnati, Springfield, Elyria, Ironton, Norwood, Bellefontaine, and Defiance deserve especial mention for the excellent reports from their cities.

**NEW HEALTH OFFICERS.**

The following appointments of medical men as health officers have been confirmed by the board: Crown City, R. R. Sayre; La Grange, T. H. Beckersstaph; Mineral City, Charles H. Sawyer; Ottoville, J. F. Cokuly; Perrysville, Allen W. Budd.

**DAYTON HEALTH DEPARTMENT ISSUES  
WARNING AGAINST PATENT NOSTRUMS**
**Infant Welfare Work is Being Carried on Extensively in Gem City.**

Health Commissioner Light, of Dayton, is conducting a vigorous infant welfare campaign. Four milk stations have been opened where certified milk is supplied daily at cost to those who cannot afford to pay the regular price. Physicians are authorized to refer private cases to the stations where milk is modified in compliance with the doctor's orders. Nurses in attendance have positive orders to make no changes in the feeding formula but are directed to carry out strictly the orders of the family physician.

An interesting little pamphlet giving simple rules for baby's care and much valuable information, is being distributed. One important feature of this is headed: "Beware of these baby killers," and lists by name thirteen patent medicines prepared as "baby soothers" which have been found to contain morphine, opium, codeine, etc. Mrs. Winslow's Soothing Syrup and other well-known concoctions are included in the list.

If there are practicing physicians in your county who are eligible to membership in your county society and who are not members, get after them today.

\*\*\*\*\*  
**PRESIDENTS OF LARGER  
COUNTY UNITS**  
 \*\*\*\*\*

\*\*\*\*\*  
 NUMBER 5  
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Doctor Frank H. Williams, president of Hempstead Academy of Medicine of Portsmouth, the Scioto County Medical Society, one of the oldest medical organizations in the state.

**DENTAL INSTITUTE INCORPORATES.**

The Research Institute of the National Dental Association was incorporated in Columbus, June 26, to carry on the work inaugurated by the Scientific Foundation and Research Commission of the National Dental Association in solving the important problems dealing with the relation of mouth infection to systemic disturbances. Laboratory experiments are being conducted in several cities. The institute expects to have a permanent home in Cleveland where special buildings will be erected for research laboratories, etc. The incorporators were Dr. George W. Crile, Dr. Weston A. Price, Mr. O. A. Petrequin and Attorney J. Crawford, of Cleveland, and Dr. Homer C. Brown, of Columbus.

Patronize those who are generous enough to advertise in your Journal. All things being equal, it is your duty to do so. Don't forget to tell them when you make a purchase that you saw the adv. in The Journal.

# EVERY COUNTY A ONE HUNDRED PERCENT COUNTY

## Put your County on the RIGHT SIDE

### The Minus One Hundred Percent Side

#### These Must Hurry

	Members 1914	Members 1915
Ashtabula .....	28	23
Athens .....	57	51
Brown .....	15	13
Carroll .....	..	..
Champaign .....	29	28
Crawford .....	31	28
Defiance .....	11	6
Erie .....	27	24
Fulton .....	25	22
Geauga .....	8	6
Greene .....	32	31
Hamilton .....	451	449
Hocking .....	14	11
Jackson .....	22	21
Lake .....	10	8
Lawrence .....	18	17
Licking .....	41	35
Madison .....	16	9
Medina .....	23	20
Monroe .....	12	10
Noble .....	9	8
Perry .....	23	17
Portage .....	28	26
Trumbull .....	28	27
Union .....	15	13
Washington .....	41	35
Wayne .....	26	25
Total .....	1040	963

### One Hundred Percent Side

#### One Hundred Per Cent Club

		Members 1914	Members 1915
1 Paulding .....	Dec. 23	14	23
2 Muskingum .....	" 23	22	37
3 Hardin .....	Jan. 7	23	29
4 Gallia .....	" 13	25	31
5 Pike .....	" 20	13	13
6 Morgan .....	" 26	12	14
7 Vinton .....	Feb. 3	9	9
8 Belmont .....	" 10	44	52
9 Ottawa .....	" 10	13	15
10 Morrow .....	" 11	13	15
11 Mercer .....	" 13	27	28
12 Holmes .....	" 25	7	8
13 Clermont .....	" 25	12	15
14 Highland .....	" 26	18	22
15 Seneca .....	Mar. 1	30	35
16 Logan .....	" 1	23	36
17 Hancock .....	" 3	37	37
18 Summit .....	" 4	130	157
19 Allen .....	" 4	75	80
20 Fairfield .....	" 4	39	42
21 Harrison .....	" 5	6	13
22 Scioto .....	" 5	48	48
23 Ross .....	" 5	19	21
24 Putnam .....	" 5	18	30
28 Stark .....	" 5	119	122
26 Shelby .....	" 5	16	18

#### Additional One Hundred Per Cent Counties

		Members 1914	Members 1915
27 Darke .....	Mar. 16	50	56
28 Meigs .....	" 23	11	11
29 Miami .....	" 23	45	46
30 Coshocton .....	" 24	17	21
31 Clarke .....	" 26	59	64
32 Wyandot .....	" 29	10	16
33 Richland .....	" 31	29	30
34 Jefferson .....	" 31	36	38
35 Guernsey .....	Apr. 1	27	29
36 Butler .....	" 3	51	56
37 Mahoning .....	" 5	93	95
38 Montgomery .....	" 6	158	167
39 Henry .....	" 6	2	4
40 Pickaway .....	" 7	21	22
41 Knox .....	" 9	31	33
42 Fayette .....	" 16	18	18
43 Huron .....	" 17	9	10
44 Clinton .....	" 19	24	24
45 Ashland .....	" 19	18	19
46 Delaware .....	" 21	26	26
47 Marion .....	" 23	27	29
48 Adams .....	" 23	23	23
49 Sandusky .....	" 26	21	21
50 Columbiana .....	" 26	37	39
51 Williams .....	" 28	31	32
52 Warren .....	May 1	30	32
53 Preble .....	" 1	5	5
54 Franklin .....	" 1	305	310
55 Cuyahoga .....	" 1	484	495

#### Annual Meeting May 4, 5, 6

56 Wood .....	May 11	12	22
57 Tuscarawas .....	" 16	41	43
58 Auglaize .....	" 29	22	23
59 Van Wert .....	" 31	24	24
60 Lucas .....	June 10	213	214
61 Lorain .....	" 26	46	47

Total ..... 2868 3094

	1908	1913	1914	1915
Total members	3912	3559	3908	4057
On June 30		2761	3608	4057



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 \* NEWS OF INTEREST \*  
 \* FROM OHIO HOSPITALS \*  
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Tag day for the Chillicothe City hospital recently netted about \$1,000.

Flower Hospital, Toledo, on June 1 graduated a class of 14 nurses. Dr. C. W. Moots delivered the class address.

Cherrington Hospital, Logan, has been incorporated by Drs. J. S. Cherrington, president, and M. H. Cherrington, secretary-treasurer.

Twin City Hospital, now in the course of election at Uhrichsville, will be completed about December 1, according to contractors' promises.

Construction of the Lancaster City Hospital is under way. The building will be completed by January 1, 1916, at an approximate cost of \$50,000.

The City Hospital is beginning to feel the pressure of the Harrison Act. Drug habitues have been coming in recently at the rate of four or five a day.—Lauget-Clinic.

The Cleveland Tuberculosis Sanatorium at Warrensville, Ohio, is developing a balsam forest surrounding the institution. Five thousand pine, fir and spruce trees have been planted.

Drs. M. L. Heidingsfeld and M. Scholtz, of Cincinnati, conducted a dermatological clinic at Cincinnati General Hospital on June 11, under the auspices of the Ohio-Miami Alumni Association.

Mansfield is to have a public general hospital. A committee of 100 prominent citizens are promoting the project and within a short time the \$100,000 necessary will be pledged, it is believed.

Independent Order of Odd Fellows of Ohio are considering the erection of a \$25,000 hospital in connection with their state home at Springfield. The proposition was urged by Grand Master Younger at the recent Grand Lodge conference in Lima.

Howell Wright, superintendent of Cleveland City Hospital, in the July number of "Modern Hospital," relates how the old nurses' home has been converted at a small expense into a special hospital for venereal diseases. Several economic plumbing ideas were developed.

The five-county tuberculosis hospital at Springfield Lake, which opened February 1, has had a stormy career. Dr. J. D. Crawford, the first su-

perintendent, resigned in April; Dr. T. A. Stevens, the second, resigned, June 8. Dr. Dell S. Bowman, Akron, is in temporary charge.

In November a campaign will be started at Fremont to raise \$75,000 for the proposed city hospital. An additional \$75,000 has been subscribed contingent upon the success of the campaign. Of this total amount \$50,000 will be devoted to the building and \$100,000 to an endowment fund.

An indication of the overcrowded condition of the state hospitals and of the large number of persons seeking admission is the recent statement of the Probate Court clerk of Cuyahoga county, in which he stated there are 50 children in Cleveland waiting for admission to the state hospital for the feeble minded at Columbus.

Owing to an irregularity in the call for a special election, Darke county citizens were not permitted on June 1 to vote on the proposition of issuing \$75,000 bonds for a county hospital. New petitions are in circulation. The amount to be raised has been reduced from \$75,000 to \$45,000. The Darke County Medical Society is back of the proposition.

In Columbus a campaign has been launched to raise \$150,000 to build the proposed Lawrence general and charity hospital. The new hospital will replace the Lawrence Hospital for Women, operated by Dr. F. F. Lawrence. Plans for the first unit call for a building 40x60 feet, four stories and basement, to be erected in the northern section of the city.

The clinical program conducted at Cincinnati for the alumni of Ohio-Miami Medical College was carried out very successfully. On June 3, Dr. Thomas D. Carothers, of Hartford, Conn., and Dr. J. C. Oliver, of Cincinnati, held clinics, the former on morphine addiction and inebriety, and the latter on surgical diseases of the stomach. On June 10, Dr. Frank Billings, of Chicago, was the visiting clinician. On June 11, Dr. Samuel G. Gant, professor of diseases of rectum, in New York Post-Graduate Medical School, was the visiting clinician.

Regret is expressed in many quarters over the failure of the last General Assembly to enact the Snyder bill which amended the state law dealing with municipal hospitals. The bill provided for the transfer of authority from the director of safety to a commission of three to be appointed by the mayor. In several localities, particularly in the smaller cities, the amendment was needed to correct conditions due to inefficient safety directors. The measure passed the House, but, owing largely to opposition from Cincinnati, was "buried" in the Senate committee on municipal affairs.

OHIO HONORED AT A. M. A. MEET;  
SELECT DETROIT FOR 1916 GATHERING.

Dr. Evans, of Dayton, is Elected Second Vice-President.

The sixty-first annual meeting of the American Medical Association, held in San Francisco June 21 to 25, was a very successful meeting. Ohio was particularly honored by the election of Dr. George B. Evans, of Dayton, as second vice-president of the association. This is the first time in recent years that Ohio has been so highly honored by the A. M. A.

The Cincinnati Academy of Medicine was unsuccessful in its campaign to secure the 1916 meeting, despite a vigorous canvass. Detroit, Saratoga, N. Y., and New York City were competitors. Detroit was successful and the meeting will be held in that city next June.

Dr. Sidney M. McCurdy, of Youngstown, who acted as our correspondent at the meeting, reports that the scientific sessions were unusually interesting and that the attendance was large, considering the location of the meeting. A complete report of the meeting appears in Journal A. M. A., July 3, p. 123.

Dr. William L. Rodman, of Philadelphia, was installed as president, and Dr. Rupert Blue, surgeon general of the United States Public Health Service, was elected as president-elect.

Other officers are. First, second, third and fourth vice-presidents: Dr. Albert Vandever, Albany, N. Y.; Dr. George B. Evans, Dayton, Ohio; Dr. Donald Campbell, Butte, Mont.; and Dr. Herbert C. Moffitt, San Francisco, Cal. Secretary, Dr. A. R. Craig, Chicago; treasurer, Dr. William A. Pusey, Chicago.

Like the Atlantic City conference in 1914 the San Francisco meeting strongly emphasized the growing importance of preventive medicine. San Francisco newspapers devoted much space to this phase of the question and to the importance of the medical work which made possible the completion of the Panama Canal.

The American College of Surgeons which met in San Francisco at the same time, devoted considerable attention to the subject of illegal fee-splitting. Publicity was recommended as the best instrument for killing this evil. The law covering fee-splitting enacted by the Ohio legislature, attracted considerable attention.

The A. M. A. voted a certificate of merit to Dr. Martin H. Fischer, of Cincinnati, for work on the Physiology and Pathology of Kidney Functions.

Resolutions passed by the House of Delegates recommended that the federal government establish a commission to investigate the patent medicine industry. The resolutions pointed out that the people and especially the wage-earning

classes are defrauded through this evil and that frequently their health is being seriously impaired through the use of remedies of unknown composition. A resolution was adopted urging the government to establish control of leper segregation and the establishment of a central federal hospital for the treatment of leprosy.

A number of medical and public health organizations held sessions in San Francisco during the A. M. A. meeting. These included the American Hospital Association; the Pan American Medical Congress, under the presidency of Dr. Charles A. L. Reed, of Cincinnati; the National League of Nursing Education, the Organization for Public Health Nurses and the American Nurses Association.

The report of the Judicial Council includes one of the best reviews of state industrial insurance ever brought to our attention. Tables show the relation of Ohio's law to similar acts in other states.

Ohio's gain in membership stands out boldly in the secretary's report, which places the A. M. A. membership for 1915 at 76,020.

Those who registered from Ohio at the A. M. A. convention in San Francisco are:

Cleveland: Drs. Samuel W. Kelly, A. R. Warner, M. J. Lichty, A. F. Spurney, Charles K. Teter, and J. J. Thomas.

Cincinnati: Drs. A. C. Bachmeyer, Elizabeth Campbell, Martin H. Fischer, Otto P. Geier, W. D. Haines, William S. Keller, Louis J. Krouse, Bertha C. Lietze, E. S. McKee, A. Ravogli, Charles A. L. Reed, and Raymond W. Runyan.

Columbus—Howard Whitehead; Toledo—William J. Gillette, Oscar Hasencamp; Akron—Drs. Edwin W. Barton, Edgar B. Foltz, F. C. Reed; Canton—Drs. Austin C. Brant, E. D. Brant, A. B. Walker; Dayton—L. G. Bowers, E. H. Mallow, H. C. Hanning, Geo. B. Evans; Youngstown—E. W. Coe, Sidney M. McCurdy; Steubenville—J. C. M. Floyd, S. J. Podlewski; Ashland—Frederick V. Dotterweich; Edon—Dr. V. H. Nihart; Leetonia—Dr. Alvin S. Conrad; Massillon—Dr. Samuel S. P. Barnes; Hamilton—Dr. G. A. Hermann; New Marshfield—Dr. S. L. A. Pedigo; Girard—Dr. D. R. Williams; Piqua—J. R. Caywood, Robert D. Spencer; Van Wert—L. E. Ladd; Wapakoneta—Roy C. Hunter; Zanesville—William A. Melick, Granville Warburton.

#### MEDICAL SECTION OFFICERS.

The committee on nominations of the Medical Section of the State Society, which failed to report at the Cincinnati meeting, has filed its report with the Council of the State Society. For the 1916 meeting at Cleveland, Dr. John Phillips, of Cleveland, will serve as chairman of the section. The section before adjournment voted to ratify the nominations of the committee.



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 \* LETTERS TO THE EDITOR \*  
 \* ON TIMELY TOPICS \*  
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 \* TOBACCO "DRUNKS." \*  
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Editor, The Journal—In the Journal for June, page 388, I notice the proceedings of the Ohio State Society for the Study of Alcohol and Other Narcotics. No one is more in sympathy with the work of that society than I am. I know personally that to some of those whose names appear in connection with that society, what I am writing about here does not apply. But as at least five-sixths of all physicians use tobacco. It is a safe proposition that a large part of those who will study "Alcohol and Other "Narcotics," will be, while they are at their study, as blissfully full of the narcotic of tobacco as the poor fellows whom they are studying about are of the other narcotics.

At a meeting of the Academy of Medicine here this very same thing happened. We had a judge who has charge of the "dope fiends," tell us about the poor fellows whom he had sent to jail, and his address was delivered in an atmosphere of tobacco smoke. With few exceptions his listeners were doped with everything which tobacco could give them.

In that instance, it was a case of one kind of a narcotic drunk, sagely sitting in judgment upon another kind of narcotic drunk!

That judge said that we would be surprised to know how many there are right around us, who are "dope fiends." I would like to have some one give a scientific reason why we should be so much more alarmed about a narcosis which we know nothing about, than we do about the tobacco narcosis, which forces itself upon us everywhere we go?

J. L. Tracy, M. D.

Toledo, Ohio, June 17.

STATE MEETING ATTENDANCE.

Editor, The Journal—In reply to request in State Medical Journal of June, I am glad to say that I have always, since 1876, believed in and attended medical meetings, and have excelled all in Summit county in this respect, I am told. I desired to visit Cincinnati. I always enjoy the Ohio State Medical Association meetings, the fraternal feeling shown, the many kindnesses in evidence, the excellence of the papers, the pleasure of personal interviews, and the interest in beholding the faces and hearing the voices of those with whose writing one has long been familiar. But I felt that I was unprepared to even participate in discussion.

I hope to be at the next meeting in Cleveland. I hope to prepare a few suggestions to offer in 1916.

Persistent vigilance is the price of professional liberty. Never was it in greater demand. Breadth

of view, singleness of purpose, modesty of deportment, devotion to the highest of all callings, must in the end receive recognition.

The trend of the times, in private life is deadly to scientific and professional and altruistic attainments. Leisure, for mental digestion, for intense application, for wide reading, for soul culture, is a rarity. It is the thinkers who accomplish. Our medical schools have their difficulties and shortcomings. The pathologic Gordian knot is quickest disposed of by cutting. But its unraveling is becoming more and more a possibility to one whose plane of living is sufficiently exalted. Hence the value of councils and counsels, of meetings and experts. Pardon the rambles.

S. J. Wright, M. D.

Akron, June 17.

MARRIAGES IN OHIO.

Francis E. Hahla, M. D., and Miss Margery Hamilton, both of Marion, on June 16. The bride is a daughter of Dr. and Mrs. L. D. Hamilton, of Marion, and was married on their thirty-fifth wedding anniversary.

J. C. Hutzelman, M. D., formerly an interne at the Cincinnati Hospital, and Miss Marie Dolores Glassmeyer, graduate nurse of the same institution, were married June 16.

Ralph W. Fauss, M. D., and Miss Elsie Sybow, Nottingham, O. They will reside in LaGrange, Lorain county.

Married, June 24, in Akron, Victor Dunderman, M. D., to Louise Clara Dettling.

Married, June 15; Dr. David Moore and Miss Muriel A. Hatton, both of Urbana.

L. Howard Schriver, M. D. and Leah Marins, both of Cincinnati, June 22, 1915.

Married, June 17, in Akron, Edward Cleveland Banker, M. D., to Cecilia Helene Walsh.

Lemuel Brigman, M. D., Cleveland, and Miss Alice Osborne, Covington, Ky., married June 15.

S. J. Goldberg, M. D., and Miss Selma Jacobs, Cincinnati, April 26. They will reside in Avondale.

Ethical conduct is no more desirable in an individual than ethical advertising in a medical journal. Our advertisers are guaranteed to us and we in turn guarantee them to our readers. They are ethical and are in good company. Is that worth anything to the prospective buyer?

## PLAN TO DEVOTE ONE DAY AT NEXT STATE MEETING TO CLINICAL WORK, WITH ORATIONS IN THE EVENING

(Official Minutes of Council, by Wells Teachnor, M. D., the Secretary)

Council of the Ohio State Medical Association met in regular session at the Chittenden Hotel, Columbus, Ohio, June 28, 1915, with President Lower in the chair. Members present, Carothers, Hunter, Weeks, Moots, Ford, March, McClellan, Wright, Rardin and Teachnor. Dr. C. D. Selby, secretary-treasurer, Dr. J. H. J. Upham, chairman of the committee on public policy and legislation, the president-elect, Dr. Gibbon, Mr. Sheridan, of The Journal, and Dr. Porter, of Tiffin, as a guest, were present.

The minutes of the previous meetings held at Cincinnati during the session of the state association were read and approved.

On motion of Dr. Ford, seconded by Dr. Carothers, Dr. Charles Clark, of Lima, Ohio, was elected chairman of the section of nervous and mental diseases. On motion of Dr. Moots, seconded by Dr. Ford, Dr. Frank Ferneau, of Toledo, was elected secretary of the section of nervous and mental diseases.

Moved by Dr. Carothers, and seconded, that the arrangements for the commercial exhibits before the Association from Cleveland meeting be left to the local committee on arrangements at Cleveland, Ohio, and that the date of the next annual meeting, which shall be some time in May, 1916, shall be left to Dr. Ford, councilor of the district.

On motion of Dr. Rardin and seconded, the secretary of council was instructed to communicate with the secretaries of the district medical societies and arrange that their meetings shall not be held on conflicting dates. Carried.

On motion of Dr. Ford and seconded, the letter of instructions to section officers presented by the secretary was approved. The president appointed Drs. Ford, Carothers, Moots and the secretary as members of the program committee of council.

On motion of Dr. Ford and seconded by Dr. Carothers, the program committee of council was instructed to arrange with the local committee at Cleveland to have the orations in medicine and surgery made either on Tuesday or Wednesday evening, in connection with the entertainment features given by the local society, and that Thursday forenoon be devoted if possible to clinics at the various Cleveland hospitals. Discussed by Dr. Moots. Carried.

Dr. Selby, secretary-treasurer, advised that the Association was proceeding illegally as corporation without profit in not having a board of trustees to manage the financial affairs of the corporation. After some discussion it was moved by Dr. Ford and seconded, that the secretary of the

### FROM THE SECRETARY

The assessment of \$1.00 authorized and ordered by the house of delegates, will be due and payable August 1st.

As usual our friend Dromgold, of Ottawa county, came to the front with the first remittance. His check reached the secretary-treasurer's office the morning of June 29. In the afternoon of the same day Morgan, of Lucas county, put through a check for \$214, payment in full for Lucas.

The Association needs the money. Pay your dollar now!

The Cleveland Academy will pay the assessment from its treasury, instead of collecting an additional dollar from each member. Many other societies have decided to follow this plan.

Association take legal advice in the matter and report at the next meeting of council. Carried.

The financial situation presented by Dr. Selby shows a cash balance of \$860 on May 31st, one bond of \$800, and a probable deficit of \$4000 by January 1. Discussed by Dr. Ford, March, Rardin, Carothers and the president.

It was moved by Dr. Ford and seconded by Dr. Moots that we proceed as here-to-fore and that the secretary-treasurer be authorized to sell or use as collateral the bond to raise funds to defray the expense of the Association until the next meeting of council.

Dr. Upham in a report of the Public Policy and Legislative Committee asks the cooperation of council in investigating the character of applicants of the various cults when seeking a license before the state board of medical examination and registration.

Drs. Moots, Weeks and Hunter reported as to the condition of the medical organization in their respective districts.

It was announced by Dr. Selby that Mr. Sheridan was available as an organizer, for society work, at any time his services are desired by the council.

On motion of Dr. Ford and seconded council adjourned to meet at the call of the secretary.





## DEATHS IN OHIO

**Charles Elihu Slocum, M. D.**, aged 74, College of Physicians and Surgeons, Columbia University, 1869; Bellevue Hospital Medical College, 1876; Jefferson Medical College, 1876; died at Flower Hospital, Toledo, June 7, following an illness of two months. Dr. Slocum was born near Northville, New York, and came to Ohio in 1871, locating in Defiance, where he practiced medicine for forty years. In later years he devoted his time to writing, and among his works the best known is his history of the Maumee River Basin. In 1894, Dr. Slocum donated a fund for the fine library building at Ohio Wesleyan University at Delaware, that bears his name. He also established the Charles E. Slocum Reference Library in connection with the public library at Defiance. Dr. Slocum was a life member of the Maumee Valley Pioneer and Historical Association, the Ohio State Archaeological Society and other like associations. He is survived by his widow.

**Charles A. Cooperrider, M. D.**, aged 53, Medical College of Ohio, Cincinnati, 1890; died at his office in Columbus, June 15, following a stroke of apoplexy. Dr. Cooperrider was born in Licking county, Ohio. He completed the academic course at Capitol University, Columbus, before taking up the study of medicine. For several years he was a member of the faculty of Ohio Medical University and Starling-Ohio Medical College. He was a member of the Columbus Academy of Medicine, the Ohio State and the American Medical Associations. Dr. Cooperrider is survived by a widow and two children.

**Orin H. Stutson, M. D.**, aged 40, Starling-Ohio Medical College, 1898; died at his home in Columbus following an illness of eight weeks of acute tuberculosis. Dr. Stutson had spent his entire life in Columbus. He is survived by his mother and one brother.

**Ross V. Dickey, M. D.**, aged 46, Eclectic College, Cincinnati, 1899; died at his home in Lima, June 9, from the effects of a stroke of paralysis which he suffered four years ago. He was born in New Hope, Ohio, and had practiced in Lima for nine years. Dr. Dickey is survived by a widow and two sons. Physicians of Lima attended the funeral services at Eaton in a body.

**Clement J. Stoeckle**, aged 62, retired physician, died at his home in Columbus, May 22, after an illness of four months. Dr. Stoeckle was born in Wilmington, Delaware. The body will be taken

to Mt. Vernon, Ohio, for burial. A widow and one daughter survive.

**Julia W. Carpenter, M. D.**, Woman's Medical College of Pennsylvania, Philadelphia, 1870; a Fellow of the American Medical Association; president of the Cincinnati Obstetrical Society in 1902, and vice-president of the Cincinnati Academy of Medicine in 1904; died at her home in Walnut Hills, Cincinnati, May 23, aged 74.

**Gustav L. Krieger, M. D.**, aged 65, Medical School, New York University, 1877; died at his home in Madisonville, June 17, of heart disease. Dr. Krieger was born in Nancy, France, and came to this country when 17 years old. After graduation he located in Lebanon, where he practiced until 1887, when he moved to Madisonville, where he had practiced since that time. He was a member of the Madisonville school board for 20 years, a member of the Cincinnati Academy of Medicine, the Ohio State Medical Association, and a fellow of the American Medical Association. Dr. Krieger leaves a widow, four sons and a daughter. Dr. George M. Krieger, of Cincinnati, is a son. The body was taken to Lebanon for burial.

**John Dell Aldridge, M. D.**, aged 57, Starling Medical College, 1883; Bellevue Hospital Medical College, 1897; died at his home in Sherodsville, Carrol county, on June 20, after an illness of two days from cerebral hemorrhage. Dr. Aldridge was born in Tuscarawas county. The greater part of his life was spent in Sherodsville. Several years ago he built a hospital. Dr. Aldridge is survived by a widow and two daughters.

**Joseph Olmstead Allen, M. D.**, University of Buffalo, 1851; a retired practitioner of Fayette, Ohio; died at his home, May 20, from arteriosclerosis, aged 85.

**Olando C. Stewart, M. D.**, University of Maryland, Baltimore, 1878; formerly of Cookport, Pa.; died at his home in Toledo, Ohio, June 2, from heart disease.

**Mary A. Priest, M. D.**, Medical Department, University of Michigan, died in Portland, Me., June 19. Dr. Priest was the widow of Dr. Jonathan Priest, Toledo, who died several years ago. She practiced in Toledo until 15 years ago, when she moved to Portland. The body was brought to Toledo for burial.

**Rebecca V. Combs, M. D.**, aged 63, Ohio Medical University, 1896; died at her home in Columbus, June 19, from the effects of strychnine supposed to have been taken with suicidal intent. She was a member of the Women's Medical Club, and of



the Columbus Academy of Medicine. Dr. Combs had practiced in Columbus until a year ago, when on account of ill health she gave up her office. She is survived by her husband and one brother.

**Robert Earl Swigart, M. D.**, aged 41, College of Physicians and Surgeons, Cleveland, 1898, died at his home in New York City, June 25, from apoplexy. Dr. Swigart was born at Bloomville, Seneca county. He spent two years as intern in the General Hospital, Cleveland, and located at Tiffin, where he practiced. For the past twelve years, Dr. Swigart has been connected with the United Fruit Company as general superintendent of the Medical Department, and in that capacity has established many hospitals and had overseen the vast sanitary work of the company. He was first employed in Panama. For the past two years he made his headquarters in New York City. Dr. Swigart is survived by a widow, his mother, and a brother. The body was brought to Tiffin for burial.

#### MANY RECOMMENDATIONS MADE TO IMPROVE TOLEDO HEALTH SERVICE

New Department is Commended for Work Already Accomplished.

Surgeon Carroll Fox, U. S. P. H. S., who recently completed a health survey of Toledo, in his final report makes 38 specific suggestions for the improvement of the health service in that city. He commends Dr. D. W. Iford for a number of changes he has instituted since assuming charge of the department on April 1.

Among other things, Dr. Fox recommends that the health department be directed by a full-time officer whose tenure of office is dependent upon efficiency only, and that he be paid a salary equivalent to that received by other city department heads. He recommends a full-time epidemiologist and a full-time bacteriologist.

In recommending better supervision of the city's milk supply he advises pasturization, which has already been ordered in Toledo, and an increase in the dairy farm inspection service. He recommends that the co-operation of the police force be enlisted to investigate nuisances and carry out abatement notices in regard to same; that seven nurses be added to the city force and that their duties include the placarding of houses and the supervision of prophylactic measures in the homes.

He recommends that the isolation hospital be placed under the control of the health department and that as soon as practicable, a 400-bed hospital be erected by the city for the isolation and care of communicable diseases, with special reference to open cases of pulmonary tuberculosis.

He recommends that the health department furnish free of charge, disinfectants to families in

which there has been typhoid fever, and that free typhoid vaccine be furnished. Other recommendations are as follows:

That in the case of diphtheria, cultures be taken from all contacts, including pupils of the public or other schools, when necessary, and that two negative cultures taken not less than 24 hours apart be required before a patient is released from quarantine.

That special effort be made on the part of the physicians and others to report promptly all births occurring in the city.

That 15 per cent of the available revenues of the city be appropriated for purposes of public health and sanitation, \$75,000 for the health department and \$217,505 for the department of service, the latter amount to be used for the collection of garbage, ashes and rubbish, street cleaning and comfort stations.

The health's department expenses for ordinary purposes in 1914 were \$27,997.08.

#### FEDERAL NARCOTIC INSPECTORS ARE NOW WORKING IN OHIO

New Ruling Under Harrison Law Requires Many to Register Twice.

Very few arrests of physicians for violation of the federal narcotic law have been reported to date. A force of three special investigators, which later will be augmented, has been at work in Ohio checking drug store records. The Journal was informed on good authority that in two or three of the larger cities these investigators have found discrepancies in the required reports which may seriously involve physicians as well as druggists. The Federal government through its internal revenue collectors has announced that no pains will be spared to bring all violators of the law to trial.

The issuance of special narcotic licenses has been somewhat restricted. A number of physicians who were granted short term licenses in March were refused the same when they applied for renewal prior to June 30. Internal revenue collectors are given arbitrary power of refusing these licenses where they have information that the physician or other applicant is himself an habitue. In the central Ohio district three or four physicians have already been refused, and other districts report accordingly.

A new ruling of the internal revenue department holds that where a physician has an office and a residence at different places in the same city or town and prescribes or administers at both places, he must register at each place. Only physicians who have offices at their residences or who having offices do not practice at home, are exempt from the double registration. This affects several hundred physicians in the state and makes additional dollars for Uncle Sam.

## ANTI-MEDICAL LOBBYISTS WERE PAID LARGE SUMS FOR WORK

Representatives of Chiropractors, Etc., File Statements Required by Law.

Lobbyists for the non-medical healers, who made a desperate effort before the last General Assembly to break down the medical practice act, spent thousands of dollars in their unsuccessful attempt, according to detailed expense accounts which were filed late in June with the secretary of state in accordance with the anti-lobby law.

Attorney John F. Ward, of Columbus, swore that the legal firm of Ward & Schlessinger, of Columbus, was paid \$500 by the Ohio Chiropractic Association.

Don L. Tobin, of Columbus, former newspaperman, swore that the Ohio Naturopathic Physicians Association, with headquarters at 731 Columbus S. & T. Building, Columbus, paid him a total of \$1,133.70 to represent their interests. Milton A. Warnes, of Holmes county, former Democratic leader of the House, swore that the same association paid him \$1,010.45 for his work. Neither itemized their accounts.

W. J. Haney, 1946 East 101st street, Cleveland, president of the association, certified to these accounts.

J. W. Bush, a Columbus chiropractor who represented the Ohio Chiropractic Association, swore that he received nothing for his services.

John H. Oswalt, of Warren, the chief lobbyist for the Ohio Chiropractic Association,—who "practices" himself—reported that he received a total of \$1,300, of which he spent \$606.98 for expenses. The latter includes expenses of several of the "cured patients" who were brought to Columbus to appear before the committees to argue for the ill-fated chiropractic bill. One "Judge Nellis," no address given, but presumably of Cleveland, was paid \$75. Attorney Randolph Walton, of Columbus, was paid \$32.00 for legal service.

## BEWARE OF NARCOTIC THIEVES.

Throughout the state an unusual epidemic of robbery of physicians' offices has been reported. The thieves seem to be chiefly seeking cocaine and morphine. In Toledo five robberies were reported in one day. In Cincinnati the depredations have been so serious that the internal revenue collector has advised every physician and druggist to keep his narcotic supply under lock. Habitués whose supply has been cut off, are becoming desperate. Many offices in rural communities adjoining the larger cities are being visited by intruders. It seems advisable for every physician to keep all narcotics locked in a safe place.

Dr. A. G. Goll, of Stryker, has recovered from a serious illness due to infection of a finger.

## OPTOMETRISTS RAISE LARGE FUND TO FIGHT STATE MEDICAL BOARD

Convention Speakers Fear That Opticians are Included in Operation of Platt-Ellis Bill.

Cincinnati newspapers report that when the Ohio Optical Association met in that city on June 22, a movement was started to raise a fund of \$10,000 to prevent the State Medical Board from registering optometrists under the provisions of the recently enacted Platt-Ellis statute governing the registration of non-medical healers. A tax of \$25.00 per member has been imposed, and is being collected.

Just how so large a fund will be used is not known. The Platt-Ellis bill provides that all persons engaged in the practice of limited branches of medicine and surgery shall be licensed. When the bill passed the House the word "optometry" was included in the list of such branches specifically mentioned in the bill. In the Senate after considerable vacillation, the optometry organization opposed the inclusion of the word in the measure and secured its elimination by amendment. Optometrists fear, however, that the amendment was not entirely effective in exempting them from the operation of the medical practice act.

According to Cincinnati newspapers, speakers at their meeting declared that optometry is facing a crisis in Ohio.

## PHYSICIANS SUCCESSFUL IN STATE CIVIL SERVICE EXAMINATION

The State Civil Service Commission reports that the following physicians, on May 28, passed the examination for assistant physicians in state hospitals:

Joseph H. Rinehart, Columbus; George S. Nutt, Youngstown; H. H. McClellan, Springfield; Cullen W. Irish, Barberton; Paul M. Holmes, Columbus; William Cooper Russell, Columbus; William E. Baker, Pleasantville; Jos. B. Metzger, Toledo; Samuel D. Edelman, Columbus; Amin Yusuf Abdelkarim, Cleveland; Stanley J. Bown, Richwood; Clark E. Sharp, Columbus; and W. B. Tracy, Jacksonsville.

The following successfully passed the examination for physician. Boys Industrial School, Lancaster, on May 27: Dr. Everett F. Clouse, Lancaster; Dr. Bernard R. Leroy, Athens; Dr. W. B. Tracy, Jacksonsville; and Dr. F. A. Rutledge, Columbus.

## DR. MORRIS ACCEPTS.

The board of trustees of the University of Cincinnati, offered the position of professor of internal medicine in the medical department to Dr. Roger S. Morris, of Clifton Springs, N. Y. This is to fill the new Frederick Forchheimer memorial chair of medicine. Dr. Morris has accepted the offer. Citizens of Cincinnati recently subscribed \$30,000 to endow this chair for three years.



## CHIROPRACTIC "COLLEGE" HEAD SAYS THAT PLATT-ELLIS BILL MEANS DOOM OF NON-MEDICAL "HEALING" IN OHIO

It is always interesting to get the other fellow's viewpoint. The Journal had a splendid opportunity along this line recently when a friend forwarded us a recent issue of the "Fountain Head News," issued June 5 at Davenport, Iowa, by one B. J. Palmer, who is the head of one of the largest chiropractic "colleges" in the country. The issue is devoted to an attack of several thousand words upon the chiropractors of Ohio for permitting the enactment of the Platt-Ellis substitute bill which places the regulation of chiropractors and all other non-medical healers under the state medical board.

Palmer, in picturesque terms—and somewhat careless English—soundly berates the Ohio cult practitioners for "letting the medical trust put one over on them," to use his words.

He argues that the bill was drafted by the physicians of Ohio to work out the gradual elimination of all non-medical healers from the state. He quotes copiously from the Carnegie Foundation reports to show that there are too many physicians in Ohio. He further quotes from the A. M. A. Journal to show that the trend of modern medical education is toward the raising of the teaching standards and the elimination of weak schools. He uses these facts to prove his assertion that the Ohio cult practice bill was purely an eliminative measure.

### Problem Facing Physicians.

One of his strongest grievances is the fact that chiropractors in Ohio abandoned their contention that chiropractic is not the practice of medicine or surgery, and permitted the enactment of a bill which specifically classes it as a limited branch of the same. On this point Palmer says:

"You have given away its (chiropractic) original tree identity. No longer can we go from state to state and try cases on the ground that it is **not** medicine, **not** surgery—for did not our own chiropractors in Ohio go before the legislature and ask them to declare it such and did not the legislature do so? What's the answer? Hence, when they talk about 'Destroy school and restrict output' that means you and I, they mean our chiropractic 'medical school' as much or more than themselves, for we were the dangerous competitors. The fact that we think we professionally differ in theory and practice does not deny that we are the same in law in Ohio and will not deter them from killing us at the tap-root whenever possible."

Palmer claims that the medical men of Ohio in the past few years faced serious opposition on the part of the chiropractors and that when the physicians started their campaign to enact the

Platt-Ellis bill into law they faced three problems, which he lists as follows:

"1. To reduce the number of medical practitioners in Ohio to a proper financial earning capacity;

"2. To abate all cry and hue from the lay-people against the tyrannical methods of a 'trust' in doing it;

"3. To reduce to a minimum the competition from the 'irregulars' who successfully practiced in spite of the medical statute."

Palmer takes up the provision of the Platt-Ellis statute in detail. According to his version, chiropractic has received a serious blow in Ohio. He scolds those who were instrumental in aiding in the passage of this law in the following terms:

### "Ohio Has Fallen.

"Let me at this time say, that up till the time of the legislative committee making this compromise with the medical men, I was proud of every chiropractor in Ohio. They knew chiropractic, they knew its theory, what it would do and what it had done. They knew the difference between it and osteopathy, medicine and surgery, and did not hesitate to say so on their letter-heads, cards, advertisements, and were particular to buy only such which said "**not** medicine, **not** surgery, **not** osteopathy" on them. I firmly believed, then that they believed this and that they meant it as a scientific premise rather than as a legal or business dodge. And a large majority joined the U. C. A. that this scientific difference might be maintained for themselves and the future. Then came that awful news, Fort Columbus had fallen; General Oswalt (Oswalt was one of the chiropractic lobbyists—Ed.) had surrendered; our Ohio Brigade had been captured, men, title, theory, name, etc., by the enemy. Now the chiropractors are no longer 'chiropractors,' they are not even chiropractoids, they are 'limited' medical men and surgeons. They are no longer in our camp, they have surrendered to the enemy and are working under his legal flag. They dare no longer be with us, for they now take orders from their State Board General and his Lieutenants—for does not Sec. 1274-6 says, 'provided, however, that in addition to the power of the board to revoke and suspend certificates provided for in Section 1275 of the General Code it may also revoke or suspend the certificate of any one to whom a limited certificate has been issued upon proof of violation of the rules and regulations established by the board governing such limited practice?'"

"What are these 'rules and regulations?' The Code of Ethics is one. What are the Code of

Ethics? Thou shalt do no paid advertising is one. Chiropractic is a new subject, a subject you must educate the people, advertising being the best medium. Advertise, and pay for it, and you stand to lose your license. A pretty pickle your legislative committee have led you into."

Palmer, of course, is very much interested in the teaching side of the question, as he has been turning out chiropractors at so much per and dumping them into Ohio with profitable regularity. He quotes Foundation reports to show that the cost of medical education in high grade medical schools is very high and that such schools cannot be operated as business ventures at a profit. Somewhere he collected a statement showing that every medical man is graduated at a net loss to the college of \$1,000. He makes this query:

#### Means Death of "Colleges."

"This much is certain, if every chiropractor in Ohio had to pay \$1,000 tuition when he went to a chiropractic school, there would be very few, if any, practicing chiropractic in Ohio at this moment. Therefore, so far as Ohio is concerned, the P. S. C. (Palmer's "College") and all other schools are dead letters, in theory and practice, if the Ohio Medical Board use the power they have been given by the Ohio chiropractors."

"And, what right have we to expect they will do anything short of that? Haven't they done their best to kill our product in Ohio by prosecution and persecution in the past? What did the New Jersey Board of Education do to a chiropractic school? Hasn't a similar condition existed in Pennsylvania with just that effect? Isn't Secretary Matson, of the Ohio Medical Board, a member of the State Medical Board's Association, which is an affiliated branch of the A. M. A.? Isn't Secretary Matson also a member of the 'Council on Medical Legislation' of the A. M. A.? Isn't this bill which Ohio now has on its books, and which controls you, one of the 'Trust' bills which had its inception at a meeting of the 'Council on Medical Legislation' and then ratified by the 'State Medical Board's Association' of the A. M. A.?"

"This bill did not have its inception in the fertile mind of some astute lawyer engaged by the Ohio Medical Board. Neither was it the outcome of the spur of the moment, given birth by the exigencies of the hour at your Legislative Halls. We have met this bill in many other states this winter; both East, West, North and South. Its origin was in the offices of the Trust at Chicago that is after your hide, my hide; the hide of every practitioner that takes a dollar from the medical practitioner's hide."

"It may not be good policy to make these statements, but I'm not ashamed to face facts, even if some of you are. I've got backbone enough to state the truth, win or lose; and that's more than some of you have had the nerve to fight to a finish in the months just passed. (Mr. Palmer's construction is a trifle cloudy at this point—Ed.)

Are they now glad to have us with them, will they lay aside their professional jealousy, take us in with open arms and rejoice at our successes over their failures? Aber nit! It isn't humanity, nor the Code of Ethics of the A. M. A., nor in their State Board Rules and Regulations, and Ohio is not going to break any well established A. M. A. rules if I'm a student of human nature."

Palmer, in fact, takes a very gloomy view of the entire situation. His closing paragraphs are very interesting in this respect, therefore we quote them:

#### "Blotch on Chiropractic's Fair Name."

"Ohio is the first state in our Union to fasten upon us such a complete and voluntary statute. I fully anticipated The Ohio State Board Bulletin would parade their victory over us by writing us up. This they did in their April issue. This Bulletin goes to all the secretaries of all the associations of medical boards of the A. M. A. in the U. S. and Canada. It will be referred to from coast to coast and make our present defenses incalculably harder to win. You have cast a stain, a blotch over the fair name of Chiropractic that touches all corners of its existence. Little did you know what damage you were doing.

"The legislatures of this session are gone. But next year is coming and more of them will be in session two years from now. Ohio will be cited, its amendment will be in every medical lobbyist's hands—you will be accepted as standard. Note the evil you have started that you cannot stop. But, what's the use of talking? You wouldn't listen to advice from those who knew then nor will you now. You are like any other class of people, you have done the thing, now you propose to bull-doze the thing through, right or wrong, kill or cure.

"The Ohio Chiropractors' Association conceded to this Platt-Ellis Substitute Bill No. 220 because of the immediate license it would give you. The medics offered it. They had everything to lose if the chiropractor wasn't licensed because they could continue to multiply. They had everything to gain if it was accepted. The medics were looking for present relief from fast growing competition of one year simple men as well as future control of the simple educational institutions such as this bill gives them full monopoly over, so far as Ohio is concerned.

"It was but another instance of the young chap who didn't know cards, playing a game against the poker shark who knew how to draw down cards from his sleeves. The young fellow was warned but he sarcastically told us he knew. He will find out that he doesn't. As a matter of fact, the medical man didn't have the cards but he knew how to pull a bluff and hold on. The chiropractor had the cards but didn't realize it, he didn't need to bluff but he thought he would and it was called—he lost, his opposing player won by holding on. They are now in control, in the saddle, feet in the stirrups, riding with the few



who will be granted a license by agreement; they are in full control of the future income to their state and can ride over any school they wish by the methods we have quoted from the Flexnor report and thus injure the school from which the most of Ohio chiropractors had origin.

#### **Says Chiropractic Will Die.**

"Little did the chiropractors of Ohio see the boomerang that occurs from all this. To kill the schools is to kill future of chiropractic. Chiropractic dies in exact ratio to the number of states that like conditions occur in over the United States in the future. If all states were to do the same, then in no state could we get our product to practice without license, for chiropractic would be a 'limited practice of medicine and surgery,' so said in that many words in the statute. Conviction would be a snap and chiropractic would be dead at its source—the school. The medical men realize this. The chiropractors won't listen to reason.

"With chiropractic dead as a profession and distinct science, it is but a question of time until chiropractic becomes no more than massage, an every-day, every-family rubbing theory and idea. It will be killed in Ohio by allopathy the same as homeopathy has been absorbed, and then quietly strangled in the same manner. It is needless to say every mixer in Ohio was heart and soul for this bill for they were also looking out for the dollar. With chiropractic relegated to this degraded position, the chiropractors of Ohio will be regarded much in the same sense as any masseur of the bath-house. Thus does the boomerang retroact against the practitioner, for with the prestige, output and reputation of his schools gone, his prestige and reputation goes with it. Hind-sight is more expensive than foresight. By that time you will be dead, so what's the difference!"

#### **COMMISSION PAYS TRIBUTE TO WORK OF DR. MARK STEVENSON**

Whereas, The Ohio State Commission for the Blind is commanded by the law creating it to do everything within its power to prevent unnecessary blindness; and

Whereas, in its efforts to secure the greatest possible co-operation from the medical profession, the Commission created an advisory committee of ophthalmologists to assist in its campaign for preventing blindness; and

Whereas, Dr. Mark D. Stevenson, of Akron, was a member of the first group of ophthalmologists to serve the state in this capacity; and

Whereas, Dr. Stevenson since the inauguration of a state-supported campaign for the conservation of vision and the prevention of unnecessary blindness in 1908, has been untiring in his devotion to the cause, not only by timely and judicious advice but by the creation and revision of pamphlets relative to sight saving, the giving of many addresses to lay audiences, the preparation

of authoritative papers for presentation to medical and other organizations, and the inauguration of practical methods of testing eyes in large industrial plants; and

Whereas, the gratuitous services of an ophthalmologist who had won for himself a national reputation commanded the respect of the entire medical profession for the efforts of the Commission in its work for the prevention of blindness; therefore be it

Resolved, that the Ohio Commission for the Blind record its appreciation of the late Mark D. Stevenson, who was as talented as he was unselfish and as devoted to the welfare of his fellow men as he was brilliant in his profession, and extend to his family its sincere sympathy for his untimely death just as he was entering upon the period of his greatest service.

#### **RAISE HALF MILLION FOR NEW MEDICAL SCHOOL AT CINCINNATI**

##### **Splendid Success Crowns Efforts—Will Start Work in Spring.**

A new medical school for the medical department of the University of Cincinnati is assured. On July 1, Dr. Christian R. Holmes, who led the movement to raise half a million dollars for this purpose, announced that a grand total of \$505,000 had been contributed. As previously announced, \$250,000 of this amount was contributed by Mrs. Mary Emery contingent upon raising an extra \$250,000.

The donors are as follows: H. M. Levy, \$50,000; Mrs. Charles Fleischmann, \$50,000; Mr. and Mrs. Charles P. Taft, \$50,000; Miss Kuhn, \$10,000; Mrs. C. R. Holmes, \$10,000; Miss Anna L. Taft, \$15,000; and friends, \$15,000.

Plans for the new college buildings to be erected on the grounds of the new Cincinnati General Hospital will be drawn early in the fall and it is likely that work will be commenced on the construction by next spring. Cincinnati is to be congratulated upon its splendid enterprise in this matter.

Immediately following the announcement of this success, came the success of the movement to raise \$30,000 to endow a chair of internal medicine.

#### **NAMES CONVENTION COMMITTEE.**

Arrangements for the next annual meeting of the State Society, which will be held in Cleveland next May, are progressing steadily. Dr. Clyde E. Ford, who has been selected as chairman of the committee on arrangements by the Cleveland Academy of Medicine, this week announces the personnel of his committee as follows: Publicity, Dr. H. W. Masenhimer; entertainment, Dr. Henry L. Sanford; hotels and meeting places, Dr. Clyde L. Cummer; badges, Dr. E. D. Saunders; finances, Drs. W. J. Manning, D. B. Lowe and L. F. Friedman; exhibits, Dr. D. B. Lowe. Dr. W. E. Lower, president of the State Society, will co-operate with this committee in his official capacity.

## COUNTY SOCIETIES

The Academies in the larger cities have adjourned for the summer vacation. Cincinnati Academy of Medicine held its final meeting June 30 and adjourned to Monday, September 20. The Columbus Academy of Medicine held its last meeting at the Columbus State Hospital June 14, and adjourned to September 20. The Cleveland Academy of Medicine held its final meeting June 18 and adjourned for the summer.

At the final meeting of the Cleveland Academy, Dr. Allen B. Kanavel, assistant professor of surgery, Northwestern University, presented a report of personal surgical experiences in peculiar phases of ductless gland diseases. Dr. E. H. Cox reported on "The Sanitary Survey of Cleveland's Industries."

At a meeting of the council of the society on June 9, it was voted to raise the annual Academy dues to eight dollars per year, effective January 1, 1916, to meet the increase in dues in the state society. The secretary was authorized to pay from the treasury of the Academy the special assessment of one dollar per capita levied by the House of Delegates at the Cincinnati meeting.

### FIRST DISTRICT.

**Adams County.**—The Adams County Medical Society had its regular meeting at the Court House in West Union, June 16. The profession of the county was well represented.

Dr. J. Edw. Pirrung, of Cincinnati, read a very interesting and instructive paper on the diagnosis and treatment of fracture of the neck of the femur. Dr. Kennedy, of Peebles, read a very interesting paper on sexual hygiene. There being a number of ministers and laymen present, the paper was very freely discussed by all.

The following officers were elected for the ensuing year: President, Dr. J. G. Wittenmeyer; vice president, Dr. Roscoe Albaugh; secretary-treasurer, Dr. O. T. Sproull; censors, Drs. Morgan, Crawford and Wittenmeyer, Jr.; delegate, Dr. O. B. Kirkpatrick.

The next meeting of the society will be held at Peebles sometime during the Chautauqua, about the middle of August.

S. J. Ellison, Correspondent.

**Butler County.**—At the June meeting of the Butler County Medical Society, the principal speaker was Robert G. Paterson, Director of the Division of Public Health Education and Tuberculosis, State Board of Health. He spoke upon, "The Tuberculosis Problem in Ohio," principally from the hospital standpoint. His address was packed full of good things—things that the physi-

cians of Butler county were glad to hear stated publicly. County tuberculosis hospitals must be freed from political influences. Every three or five counties should combine and build hospitals to be used in common and the cost should be apportioned according to the tax duplicates. Efficiency must be the slogan and efficient nursing and medical attention provided for.

Dr. P. M. Sater read a paper entitled, "Seeing Chicago from a Medical Standpoint," which was interesting and instructive.

Contrary to the custom, a meeting will be held in July this year and the Society will recess during August only. Plans are progressing for the installation of a doctor's library at Mercy Hospital, each doctor subscribing a small amount and thus gaining access to five or six medical journals.

W. E. Griffith, Correspondent.

**Clinton County.**—Clinton County Medical Society met at Wilmington, June 24, 1915.

Call of State Association for per capita assessment of \$1.00 was read. Secretary instructed to collect the assessment and forward to State Secretary.

Drs. Briggs, Brown and R. Conard were appointed Committee on Public Health.

The meeting was given up to informal case reports. Dr. G. R. Conard reported a case of milk poisoning, and described treatment. Emphasized the necessity of avoiding opiates, and spoke of the great value of ipecac, even in conditions not amoebic in their origin. Thorough elimination was insisted upon, on the principle that "an empty house is better than a bad tenant."

Dr. Henry Brown reported a case of food poisoning with collapse, pulse 160. Recovery followed thorough elimination. In infantile diarrhoeas, starvation, gradual resumption of feeding and irrigation of the bowel, was the plan, though he felt that in ileo-colitis, the irrigation of the bowel was often overdone.

Dr. R. Conard reported good results from the use of Calcium lactate in infantile diarrhoea. Also reported two cases of periostitis of tibia, with remarks upon the diagnosis of the specific type. He presented a detailed case history of a case of Erythema nodosum, illustrated by photographs of the lesions.

Dr. Kelley Hale described a case of inguinal abscess following injection treatment of hemorrhoids, the abscess occurring at the saphenous opening. He was led to think that the abscess was probably a result of this treatment, as in another case of which he had knowledge death had occurred after injection treatment of hemorrhoids, from an abscess in the same situation.

Dr. Hale reported further, a case of benign tumor occurring between the posterior vaginal wall and the rectum.

This tumor was found in a patient who had been under treatment for several years for hem-



orrhoids, being treated by the injection method. On section, the tumor was seen to be largely composed of unstriated muscular fibres, with a great number of eosinophile cells. The endothelial layer of the blood vessels showed great proliferation.

This patient had been subjected to the injection treatment for hemorrhoids. The question remained, as to whether the tumor was the result of the treatment, or whether the tumor had been previously existent, and had been treated as a hemorrhoid.

Dr. Hale then showed a specimen of uterine polyp, with sections, showing its histological structure, as contrasted with the tumor in the previous case.

He also reported an hysterectomy for cancer and showed gross and microscopic specimens. The growth was a carcinoma of the fungous type, springing from the fundus.

Dr. G. M. Austin reported a case of epigastric hernia, occurring in a male aged 50. The hernia caused considerable nausea and pain in the stomach. It had come on gradually, without any history of injury.

Dr. H. A. Brown reported a case of epigastric hernia, in a man who had at the same time a double inguinal hernia.

The program for next meeting was announced. Review, Current Medical literature, Dr. Shrieves; Tetanus, Dr. H. A. Brown; Discussion, Dr. Hutchens; Case reports, All members.

Robert Conard, Correspondent.

## SECOND DISTRICT.

**Miami County.**—The joint meeting of the Miami and Shelby counties took place at the Troy Club, Troy, June 3, 1915. There were 34 members present.

Dr. A. W. Binckley, of the Industrial Commission, was present and gave a very practical and interesting talk along the lines of industrial work, as related to the medical profession. He made plain how the doctor could be of great assistance in promoting the cause and carrying into effect the spirit and intent of the Compensation Act. He explained certain sections of the law which deals with the filing of reports and fee bills. A great many questions were asked by the doctors present and were answered by Dr. Binckley. The full time allotted for the forenoon's session was occupied by Dr. Binckley, to the profit and delight of every one present. The members present from both Miami and Shelby Counties were greatly pleased with Dr. Binckley's visit and expressed themselves to that effect by a resolution offered by Dr. Van S. Deaton and seconded by several members of both societies. The resolution read as follows.

"That the members present from the Miami and Shelby County Societies give Dr. A. W. Binckley a vote of thanks for the very able, practical and common-sense talk given them on the subject of compensation and the importance and relation of the doctor in its successful operation."

The resolution was adopted unanimously, the members signifying the same by a rising vote.

Dinner was served at the New Troy Hotel, 34 hungry doctors doing justice to a well served meal. To say that the dinner was excellent is putting it mildly. After this delightful repast we again convened at the Troy Club for the afternoon session.

Dr. Warren Coleman, of Troy, read a very interesting and instructive paper on the subject of, "Some Observations on Appendicitis." This paper elicited a lively discussion on the part of members and proved both profitable and entertaining to all.

Dr. J. D. Dunham, of Columbus, was to have read a paper on the subject of the diagnosis and significance of abdominal pain, but was unable to meet with us owing to important business matters which unavoidably detained him. Dr. A. B. Gudenhauf, of Sidney, was to have read a paper also, but was unable to be present owing to sickness in his family.

This being the last meeting until September 2, we adjourned to meet at that time.

J. R. Echelbarger, Correspondent.

**Champaign County.**—The June meeting of the Champaign Medical Society was held at the home of Dr. Kent, of West Liberty, on the evening of June 10th. A number of Logan county physicians joined with the Champaign county society in listening to an interesting paper on tumors of the breast by Dr. Hamer, of Bellefontaine. Following the meeting delightful refreshments were served by Dr. and Mrs. Kent. This was the last meeting of the Society for the summer, but the meetings will be continued again in September, when the Society will meet in St. Paris.

David H. Moore, Correspondent.

**Darke County.**—The Darke County Medical Society met in regular session at Memorial Hall on Thursday, June 10. President Byers called the meeting to order promptly at 1 o'clock. Dr. J. C. Oliver, of Cincinnati, read a paper on the care of patients after operation. He told the general practitioner, in a clear, concise and charming manner, just what class of cases he will be called upon to care for in emergency home operations and how to care for them. This paper was thoroughly practical and helpful and we hope for more such papers during the year. Dr. Wm. H. Matchette read a paper on practice in the mining districts with a very interesting description of practice in the copper districts of upper Michigan, where he practiced for 12 years. The attendance was 35 including 5 visitors.

A committee was appointed to amend our by-laws referring to annual dues. The County Hospital matter was again thoroughly discussed by the physicians from all parts of the county and by a practically unanimous vote, it was decided to circulate petitions for a vote asking for a bond issue

of \$45,000.00 for the purchase of ground and construction of same.

B. F. Metcalfe, Correspondent.

**Clark County.**—The Clark County Medical Society on June 9th met in South Charleston where in the evening a banquet was tendered Dr. T. J. Farr, South Charleston's oldest practicing physician.

In addition to about thirty-five members of the society there were a number of guests from Columbus and neighboring towns present. The afternoon program, as scheduled, included a ball game between the members of the medical fraternity and a nine composed of local celebrities.

Dr. Farr, in whose honor the banquet was given, is one of the county's pioneer practitioners and one of Charleston's most respected citizens. Dr. Farr first attended the Cincinnati College of Medicine and Surgery in 1861. In February, 1862, he opened an office in Bellbrook, Greene county, where he remained until April of the following year, when he moved to Selma, Clark county. During the winters of 1877-78 he attended the lectures at the Starling Medical College, where he also received a diploma. In March, 1882, Dr. Farr moved to South Charleston, where he has been in practice ever since.

Dr. J. J. Moore of South Charleston, president of the society, presided at the dinner and a number of the members and guests responded with interesting talks.

In addition to the members of the society in attendance, the following guests were present: From Columbus, Dr. C. K. Wissinger, who was associated with Dr. Farr when he was at Selma; Drs. W. D. and C. S. Hamilton, W. K. Rogers, J. H. J. Upham, W. D. Deuschle, Frank Winders; Dr. Carter, West Carrolltown; Dr. Alf Wright, Waynesville; Dr. A. J. Strain, London; Dr. J. A. Wright, Red Line; Drs. R. H. and B. R. McClellan, Xenia, and Dr. Horace Bonner of Dayton.

Dr. Isaac Kay, of Springfield, Dr. D. E. Spahr, of Xenia, and Dr. William King Rogers, of Columbus, were among those who spoke.

**Preble County.**—The Preble County Medical Society has again been "resurrected" and we hope placed on a good sound footing, due to the efforts of Dr. Hunter of Greenville, Ohio, our District Councilor. The first meeting was held Thursday, June 17, 1915, in the Eaton Commercial Club Rooms with a good representation from each town in the county.

Dr. Robert Carothers, of Cincinnati, read a very interesting paper on "The Modern Treatment of Fractures of Bone," with discussion by Dr. Geo. Goodhue, of Dayton, Ohio.

The second paper was read by Dr. C. H. Breidenbach, of Dayton, Ohio. This paper was very much different from the usual typhoid discourses, and was highly appreciated by the Society.

The next meeting will be held on the third Thursday of July. J. C. Ryder, Correspondent.

### THIRD DISTRICT.

**Allen County.**—The Allen County Medical Society met in regular session at the Lima Hospital on May 4th. The essayist of the evening was Hon. William Klinger, Judge of the Common Pleas Court, who spoke to us on the subject of "Medical Jurisprudence." He discussed, among other things, privileged communications, malpractice suits, and expert testimony. His remarks were very helpful and instructive and emphasized the importance of the physician's testimony in matters of law.

A general discussion followed.

At the meeting held on May 18th, G. W. Henderson, of Elida, addressed the Society on the subject of "In Defense of Internal Medication." The doctor's point was that by a fuller and more complete knowledge of the actions of our drugs we will be able to get better results in the treatment of disease. While not underestimating the value of surgical treatment he believes that the importance of proper medicinal treatment is underestimated.

At the meeting held on June 1st, the Society had as its guest Dr. G. W. McCaskey, of Fort Wayne, Ind., who spoke on "Some Practical Points in the Diagnosis and Treatment of Heart Diseases."

Following abstract is by Dr. W. W. Beauchamp, of Lima:

"The essayist's opening remarks were devoted to the difficulties of giving 'practical' ideas in place of 'technical' points, owing to the new knowledge of the heart's physiology and pathology.

"The newest points of physiology were then discussed, in relation to the symptomatology of heart diseases.

"In the discussion of the etiology of heart diseases, the infections were given their proper share of importance. Much stress laid upon the streptococcus viridans as a cause of myocardial trouble. The statement was made that Dr. Billings, of Chicago, had told the essayist that he had treated more than 200 cases of myocardial trouble traceable to that organism.

"Dyspnoea was said to be the most prominent subjective symptom in the early stages of the disease. Precordial pain, with a consciousness of circulatory disturbance, were less marked symptoms.

"Symptomatic arrhythmias were next discussed, beginning with extrasystole first, in order of frequency and ease of diagnosis. Pulsus alternans was defined and possible causes discussed. In the discussion on heart block, the Stokes Adams syndrome was fully discussed under three headings, (1) Partial block, (2) Complete block, (3) Delayed conduction. Auricular fibrillation and auricular flutter were described and the origin of the stimulus for contraction was judged to be in other centers than nodal.

"Polygram tracings were used to illustrate many of the above conditions. The superiority of the electro cardiogram was very clearly shown.



Diagrammatic representations made the subject very comprehensive and added much to the interest of the listeners.

Treatment was discussed under three heads, (1) Rest, (2) Eliminations, (3) Medical. The importance of methods of treatment was stated to be in the order given above. Digitalis was the only drug mentioned.

E. J. Curtiss, Correspondent.

**Seneca County.**—The meeting of the Seneca County Medical Society, which was held in the parlors of the Hotel Shawhan, Thursday evening, June 17, proved to be one of the most interesting and really helpful sessions that have been held during the present year. The keen interest so noticeably manifest at the beginning of the present administration is still apparent, and there is no doubt but what a large majority of the physicians of Tiffin and Seneca county are fully appreciating the needed inspiration and the necessary mutual helpfulness that have characterized the monthly meetings of the society.

The following members were in attendance: R. C. Chamberlain, W. K. Chamberlain, C. F. Daniel, H. B. Gibbon, R. R. Hendershott, G. L. Hoege, J. D. Howe, G. L. Lambright, B. R. Miller, E. L. Overholt, R. A. Palmer, E. H. Porter, R. G. Steele, N. C. Storer, M. W. Uherroth, H. L. Wenner and G. W. Williard. J. C. Tritch of Findlay, Dana O. Weeks, of Marion, C. D. Selby, of Toledo, and George V. Sheridan, of Columbus, were guests of the society.

In lieu of a program the evening was given to the presentation of interesting cases by E. H. Porter and C. F. Daniel, and to the delivery of addresses by Dana O. Weeks, Councilor of the Third District, by J. C. Tritch, of Findlay, and C. D. Selby, Managing Editor, and George V. Sheridan, News Editor, of the Ohio State Medical Journal.

Following the adjournment of the session, H. B. Gibbon, recently elected president of the State society, kindly invited all present to accompany him to his home, where a reception would be held. Dr. Gibbon proved himself a most genial host, and every one present hugely enjoyed the happy occasion.

The following program will be presented on the evening of July 15, at the Hotel Shawhan: "Serum Treatment in Diseases"—M. W. Uherroth; "Differential Diagnoses in Contagious Diseases"—J. H. Thompson; "An Interesting Case"—P. E. Benner.

B. R. Miller, Correspondent.

**Mercer County.**—The Mercer County Medical Society held its regular monthly meeting at the Mayor's office in Celina, June 22, with a good attendance and lively interest. Two papers were read, one by Dr. L. P. Arthur, of Montezuma, on "The Present Status of Vaccines and Serum

Therapy," and one by Dr. D. H. Richardson, on "The Eye in General Practice." Several interesting case reports were given by members. The papers and clinical cases were freely discussed by those in attendance.

Dr. Dana O. Weeks, Councilor for the Third councilor district, gave us a happy surprise by coming in on our meeting and participating in the discussions. He also gave us an encouraging talk upon the present status of the medical profession and allied subjects. The meeting then adjourned to meet at Edgewater Park, July 27, for our annual picnic of the doctors of the county and their families, which will be of a purely social character.

D. H. Richardson, Correspondent.

**Hancock County.**—The Hancock County Medical Society met in the City Hospital recreation room June 2. The report from the state session at Cincinnati was given by the delegate, Dr. J. C. Tritch, and urgent business was transacted, after which the evening was given to the discussion of ways and means of improving our already efficient Training School for Nurses. The discussion was lead by Miss Roma Lamhart, superintendent of the hospital, followed by the doctors and guests present. The guests numbered fifteen of the board of lady managers, members of the Training School Alumni, and nurses in training. We hope much will be accomplished because of this conference of those most concerned with the work of the hospital.

The call for funds by the state society was promptly met by the doctors present paying \$1.00. We not only hope to remain in the 100 percent club, but if one is started with an aim of 200 percent we will be there. Many expressions of appreciation of our State Journal was heard while "the boys" were around the secretary's desk paying up.

Refreshments were served by Miss Lamhart and the nurses, for so much per plate. Profits to go toward equipment for the Training School.

A committee was appointed to prepare the program for July meeting when Dr. Bertha Von Hoesen will be invited to give her lecture on Twilight Sleep before the Society, and a number of guests from the city and surrounding counties.

Nelia B. Kennedy, Correspondent.

**Logan County.**—Meeting of June 4, 1915. It has been the custom for the past several years of this society to hold the meetings of this society in the smaller towns of the county, and the same plan is being followed this year. A new departure is being tried this year—that of having at each of these out-of-town meetings at least one of the boys who have gone from us and made good in their profession, come back as the special essayist for that meeting. For the meeting of June 4th, which was held at the home of Dr. R. C. McNeill in Belle Center, Dr. C. W. Moots of Toledo, was the special guest and essayist of the society—one of the boys

who has "made good." Dr. W. S. Phillips, of Belle Center, was the home essayist.

The subject of Dr. Moots' paper was puerperal infection. The doctor went into the subject in a clear, practical and logical manner and gave a most excellent and instructive paper, which was intensely practical and had a thoroughness and completeness that indicated the essayist was not talking from a theory but from a knowledge gained from actual experience in his medical and surgical practice. It is such papers that are of great help to the general practitioner, for it is the actual facts that he has had to deal with and that often with no hospital facilities within miles. Notes on paper:

Etiology—Wound infection with resorbition. Many bacteria cause infection, usually two or more. Modes of transmission, endogenous and exogenous.

Symptoms—Chills, fever, malaise, temperature, sweating. 2. The greater the number of chills the more unfavorable the prognosis. 3. Exclude all other possible diseases. Avoid examinations.

Treatment—Remember that the disease is in the great percentage of cases. 1. Limit all wounds as far as possible. 2. Prevent infection of all necessary wounds. 3. Do not rupture membranes until full dilatation of cervix. 4. Avoid all measures to shorten time of natural labor. 5. Avoid all douches. 6. Prevent tears by patience. 7. Conduct third stage of labor physiologically. 8. Examine carefully for any tears or injuries, to entire tract. The paper was fully discussed by members present.

Dr. W. S. Phillips, Subject, "Peptic Ulcer"—Surgery in this line has suddenly increased at the expense of General Medicine. Sores due to bacteria. Ulcers due to toxins from intestinal tract from a centric cause. Diseased appendix and gall bladder simulate peptic ulcer. Excessive and improper protein diet. Peptic ulcer usually proceeded by excess of HCL.

Treatment:—Dietetic treatment of greatest importance. Rest in bed, no food 2 or 3 days, milk diet, then slowly increase diet. Drugs stimulate bowels and liver.

The paper was discussed by many of the men present.

Case report.—Dr. Carrie Richeson presented to the society a specimen, a hydatid cyst of the uterus. The patient is 31 years of age in good health, and had not menstruated for 14 months. During the first two to three months she had some nausea, but after that she enjoyed good health. In February of this year she noticed a little spurt of blood on rising in the morning but from that time until June 2nd she enjoyed good health. On June 2nd after one hour of hard labor pains she delivered herself of this hydatid cyst without the bag of waters being ruptured. On rupturing the bag of waters numerous hydatid cyst filled the cavity. The patient made an uneventful recovery.

There were 12 members present with three visitors. Those who were absent missed one of the

best meetings of the society and Dr. Moots demonstrated that he, as one of the boys of the county, has made good in his practice in Toledo.

Next meeting of the society will be held July 2nd, at West Mansfield, and at that meeting we will have with us another one of the boys and will give us an excellent paper.

The committee on Public Health Education was appointed by Dr. Wilson as follows: Dr. W. S. Phillips, Belle Center, O., Chairman; Dr. E. R. Henning, Bellefontaine, O.; Dr. W. C. Pay, Bellefontaine, O.

A. J. McCracken, Correspondent.

#### FOURTH DISTRICT.

**Henry County.**—New life has been injected into the dormant medical organization in Henry county by Councilor Moots of Toledo. On assuming charge of the district in May, Dr. Moots discovered that Henry county had been without an active medical organization for at least eight years. He immediately laid plans to remedy this condition and on June 23 affected an organization that bears promise of being one of the more active of the county societies.

To launch the movement, Dr. Moots invited the physicians of Henry county to a dinner at the Hotel Wellington in Napoleon. Fourteen physicians from various parts of the county accepted this invitation and others responded that they were detained by conflicting engagements. Following the excellent chicken dinner, Dr. E. A. Murbach, of Archbold read an interesting paper on blood pressure. This was discussed in a thorough manner by Dr. Lawrence C. Grosh, of Toledo, and others present.

Dr. Moots then briefly outlined his plans for Henry county and urged the establishment of an active county society. Dr. Selby spoke on the absolute need of effective medical organization and of the responsibility which devolves upon every practicing physician to support such a movement. Mr. Sheridan of The Journal spoke briefly upon the recent work of the state society and of its value to individual members.

Sentiment for the re-organization of Henry county society was unanimous. It was decided to adopt the old charter. Dr. Ora L. Norris, of Deshler, was unanimously elected president and Dr. Charles M. Harrison, of Napoleon, was elected secretary-treasurer of the association. Dr. Henry F. Rohrs, of Napoleon, was elected correspondent for The Journal. Dr. Charles Mowery, of Napoleon, who had effectively served as county legislative committeeman, was continued in that position.

The following Henry county physicians were present at the dinner, and signified their intention of supporting the organization movement: L. H. Fiser, Malenta, Frank Harrison, Charles Mowery, C. M. Harrison, H. H. Marker, and H. F. Rohrs, of Napoleon; J. H. Boesel and C. E. Burgett, McClure; T. M. Guhrette, E. D. Schnable and O. L. Norris,



Deshler; H. P. Haag, Liberty Center, and D. J. Slosser, Ridgeville Corners. In addition, Drs. J. B. Ury, G. W. Huffman, and W. S. Powell, of Defiance, were guests of the society.

**Fulton County.**—On Wednesday, June 9, the society met in Archbold in the office of Drs. Murbach, with a splendid attendance from all parts of the county and visitors from two adjoining counties. Dr. C. F. Murbach reported a case of pneumococcic arthritis. Dr. H. J. Morgan, of Toledo, presented an intensely interesting paper on diarrhea in infants, in which he discussed many of the practical problems of infant feeding and infant care. The paper was freely discussed and greatly appreciated.

The balance of the meeting was devoted to organization work. Dr. C. W. Moots, the new counselor of the Fourth District, outlined his views on the field of the county society and urged Fulton county to secure every available member before the close of the present year. Dr. Selby, of Toledo, secretary-treasurer of the State Society, told of the need of organized medicine and outlined the field for medical organizations in this state. Mr. Sheridan, news editor of The Journal, briefly reported on the state work, dealing particularly with the results of the recent legislative campaign and with the new activities that have been undertaken by the State Society in the interests of its members.

Following the session the members and guests adjourned to the beautiful home of Dr. E. A. Murbach, where they were served with a chicken dinner that will long remain a pleasant memory.

Throughout the afternoon great interest was shown in organized medicine and full approval was expressed of the work of the State Society in its various fields of activity.

A. A. Brindley, Correspondent.

**Wood County.**—The Wood County Medical Society met in the Y. M. C. A. parlors June 2. A very profitable program was arranged. Dr. Geo. Folz, of North Baltimore, was selected to discuss Bright's disease—its cause and treatment, but owing to his absence, Dr. Frank A. Stove gave a very interesting discussion of the subject, citing many cases that have come under his observation. Dr. Stove referred to the many causes of Bright's disease. He said, "Probably more harm is done by ignoring physical laws in the matter of eating than in any other one thing. Public men are dying, not from overwork, but from their dinners."

Dr. C. S. St. John reported several interesting cases, one of which was a dislocation of the shoulder. The discussion was very interesting. Dr. Elmer Powell, North Baltimore, reported a case of similar nature.

Dr. Daniel W. Redden, of North Baltimore, spoke of the carelessness of the physician with regard to legislation, and urged that in the future we pay more attention to laws that are being passed. The

next meeting of the society will be in Perrysburg, the first Wednesday (2:30 p. m.) in July.

Those present were: Drs. Halleck, McKendee, St. John, Boyle, Stove, Trichler and Powell, of Bowling Green; Drs. Ward and Greiner, of Pemberville; Drs. Powell and Reddin, of North Baltimore; Dr. Sterling, of Cygnet; Dr. Spittler, of Hoytsville, and Dr. Babione, of Lucky.

H. J. Powell, Correspondent.

**Williams County.**—On June 17 there was held at the High School auditorium in Bryan a large and enthusiastic open meeting of the Williams County Medical Society. Physicians and leading citizens from all over the county were in attendance and the program was well carried out. The papers offered were for the purpose of enlightening the public as to the aims of the profession in regard to the public welfare, going into detail as to how the profession is untiring in its efforts to better the health of the community and state.

The president's address was an able and convincing argument on "Public Welfare, the Aim of the Medical Organization." This was followed by "A Practical Consideration of Modern Medicine," by Dr. W. C. Stoner, of Cleveland. Dr. Stoner's paper was of great interest to all present and was ably discussed and well received. Dr. E. A. Murbach's paper on pyorrhoea, calling the attention of the laity to the causes of this prevalent disease, was timely and to the point and was made still more impressive by a demonstration of a number of microscopical slides with explanations by the author. Dr. C. W. Moots, of Toledo, gave a splendid talk on, "The Accomplishment of Modern Medicine," calling attention to the many advances the profession has made in the handling of diseases, and in many cases of its complete eradication from certain territory, thus allowing mankind to live with perfect safety in lands heretofore useless and uninhabitable. His discussion of social diseases was handled in a thorough and pleasing manner.

The meeting was a success in every particular and many expressed a desire for a repetition of the meeting next year along similar lines.

M. V. Replogle, Correspondent.

#### FIFTH DISTRICT.

**Trumbull County.**—A meeting of the Trumbull County Medical Society was held on Thursday, June 17, at 8 p. m., in the office of Drs. Smith and Marshall, Stone building, Warren. The society was given a very interesting talk on "Practical Point in Hernia and Special Fractures," by Dr. C. C. Booth, of Youngstown. The subject was illustrated with the aid of lantern slides. Suitable action was taken on the death of our late president, Dr. S. M. Glenn.

J. P. Marshall, Correspondent.

## SIXTH DISTRICT.

**Richland County.**—The Richland County Medical Society held its regular monthly meeting in Mansfield, Wednesday evening, June 16. Thirteen physicians were present, but the meeting was as good as if the whole membership had attended. A feature of much interest was the explanation, in detail, of the plan, scope and character of the movement for a public general hospital for Mansfield, by representatives of the hospital campaign committee. A resolution favoring the project, as outlined, was unanimously adopted by the society. Mr. Andrews, the campaign promoter, averred that within a month the \$100,000.00 necessary for the building would be pledged.

Dr. J. L. Stevens read a paper on the treatment of appendicitis. In the interesting discussion following, all joined in a hearty laugh at the expense of a member whose patient lived in spite of the treatment carried out, and he was congratulated upon not losing his patient.

J. Lillian McBride, Correspondent.

**Summit County.**—The Summit County Medical Society wound up the first half of the year by another good meeting June 1, 1915. The attendance numbered 53, from Akron, Cuyahoga Falls, Kenmore, Canton, Ann Arbor, Mich., and Richmond, Ind. The vice president, J. N. Weller, presided in the absence of the president, who is ill.

F. F. Deeds, M. D., was admitted to membership, making the total 164. W. S. Chase added five volumes to the library. The following resolution was adopted:

"Whereas, The Summit County Medical Society has sustained a great loss by the death of its member Mark Delimon Stevenson; and

"Whereas, During his membership of 15 years he has been prominent both in this society, in which he has held the offices of president and vice president, and in all matters pertaining to the profession; and

"Whereas, By his untimely end this society has lost its most distinguished member;

"Therefore, Be it resolved that the Summit County Medical Society place on record its sorrow at the loss it has sustained and extend its sympathy to the bereaved family.

"J. H. Weber,  
"A. S. McCormick,  
"Committee."

The guest, W. B. Hinsdale, was entertained by the officers and homeopaths and other members to a chicken supper at Fosdick's, at 6 o'clock. Having practiced for several years in Wadsworth, Dr. Hinsdale has many friends in Akron.

**Program.**—"The making of Physicians and What Can They Do When Made," W. B. Hinsdale, M. D., Ann Arbor, Mich., dean of the Homeopathic Medical College, University of Michigan.

The paper dealt with the education of physicians, tracing the increase in length of the course from two to three, then four years. Eventually it will become five years, as in all other countries.

In the United States each state has its examining board, whereas all other countries have their national boards. The United States has as many medical colleges as all other countries combined, even though 57 American colleges have ceased to exist during this century. The standard of colleges in all countries is improving. The tendency of graduates is toward cities in spite of the increasing number of fine openings in rural districts.

A war would cause the need of military surgeons, so much that a shortage would result in civil life. Dr. Hinsdale discussed the physical, intellectual and moral part of the physician's life. In the United States there are always 3,000,000 persons ill. There are 500,000 consumptives, 2,000,000 people have syphilis, 250,000 are in insane asylums. The medical profession cannot improve these conditions if the public fail to heed the warning. The public must do its share in elimination. Dr. Hinsdale predicted future changes in the practice of medicine and their results. Specialism will be more common and fewer men endeavor to be everything in medicine and surgery.

The paper was decidedly interesting, instructive and full of wisdom, the result of twenty years' teaching. Discussion was by D. H. Morgan, D. S. Bowman, S. St. J. Wright, S. E. McAdoo, L. B. Humphrey, W. E. Kneale, R. R. Hilborn. Dr. Hinsdale closed the discussion and answered the various questions in a speech of the same excellent quality as his paper, thus closing a very fine program of which he was the "whole show." He received great applause and will be a welcome visitor in the future to the Summit County Medical Society. A vote of thanks was heartily extended to Dr. Hinsdale.

In August the annual outing will take place. Meetings will be resumed on September 7, when J. F. Baldwin, M. D., F. A. C. S., of Columbus, will read a paper upon "The Eternal Why." Others to appear during the autumn are: F. H. Lyder, D. D. S., and W. V. Anderson, E. C. Banker, F. C. Bissell, I. A. Bradley, C. J. Case, L. D. Clark, C. H. Franks, C. W. Hodges and M. F. Miller.

A. S. McCormick, Correspondent.

## SEVENTH DISTRICT.

**Jefferson County.**—The Jefferson County Medical Society met Tuesday, June 8, in the I. O. O. F. building in Steubenville. The paper of the day was presented by Dr. J. A. Bradley, on some recent clinical observations. Reports of the state meeting at Cincinnati were made by members who attended.

**Tuscarawas County.**—The Tuscarawas County Medical Society met in the council chamber of the city building in Canal Dover Tuesday evening, June 1, at 8 o'clock. The president, F. B. Larimore, presided and read a communication from J. H. Landis, state chairman of the Public Health Education Committee, in which he asked for the



name of a member for the chairmanship of the local committee on Public Health Education. The president announced that he had appointed J. A. McCollam to that position.

Doctors T. H. Wilson, of Dennison, and Benjamin A. McConnell, of Canal Dover, were elected to membership.

The resolution to amend the by-laws changing the annual dues from \$2.00 to \$5.00 per year, because of the change in state dues, was passed without a dissenting voice.

The next meeting will be held in Newcomers-town the first Tuesday in July.

The evening was spent in a round table discussion on the general subject of obstetrics, led by E. B. Shanley, of New Philadelphia.

James A. McCollam, Correspondent.

**Belmont County.**—The lure of the hills, and our natural wanderlust is so strong upon us that the Belmont County Medical Society has planned for a summer itinerary, including a circuit of the larger towns of the county. This plan, heretofore, we have found to be feasible and think it has added strength to our organization and given us something of a breezy spirit.

Our May meeting was held at Barnesville, Tuesday, the 18th, on special invitation for missionary purposes. We caught nothing, although there was plenty of game in sight. "For the net is spread in vain in the sight of any bird." There are, however, most always compensations at hand. We had a good dinner; there was a good attendance; we had what we were pleased to call an echo meeting, which proved to be full of enthusiasm, interest and instruction. We were represented at the State Association meeting by nine of our members, nearly all of whom were present here and ready and willing to tell of the wonders they had seen and heard during their sojourn in the Queen City.

Before the regular batteries were turned loose on the men in the trenches, the secretary was requested to read from the State Journal (all our men swear by it), some of the paragraphs relating to the changes made by the state officials for the purpose of making the State Association more efficient in the work for the betterment of the profession. The most important change was the one relating to the doubling of the state dues of the Association. There was not one dissenting voice among us to that proposition. Furthermore, Dr. Howells, in a pat speech, set forth the needs of a liberal policy in medical society work. He said that doctors were liberal-hearted and open-handed to every one else, but they treated themselves in a niggardly way, and it ought not so to be. He appealed for plenty of money that we might always be able to finance our society work in the best possible way. He concluded with a motion that we follow the example set us by the state officials and increase our annual dues one

hundred per cent, from \$2.50 to \$5.00. The motion carried unanimously, and hilariously.

It came out also, in subsequent discussion, as it had on previous occasions, that our society stands strongly for the co-operative defense plan against civil malpractice by the State Association.

Dr. Williams told us about the new Cincinnati Hospital, its plot of ground of 65 acres, its 27 buildings furnished with every modern requisite. The cost was \$4,000,000, the estimated annual upkeep is \$750,000. All the services this great plant of promise can offer any citizen of Cincinnati is free, like salvation, without money and without price. That's what staggers a fellow from the provinces!

Dr. Clark spoke on things he heard from the papers read and from the discussions. He said, don't apply forceps until there is good dilatation; use chloroform instead of ether; use morphine in painful labor in the first stages; the greatest virtue in obstetric practice is patience. In brain surgery, wait, don't be in a hurry to operate; wait for reaction and time to determine if the patient will be benefited by an operation. These and other subjects introduced by the speakers were discussed. Committee on special business relative to the work of the society reported and was continued. Dr. Diego Delpino was elected a member of the society.

James S. McClellan, Correspondent.

#### EIGHTH DISTRICT.

**Licking County.**—To the physicians of Licking and adjoining counties who accepted the invitation to the Newark clinic, Monday, May 31, was a day long to be remembered.

Dr. Percy, of Chicago, is a wonderful operator and as the operations were varied, each one present found something of special interest. There were six operations.

Case I. Stanley H., age 10. Comminuted fracture of femur. Injured January 8, 1915, by being run over by a heavy truck. Non-union, two inches shortening. Lane's plate used.

Case II. M. S., age 37. Female, single. Intestinal stasis and obstinate constipation. Colectomy.

Case III. Mrs. R., age 50. Chronic ulcer of stomach, appendicitis and cholecystitis of ten years standing. Appendectomy, resection of stomach, gastro-enterostomy, cholecystomy.

Case IV. A. B., age 2. Cleft palate. Complete repair.

Case V. Mrs. G., age 25. Acute peritonitis, pelvic abscess. Operation—abscess drained, appendectomy.

Case VI. J. M., age 25. Male. Emypema following gun-shot wound. Operation—resection of rib, through and through drainage.

At 1:30 p. m. we adjourned to the Warden Hotel, where dinner was served, after which Dr. Frank

Winders, of Columbus, gave an interesting and instructive address on "Some Diseases of the Circulatory System." Following the address, Dr. Winders held a medical clinic and four very interesting cases were exhibited.

Harry E. Hunt, Correspondent.

**Muskingum County.**—The Muskingum County Medical Society held their June meeting on Wednesday, June 30, at 8 p. m. Dr. C. M. Rambo read a very instructive paper on cancer which brought forth an interesting discussion from the members present. The essayist quoted Dr. Deaver's statement that there are 7000 deaths from cancer of the breast in the United States in one year. He mentioned the fact that wild animals do not have cancer but that animals in captivity developed the disease; that cancer may be seen on trees and plants. The relation of cancer and tuberculosis was brought out.

Dr. Gorrell mentioned the secret investigations that he had noted while at a New York hospital last winter, in which some secret chemical compound was being used on cancer, and stated that he had seen several remarkable cures from its use.

L. R. Culbertson, Correspondent.

**Muskingum County.**—The seventeenth regular meeting of the Muskingum Academy of Medicine was held in the offices of Dr. F. S. Baron, June 9. President Brown opened the meeting at 8:15. Dr. Charles H. Higgins read a very interesting paper on pleurisy, which brought forth many complimentary remarks. Dr. D. J. Mathews discussed some of the newer phases of the treatment of syphilis, and both of the subjects were discussed by Drs. Sutton, Sellers, Melick, Baron, Dustheimer, E. R. Brush, Davis, Higgins and Mathews. The meeting adjourned at 10:30.

Edmund Brush, Correspondent.

**Fairfield County.**—The Fairfield County Medical Society met in the Kirn Building on Tuesday evening, May 11. The meeting was well attended. Dr. Hazelton, delegate to the State Society, gave a report of the transactions of the House of Delegates. Dr. Sylvester J. Goodman, of Columbus, presented a very excellent paper on the recent developments in the treatment of puerperal sepsis. Dr. Goodman covered his subject in a very able manner and a free discussion followed.

On the evening of June 8 the society met at the office of Dr. C. H. Hamilton. Dr. Ralph H. Smith read a highly interesting and scientific paper on the functions of the adrenals. The discussion which this brought forth was very complimentary to the author. Light refreshments ended the evening program.

Drs. Bradford and Brown will entertain the society at Bremen on July 20, at 2:30 p. m.

James M. Lantz, Correspondent.

#### NINTH DISTRICT.

**Gallia County.**—The Gallia County Medical Society met in regular session Wednesday afternoon, June 2, Dr. J. S. Biddle presiding. Dr. Arthur G. Helmick, of Columbus, was present and gave a very instructive talk on "The Fundamentals of Infant Feeding." A very free discussion followed. The society is very grateful to Dr. Helmick for presenting so well, such a timely subject.

The next regular meeting will be held on first Wednesday in August.

Charles E. Holzer, Correspondent.

#### TENTH DISTRICT.

**Crawford County.**—The annual picnic of the Crawford County Medical Society was held Wednesday, June 23, at Seccaium Park, Bucyrus. Dr. L. F. Huffman, of Cleveland, who was one of the members of the Western Reserve Hospital unit, serving at the American Ambulance in Paris, was a special guest of the occasion.

**Delaware County.**—The Delaware County Medical Society met June 4 at the Court House, Delaware, and was presided over by Dr. G. W. Morehouse. Several very interesting cases were reported and discussed. Dr. Eugene McCampbell, secretary of the Ohio State Board of Health, was expected to be present and give a public lecture on some phases of public health, but owing to his inability to attend, his lecture was postponed until June 25. Dr. A. H. Buck occupied the time by reading a paper on "Some Nervous Conditions," with report of cases.

A.H. Buck, Correspondent.

**Morrow County.**—The Morrow County Medical Society held its regular meeting Wednesday afternoon in the mayor's office at Mt. Gilead, Ohio. The members present were W. C. Bennett, W. L. Case, P. T. Johnston, S. C. Jackson, J. C. McCormick, E. C. Neal, G. H. Pugh, R. L. Pierce and R. C. Spear.

Drs. H. B. Blakey and Andrew W. Prout, of Columbus, were present. The former read a paper on "Functional Tests of the Kidney," the latter on "Sympathetic Ophthalmia." Both papers were greatly appreciated. The talks and discussions which follow papers of this kind are certainly very instructive and beneficial and we are sorry that more of our membership cannot be with us at these regular meetings.

President Geo. H. Pugh, under instructions from the State Public Health Education Committee, appointed Doctors J. H. Jackson, Edison, W. L. Case, Mt. Gilead, and E. C. Sherman, Cardington, as a committee on public health for this county to act in conjunction with the state committee.

R. L. Pierce, Correspondent.



**Pickaway County.**—The Pickaway County Medical Society met in regular session July 2 with many members present. After the regular business was transacted Dr. Howard Jones read an able paper, "Medicine and Emotions," which was very much enjoyed. Then the society for the rest of the evening indulged in a social session and lunch.

**Pickaway County.**—The Pickaway County Medical Society held its regular meeting, June 9, 1915, with sixteen present out of twenty-one members. Three very good papers were read and the discussion was actively entered by all.

Dr. P. S. Bone's subject "Tinitis," which is classified as follows: Noises due to blood sounds, to nervous, cerebral, labyrinth and conductive apparatus.

He said, first, the trouble should be properly classified, for herein lies the prognosis and treatment, as some of these conditions are not amenable to treatment and the patient should be so informed.

Dr. C. R. McConnell reported a case of epilepsy in a young man having undergone Dr. Reed's operation upon the colon for the relief of this disease. He also exhibited X-Ray negatives showing colon in different postures.

Dr. E. A. Secoy's paper was a complete resume of vaccine therapy.

The society agreed not to adjourn for the summer and requested Dr. Howard Jones to read the paper "Medicine and Emotions," he read at the Cincinnati meeting.

D. V. Courtright, Correspondent.

**Delaware County.**—Dr. E. F. McCampbell, executive officer of the Ohio State Board of Health, delivered an interesting and instructive lecture in Delaware on June 25, in the Delaware Opera House, at the open meeting for the benefit of the public by the Delaware County Medical Society. Dr. McCampbell's subject was: "The Business of Postponing Death." The meeting was well attended. Dr. McCampbell discussed various municipal and other public health problems in an interesting manner.

#### INTERESTING HEALTH EXHIBIT.

The Health Department of Springfield arranged a very interesting exhibit in connection with the "Made in Springfield Exposition," held during the week of June 28-July 3. The exhibit consisted of charts and devices showing the different activities of the department in the prevention of disease, and a large amount of literature was distributed. The Springfield Baby Camp and Dispensary occupied part of the space with a unique and instructive display showing their operations in carrying on Infant Welfare work. The Public Health Nurses were on duty throughout the week to explain the exhibit and give instruction.

#### TUBERCULOSIS FIGHTERS HOLD FINE ANNUAL MEETING

##### Dayton Man Elected President of the Organization for New Year.

The fifteenth annual meeting of the Ohio Society for the Prevention of Tuberculosis, which was held in Columbus June 9, was one of the most successful in the history of the society. Dr. Charles J. Hatfield, New York, executive secretary of the National Association, and Dr. E. F. McCampbell, secretary of the state board of health, were the speakers. Dr. G. E. Robbins, Chillicothe, the president, presided. More than 100 enjoyed the luncheon at the Chittenden hotel.

Officers for the ensuing year were chosen as follows: President Rev. D. Frank Garland, Dayton; vice presidents, Dr. H. M. Welch, Youngstown, and Miss Clara P. Southward, Circleville; secretary, Robert G. Paterson, Columbus; treasurer, A. W. Mackenzie, Columbus; auditor, Charles L. LaMonte, Columbus; chairman Red Cross seal committee, S. Livingston Mather, Cleveland; honorary vice presidents, Frank B. Willis, Myron T. Herrick.

The executive committee will consist of the officers and Dr. G. E. Robbins, Chillicothe; Prof. J. E. Hagerty, Columbus; Dr. John H. Lowman, Cleveland; Courtenay Dinwiddie, Cincinnati; Dr. Robert H. Bishop, jr., Cleveland.

Among the medical men attending the meeting were the following: John H. Lowman, Cleveland; Henry Baldwin, Springfield; L. G. Locke, Portsmouth; Stephen A. Douglas, Mt. Vernon; R. H. Grube, Xenia; Charles W. Wendelken, Portsmouth; Mary Miller Battels, Ashtabula; Earl A. Martin, Mt. Vernon; H. W. Blair, Mt. Vernon; H. J. Powell, Bowling Green; M. T. Love, Shelby; W. A. Searl, Cuyahoga Falls; Clyde Leeper, McConnellsville.

**Infection Results in High Percent of Industrial Accidents.**—That more care must be taken to prevent infection of wounds is strikingly demonstrated by a recent report issued by the Industrial Commission on accidents in Ohio. Of 25,731 industrial accidents causing loss of time but no permanent injury, one out of every 14 was infected in greater or less degree. Of 601 accidents which resulted in permanent partial disability, one out of every 29 was complicated by infection.

According to this report, the danger of infection is much greater in cases of lacerations, punctures, abrasions, bruises, etc., than in cases of burns and scalds. Of 15,389 cases of lacerations, etc., one case in 10 became infected. One out of every 20 of the 2,208 burns, scalds, etc., covered by the report was rendered more serious by infection. Foreign bodies in the eye caused by infection in one out of every 24 such cases.

Stamping, shearing and punching machines won an unenviable first place among the different types of machinery causing permanent partial disability. Out of the total of 601 such accidents, 94 were ascribed to the action of machines of this type.

## FOLLOWING INTERESTING MEETING, INTERSTATE ASSOCIATION OF ANESTHETISTS IS LAUNCHED

Report by Dr. F. W. McMechan, of Cincinnati\*

One of the notable features of the recent state meeting in Cincinnati, May 4, 5, 6, was the organization of the Interstate Association of Anesthetists. About 100 medical and dental anesthetists, as well as interested surgeons and research workers were in attendance from all sections of the United States. The scientific sessions developed many papers of practical interest as well as a number of animal and lantern-slide demonstrations.

The visitors were welcomed on behalf of the local profession by Dr. Robert Carothers, First District Councilor of the O. S. M. A., who alluded to the birth of the organization as his one and only obstetrical case of the year. Dr. E. I. McKesson demonstrated his research work on blood pressure during anesthesia, from an experience of over 5,000 cases. He showed how the varying ratio of heart-load, as exhibited by the difference between diastolic and systolic pressure, in relation to pulse rate, was the determining factor in the incidence of shock, and he indicated remedial measures. Dr. Emmet F. Horine, of Lucasville, spoke on the selection of the anesthetic in relation to the operative procedure and the condition of the patient, Drs. W. N. Lynn, of Knoxville, and Lillian Mueller, of Indianapolis, discussing. Dr. E. M. Sanders, of Nashville, Tenn., elaborated on the work done by Henderson, Levy, and others in showing the dangers of acapnia in respect to anesthesia and shock; while Dr. H. W. Kearney, of Washington, D. C., spoke on the many other phases of the specialty which influence surgical mortality from the viewpoint of the anesthetist, Drs. John H. Evans and Roland E. Skeel discussing. Dr. Skeel maintained that there was far more danger from the inexpert anesthetist than from either the anesthesia or operative procedure.

### Use of Phonograph.

Dr. W. P. Burdick, of Kane, Pa., described the methods now in vogue at the Kane hospital of using phonographic music during operations under local analgesia; during the induction and recovery periods of general anesthesia, and especially during the convalescent stages in the wards. He emphasized the fact that the use of music improved the disposition of the entire operating-room staff, an achievement not to be scoffed at under certain conditions.

Dr. R. A. Rice, of Columbus, O., detailed the history, uses and technic of ethyl chloride anesthesia, and Dr. Martin Ware discussed the subject from an experience of 20,000 administrations

\*Incidentally, the Editor desires to compliment Dr. McMechan and to commend this report to other contributors as a model in complete and concise reporting of a scientific meeting.

without a death. Dr. Hugh W. MacMillan demonstrated the technic of conductive analgesia for the intraoral operations of surgery and dentistry, calling attention to its especial value in hare lip operations, on account of the conscious assistance of the patient in showing the operator if he had sutured the obicularis oris muscle symmetrically; an important cosmetic point. Dr. R. B. East, Chief Dental Inspector of the Detroit Board of Health, discussed the value of the method in infections and fractures of the jaw. Dr. C. L. Candler presented his views on the value of intravenous anesthesia in certain operative procedures in which the ordinary methods left the anesthetist in the way. Dr. J. Edward Pirrung, Cincinnati, discussed the paper from a personal experience, which had been very satisfactory; but in the present war conditions, the cessation of hedonal importations had made the continued use of the technic inadvisable. Dr. Isabella C. Herb, of Chicago, argued that polypharmacy of alkaloidal medication in relation to anesthesia and analgesia had reached the point of absurdity, and instanced cases in which as many as 19 distinct alkaloids, not including the anesthetics, had been administered. She deplored the use of preliminary medication except when absolutely indicated. Dr. Moses Salzer, in discussing, announced his results in the use of codia and heroin as substitutes for the usual alkaloids, and had found them more satisfactory. The paper of Dr. John Overton, of Tulsa, Okla., was read by proxy. Dr. J. F. Baldwin, of Columbus, was present to announce his results regarding his investigations of nitrous-oxid-oxygen anesthesia mortality, but the necessity of catching a train prevented him from remaining long enough to be heard. His statistics will be published later.

### Anesthesia in Brain Surgery.

The scientific sessions of May 5 developed the following interesting papers: Dr. Charles K. Teter, of Cleveland, O., President of the American Association of Anesthetists, detailed his personal experiences with nitrous oxid-oxygen anesthesia in brain surgery, showing several devices for endo-pharyngeal and endotracheal administration to give the operator a clear field. Dr. W. I. Jones, of Columbus, O., corroborated the experiences of Teter and McKesson regarding asphyxia as the element of danger in brain surgery and maintained that under proper oxygenation this technic was ideal and supported rather than imperiled blood-pressures. He based his remarks on research that is being done in the laboratories of the Ohio State University Medical School.

Dr. Willis D. Gatch's exposition of posture and



muscular relaxation as factors in shock was so magnificent that it was given a rising vote of approval. Dr. Gatch as Professor of Surgery in the Indiana University in collaboration with Dr. F. C. Mann, physiologist at the same institution, worked out the fact that shock cannot occur as a result of trauma or operative manipulation, unless intra-abdominal pressure is disturbed, or exsanguinating hemorrhage occurs. The horizontal or Trendelenburg posture must be maintained in the presence of an opened abdomen, or catastrophies will result. Dr. Arthur E. Guedel, superintendent of the Protestant Hospital of Indianapolis, explained the method of self-administered nitrous oxid analgesia in obstetrics. He exhibited a simple apparatus, by means of which the attending obstetrician could readily control the supply and mixture of the anesthetic while the patient administered it to herself through a nasal inhaler. He maintained that in from five to six pain most patients learned the technic of self-administration. In the discussion Dr. C. E. Turner, Columbus, emphasized the points that gas-oxygen analgesia is far superior to any other form of obstetrical pain-relief, that in primiparas it shortens the second stage of labor by hours, and absolutely prevents torn perineae and blue babies. He quoted in corroboration the experiences of Skeel, of Cleveland, Webster and Lynch, of Chicago, Allen, of Brooklyn, and Lumbard, of New York.

Dr. Myron Metzenbaum, of Cleveland, showed the technic of local anesthesia in nose, throat and larynx operations, and commended the use of hyoscin as a preliminary, as having the same effect as the pain-relieving radical of morphine and the astringent radical of atropin. In the discussion Dr. Sam Iglauer, of Cincinnati, inferred that mild percentage solutions of cocaine were dangerous on account of their rapid absorption, while stronger solutions "stayed-put" on account of a local ischemic effect. Dr. Paul Coble, of Indianapolis, Ind., in demonstrating vapor anesthesia for intraoral surgery, proved conclusively that an interrupted flow of etherized air through a warming device, if the temperature was much over body heat, produced poisonous aldehyds, which were extremely toxic, and were responsible for disastrous postanesthetic sequelae.

#### Use of Jiu-Jitsu.

Dr. Edward S. Barber, of Chicago, gave a lantern demonstration of gas-oxygen analgesia for dentistry, one of the most interesting features of which was the depiction of a series of jiu-jitsu tricks which he uses to control recalcitrant subjects under the excitement of nitrous oxid. Dr. Barber has operated on a great many pugilists, and in handling some of them found these dental jiu-jitsu stunts invaluable. Dr. Paul Cassidy, of Cincinnati, O., in discussing, dilated on the psychological element of analgesia and indicated methods whereby the operator could readily gain the cooperation of his patients. Dr. B. Merrill Ricketts exhibited some medical curios in the

shape of apparatus used by early investigators of insufflation, and then demonstrated intratracheal anesthesia on the dog. This demonstration attracted quite a coterie of interested surgeons. Major Allie Williams, of the U. S. A. Medical Corps, showed the apparatus which had been used after the recent battle of Vera Cruz in operating on a United States soldier for an extensive gunshot wound of the chest, necessitating opening of the thoracic cavity.

The technic of local analgesia for hernia operations was demonstrated by Dr. Charles T. Souther, Cincinnati, who was responsible for the exquisite badges of the State Meeting. Dr. Souther maintained that local analgesia had become the method of choice in all hernia operations, and Dr. F. G. DuBose, of Selma, Ala., reiterated that the popularity of the method only depended on the progressive surgeon learning how to use it, and that patients would then demand it on account of its safety and pleasantness. Dr. DeNeen and J. H. Whilms, from the B. Merrill Ricketts Experimental Surgical Laboratory, demonstrated the action and efficiency of magnesium sulphate analgesia by intraspinal injection for the relief and cure of tetanus. This demonstration was of especial interest on account of the original work of Meltzer, and the fact that it is being extensively used by French and German army surgeons in the treatment of lock-jaw complicating battle-wounds sustained in the manure-soaked trenches of Belgium and Northern France. The results secured warrant its further use.

#### "The Anestheasiest Way"

The organization dinner, served on the evening of May 4, was a most enjoyable affair. Dr. W. D. Haines acted as toastmaster in his usual felicitous manner, and metaphorically "took off his hat to the specialist who could bring his patient to the very Gates of Heaven, without giving St. Peter a chance of grabbing him in." Dr. J. Louis Ransohoff excited considerable merriment by his exploitation of "The Anestheasiest Way," a method in which music, song, drama and a general good-time are added attractions of the pleasure of being operated upon. He suggested the advisability of a censorship on victrola records, and instanced the contretemps of having the nurse turn on some thing like this, after a successful Caesarean section under local: "Can't you take it Back and Change it for a Boy." Dr. E. S. McKee, in his "Anesthetic Anecdotes," told of an occasion on which Dr. C. A. L. Reed held an oil-lamp for four hours, and reflected its light into the abdominal cavity, with a cracked mirror, while the late Dr. Thad Reamy operated from three to nine p. m. for a multiple fibroid, and during operative intervals "jumped on Dr. Reed with both feet" for occasionally looking at himself in the mirror, instead of throwing any light on the operative field. Dr. Otto Juetner, the Medical Historian of the Ohio Valley, by dint of persistent research on the subject of "Woman, the Eternal Narcotic," in-

formed the guests that the historical data regarding the rib-resection of Genesis were absolutely incorrect. The operation was in reality a very extensive laminectomy, as it has been proven conclusively that since the creation of woman, man has had no back-bone left. Mrs. W. A. Teveluwe complimented the association as bridge-builders, who were building the structure upon which future generations of specialists in anesthesia would cross to the victory of scientific achievement. Dr. F. G. DuBose told some of his negro stories in his inimitable way, notably the one of the mid-wife, who after trying all her potent charms, spells and necromancies, tried to "smoke the baby out!"

A vote of thanks was extended the local entertainment committee and the officers of the Ohio State Association for their cooperation in making this organization meeting so striking a success. The organization officers were re-elected:

Dr. W. Hamilton Long, Louisville, chairman; Dr. Isabella C. Herb, Chicago, vice-chairman; Dr. F. H. McMechan, Cincinnati, Secretary-treasurer. Drs. A. E. Guedel, W. I. Jones, W. P. Burdick, J. H. Evans, Moses Salzer, and W. N. Lynn, executive committee.

Two of the greatest cities in the state, Cleveland and Toledo, have recently taken an advanced stand to protect the public from infected milk. After a long fight in which he encountered bitter opposition, Health Commissioner Ford, of Cleveland, on June 14 secured the passage of an ordinance providing that all milk placed on sale in Cleveland after January 1, 1916, must be pasteurized. Toledo earlier in the month secured the approval by council of a similar health board regulation which is effective December 1.

Dr. Iford, in Toledo, supplemented this with a drastic order which definitely prescribes the erection of dairy barns and milk houses, provides for the elimination of diseased cattle, and establishes detailed regulations for the handling of milk on the farm and its preparation for shipment to the city. In Toledo the pasteurization ordinance covers all milk except that certified by the milk commission of the Lucas County Academy of Medicine.

The enforcement of these regulations will mean a great forward step in the health administration of these cities, and will lend impetus to the state-wide campaign for clean milk. Eventually the smaller cities in the state will profit by the example.

Opposition to such ordinances comes from the small milk dealers who fear the expense of sterilizing equipment. In Cleveland this fight was waged a year, even though the movement was supported by the larger milk companies and by practically all organizations interested in public health. The health of the people, and particularly of the babies, whose health is dependent upon the milk supply, finally triumphed.

## VIVID WORD PICTURE OF WAR CONDITIONS IS PAINTED IN ARTICLE BY DR. CRILE

Observations Made on Recent Trip to War Zone  
form Basis of Paper.

The Nation of June 3 prints a decidedly interesting article on war conditions in Europe, by Dr. George W. Crile, Cleveland, who recently returned from the American Ambulance Hospital in Paris. The article is entitled "The Mechanistic View of the War," and briefly reviews some of his experiences at the front, together with observations as to the underlying causes of the present conflict and suggestions as to how the tendency towards war may be removed in the future.

We take the liberty of quoting the opening paragraphs, which in themselves give a very good first-hand view of the present situation:

"The inhabitants of the warring nations today are divided into two classes, those who are killing man and those who are saving man. There is no other occupation. Railways are hauling food, ammunition, and men to the battle-line, and hauling back the wounded. Factories are turning out uniforms and guns, powder and shot. Telegraphs and telephones speak only of war. The printing press describes battles and records the names of the dead. Hotels and schools are hospitals, and parks are drilling grounds. Iron and steel, copper and lead, are implements of injury and death; while the universities and scientific laboratories are deserted sanctuaries. Wealth and station, titles and honors, are lost; man is stripped of his trappings of civilization and has reverted to a common brute level.

"At the American Ambulance Hospital in Paris, for example, bankers, business men, artists, and noblemen are orderlies. American college men, great hunters, and soldiers of fortune drive ambulances. Artists, authors, actresses, and social leaders are auxiliary nurses. A luxury-loving, self-indulgent class has been born again. They have found the pleasure of making a bed, giving an alcohol bath, and repairing an automobile; of submitting to discipline and of conquering a daily task; they have felt the deep though unexpected satisfaction of sacrifice and service, and they have met and merited the grateful eye and heard the appreciative word earned by their useful work. This is one of the good by-products of the war.

"On the other hand, the slippered grandfather has been drawn from the fireside to the plough; the younger son and daughter from the school to the factory. Old age has been robbed of its serenity, youth of its opportunity, while the burying squad has marked with a rude cross the resting-place of the masters in science, art, and industry, and the daughters of the land have the scant comfort of the memory of a soldier's death."



NEWS NOTES OF OHIO

Dr. and Mrs. A. S. Conrad, of Leetonia, are in San Francisco.

Dr. H. W. Carey, Van Buren, Hancock county, has moved to Bellefontaine.

Dr. O. H. Nihart and family, of Edon, are Panama Pacific Exposition visitors.

Dr. and Mrs. H. W. Pyle, of Oberlin, are spending two months on the Pacific Coast.

Dr. Walter C. Hill, of Cleveland, is spending a portion of the summer touring Alaska.

Dr. C. H. Harris, of New Paris, Preble county, was recently operated for appendicitis.

Dr. and Mrs. W. A. Melick and daughters, of Zanesville, are San Francisco Exposition visitors.

Dr. H. J. Sharp, London, has been elected president of the Madison County Health and Welfare League.

Dr. W. H. Graham, South Charleston, is in New York, taking post-graduate work in children's diseases.

So-called drugless healers of Cleveland have incorporated "the National Society of Scientific Healing."

Dr. E. W. Creclius, Norwalk, after an illness of two years, has resumed practice with an office at his residence.

Dr. Travis Carroll has been elected president of the staff of the Cincinnati Policlinic, succeeding Dr. Oscar W. Stark.

Dr. H. E. Diers, formerly of Dayton, has taken over the practice of Dr. J. M. Luburgh in Miamisburg, Montgomery county.

Dr. F. G. Smith, of Hamilton, has located in Youngstown, where he will be associated with Drs. W. E. and J. M. Ranz.

Drs. L. G. Locke and Charles Wendelken, Portsmouth, have been elected trustees of the Scioto County Anti-Tuberculosis Society.

Dr. G. F. Thomas, Peebles, has been appointed coroner of Adams county, the layman elected to the office having failed to qualify.

Dr. Frank H. McMechan, of Cincinnati, will spend several months at Avon Lake, Lorain county, convalescing from a long illness.

Dr. A. D. Hinman, Youngstown, was elected member of the board of trustees, Grand Lodge, I. O. O. F., at a recent state meeting in Lima.

Consideration of plans for the organization of a medical club in Dayton, uniting the medical and dental societies, has been postponed until fall.

Druggists throughout the state are complaining over the increased prices of drugs. Even the more common products are soaring as a result of the European conflict.

The alumni association of the College for Women, Western Reserve University, has petitioned the faculty to open the university's law and medical courses to women students.

The Federal Grand Jury at Toledo on June 10 indicted two druggists and one physician, Dr. George H. Riley, on a charge of illegal sale of morphine sulphate, in violation of the Harrison act.

Among the priests of the Roman Catholic Church ordained in Rome in June is Michael Valentine Halter, M. D., formerly a practitioner in Akron, and a member of the Summit County Medical Society.

J. A. Ambrose, Dayton physician, sentenced to serve from one to seven years in the penitentiary for performing an illegal operation, lost his appeal in the circuit court and will be compelled to serve his sentence.

Dr. Charles A. L. Reed, of Cincinnati, on June 21, was honored by re-election as president of the Pan-American Medical Congress, which held its seventh triennial convention in San Francisco. Dr. Ramon Guiteras, of New York, was elected secretary.

The Portage County Public Health and Child Welfare League was formed at Ravenna, May 29, to deal with county health problems. The first work will be a provision for a county detention home for the care of children brought into juvenile court.

The state conference of charities and corrections will this year, for the first time in its history, maintain a section on public health. This was decided upon at a recent meeting of the executive committee. The conference will be held in Dayton, November 3 to 5. Program of the sections will be announced later.

# The OHIO STATE MEDICAL JOURNAL

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UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

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Is the Ohio State Medical Association really accomplishing anything? Is it spending its money to good advantage? Or, is it making a pretentious splurge and spending more money than ever before without accomplishing any real good for the profession or its individual members?

These questions were put point blank to the writer, the other day, by a member from a rural county who wanted definite information before paying the dollar assessment which was levied by the House of Delegates to cover the budget for 1915.

They are fair questions. The State Society this year has spent more money than ever before. Next year the dues will be doubled. Even then they will be low in comparison with dues of other active state societies; but they will be doubled and the member who is called upon to pay the additional amount is certainly entitled to complete information as to where the money will go, and whether it will bring the desired results.

Therefore, in answer to these questions, we briefly summed up for the inquirer some of the things the State Society has accomplished in the past two years, since the radical change in policy was determined at the Cedar Point meeting.

Consider carefully these definite facts, dealing with tangible results, and decide for yourself if the work is worth while.

In the most erratic and drawn-out session of the General Assembly ever held in Ohio, not a single measure was passed that was inimical to the medical profession, although a host of measures were introduced, backed by well-paid lobbyists, which would have extended license to almost every variety of quack healer in existence.

The society by taking the initiative and bear-

ing a large share of the expense, has brought together all of the organizations in the state interested in public health work, in the Ohio Public Health Federation—which in its seven months existence has developed into one of the most effective and practical public health movements in the country.

The society, through its Committee on Public Health Education, has inaugurated a public health publicity campaign with the active co-operation of 22 leading newspapers of the state, which is presenting weekly articles prepared by this committee to a half million Ohio readers.

The society, through its special committee, has dissipated the hostility seemingly felt by the Industrial Commission when Workmen's Compensation was inaugurated in Ohio two years ago, and brought about co-operation between the Commission and the profession. One result has been that the average amount per case for medical attention in the state's industrial accident cases has been almost doubled in the past 20 months. Workmen's compensation is now operating more favorably to the medical profession in Ohio than in any other state. Where would the profession have been had not its state organization taken an aggressive stand in this matter?

The society has rendered valuable co-operation to the State Board of Health, in giving publicity to its needs and acts. Take the traveling health exhibit as an example. Through The Journal the society has kept the profession in close touch with this movement and the result has been that in almost every community visited our members have been very active in making it a success. Result: One of the most effective public health educational propaganda movements in the country.

The society, through a movement that had its



inception at the Columbus meeting two years ago, and in co-operation with the State Dental Society, has worked out a campaign in connection with the systematic education of all teachers in the county normal schools which will have a tremendous influence on the teaching of hygiene and sanitation to millions of school children in this state.

The society has been an important factor in directing publicity to the terrible overcrowding in our state hospitals. Many months before the newspapers of the state took up this question, The Journal presented the facts. Result: Largely increased appropriations by the state.

The society, through its state legislative committee and in co-operation with the state medical board is in a large measure responsible for the new Platt-Ellis law, which places Ohio in the lead in the regulation of non-medical healers. Our work did not stop with the passage of the bill. We are now co-operating with the board in the difficult problem of dealing with those now in practice, by collecting information regarding applicants which only an active state-wide organization could furnish. This work has sounded the death knell of ignorant quacks in Ohio, and has been of inestimable value to the people at large as well as to the profession—which in a measure was brought into disrepute by these correspondence school "doctors."

The society is publishing a monthly journal which is regarded by many as one of the best state medical journals in the country.

The society has eliminated from that journal, at a considerable monetary loss, all "shady" advertising. The good example is reaching even the newspapers of the state. One large daily and several smaller papers have since announced the elimination of all fake medical advertising.

These are the more tangible accomplishments. In those two years the society has, in addition, performed a great amount of work of real value, through the maintenance of a state headquarters which is constantly on the alert to protect the collective interests of the profession.

The society, today, is in a splendidly healthy condition. Its membership is far greater than ever before. It embraces a great majority of the eligible members of the profession in the state. Almost every county is organized. Many county societies are taking the lead in public health work in their respective communities—a leadership that a few years ago was slipping from the medical profession.

Many things are still to be accomplished. The legislative committee is now laying plans for the enactment of a comprehensive law which will entirely revise the state health administration through the employment of full-time district health officers and the establishment of laboratories in every county seat. The war with the quacks and the charlatans must be continued, and

they are firmly entrenched financially. The medical profession, through its organization, is rapidly becoming an important factor in the civic life of the state. Can we afford to diminish our activities?

We close with a paragraph from a second letter from the above mentioned inquirer, received after we had called his attention to the above facts:

"I paid my dollar to the treasurer of the society today. I thank you for your note. Being busy, with barely time to read a few journals, I have given little thought to the things that are being done by the State Society. I think you should bring these facts before every member, and I am sure that if you do you will have no further trouble collecting dues."

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**The American Medical Association is working out a plan which will make it possible for it to render a valuable service to state associations maintaining funds for cooperative medical defense against civil malpractice suits.** At the San Francisco meeting the House of Delegates authorized the judicial council to supply additional money for the medico-legal bureau so that the bureau may complete case reports dealing with all phases of civil malpractice suits.

This will greatly aid the state organizations, as it has been very difficult to secure legal counsel entirely familiar with the laws and particularly the court decisions relating to malpractice. The fact that the average lawyer is not proficient in this subject accounts for the fact that many cases have been lost where the decision should have been in favor of the defendant physician.

Cooperative medical defense is now provided for by 23 of the 48 state associations and it is probable that Ohio will enter this field of association activity within the next two years. It will be a great aid to have the cooperation of the medico-legal bureau of the American Medical Association in this work.

+ + +

**The Committee on Public Health Education is doing a great practical work.** It is bringing accurate and valuable information on the protection of health to more than half a million readers of Ohio newspapers. An account of its new work in cooperation with the editors of 22 large dailies appears on another page.

This is a service which will redound to the credit of the State Society. The committee in its effort to reach the public has taken intelligent advantage of the most practical means. For years the newspaper clientele has received its public health education "doped" with reading notices of cancer cures, pink pills, and tuberculosis remedies. The patent medicine boosters were quick to realize the value of the newspaper in reaching the great mass of people. Newspapers should prove an equally effective instrument in spreading the real gospel of good health.

## Who Pays For the State's "Economy" in Industrial Accident Cases?

The crowd separated. An ambulance backed in. The crumpled mass of flesh and toil-soiled clothes was placed on a stretcher. With a clang the ambulance pulled out.

"Another one gone," muttered a fellow workman, as the toilers slowly returned to work.

Word was sent to Mrs. Kewlaski. She left the five children in the hands of her sympathetic neighbors and frantically rushed to the hospital. She knelt at the bedside of her unconscious husband, and sobbing, buried her face in the white sheets.

"His skull is fractured, but not seriously," the doctor was explaining.

She did not hear. The sobbing ceased, and her lips moved inaudibly in prayer. Suddenly she lifted her face to the physician.

"You save him, Mr. Doctor?" she questioningly plead.

"Oh, yes, I think so," the doctor encouraged her, "but I can tell you better tomorrow. We may have to operate," he added.

"Op'rate? What that?"

"Cut open," he explained, motioning toward the head of the unconscious man.

With a moan, Mrs. Kewlaski sank to the floor.

Day after day the anxious query was repeated. "You op'rate?"

Mike had pneumonia. The operation would be fatal. That was the answer, though the doctor did not tell the distracted woman. "No," he would say, "not yet," and he was glad that the head symptoms did not press attention.

Eventually Mike came home. It was a gala day for the Kewlaskis. The children gathered about their father. The neighbors came in, some in tears, some with laughter. Mrs. Kewlaski rejoiced in the thought that her husband had been returned, apparently from death, to her. She sat at his side, her face showing the happiness and relief she felt.

Night came on. The neighbors gone, Mike turned to his wife. "You got money?" His uppermost thought came to the surface.

"Yes," she assured him. "The state pay a little."

Kewlaski had signed papers applying for compensation, but that was in his hazy, bed-ridden past and he had forgotten. The information that the state was paying relieved him of his greatest worry. His confidence in the state's ability to care for him and his family made him content to abide with his enforced period of convalescence. With a vision of renewed competence and life, the days passed rapidly for the Kewlaskis.

One morning Mike stayed in bed.

"What's wrong?" his wife asked.

"Head hurts."

"Come, get up! You feel better," and Mrs. Kewlaski sought to persuade him.

He put his feet on the floor, and stood up. He immediately fell back on the bed.

"Head goes 'round," he explained.

About noon the doctor came.

"You've got to be operated, Mike," he insisted.

"There's no other way out of it." The doctor explained that the skull had been fractured and the bone depressed. There had been no symptoms of compression, but now it was evident that Kewlaski's brain was being affected. An operation was required.

Again the horror of the white enameled room at the big hospital rose before the anxious wife, and she pictured the shroud of death.

"Mike will never be well unless he is operated," the doctor persuaded her.

"You go, Mike?" she questioned.

Kewlaski nodded, and she consented with a tearful appeal to the physician to make her husband well.

Returning to his office, the doctor looked up the Kewlaski record.

"Humph!" he meditated. "My bill was cut from \$78 to \$47," and then he figured. There was \$10 for the first attention by another physician, \$10 for an X-ray picture, his bill and other incidental medical charges. These, with the hospital bill would probably have used the \$200 allowed by law for medical attention. Kewlaski would have to pay his further hospital and doctor bills out of his compensation as paid to him by the state or go in the hospital as a charity case.

"Look here," he said to the hospital authorities, "I'll not charge a cent if you will take him on your free list.

"We'll take him, of course," was the answer, "but if you won't guarantee the bill and the Industrial Commission will not pay it, Kewlaski will have to go in as a staff case.

"Well, take him in, but don't turn him over to the staff until I hear from the Commission."

Meantime Kewlaski waited.

"Why you no op'rate?" Mrs. Kewlaski was anxious to have the ordeal over.

"He needs special preparation," the physician parried. He did not care to tell her the truth. He knew her pride, knew she would insist on payment if it used all the meager compensation.

The answer came. The amount allowed by the law for medical aid was used. The Commission was solicitous, but it could make no provision for further treatment in this injury.

"Turn Kewlaski over to the staff," the doctor phoned the hospital.

This story is not a parable, an allegory, nor a fable; it is a fact. The query is, who pays the bill—Kewlaski or the body social? Who is more unjustly treated by the legal limit of \$200—the medical men or the poor toiler who suffers the serious injury?



The subject of state compensation laws from the medical viewpoint, with particular reference to the Ohio law, is very carefully considered in the annual report of the judicial council of the American Medical Association (Journal, A. M. A., July 3, page 73). The report reviews the progress of state laws in this country, and similar though more advanced development abroad, and interesting tables compare the medical and surgical schedules in effect in New York, California, Oregon, Ohio, and West Virginia. In summing up the situation, the judicial council states that the voluminous report has been prepared from an educational point of view. The report continues:

"The Council has realized that on the subject of workmen's compensation there is no easily accessible collection of facts and opinions to which the average medical man can refer. The Council further realizes that in the near future the majority of medical men in this country must face a new social condition in connection with the laws of workmen's compensation in accident and probably in sickness. In whatever country the social equilibrium has been upset by new laws on compensation, there have followed in the wake of the compensation for accidents other insurances tending toward the complete insurance systems of England and Germany. Laws for workmen's compensations exist in more than half of the states of the Union today, and already pensions for widows and orphans have followed in a number of states. Illinois passed the first mothers' pension in 1911, California and Colorado in 1912, and similar laws have followed in Washington, Utah, South Dakota, Idaho, Minnesota, Iowa, Nebraska, Ohio, New Jersey, Pennsylvania, Massachusetts, Michigan, Wisconsin, Oregon and New York. Milwaukee and St. Louis have established similar systems independently of state action. In a recent article in The Journal of the American Medical Association, Rubinow states definitely that for two years there has been under consideration a state sickness insurance law to be presented to the various state legislatures in the near future. It is evident, therefore, that once the old social and legal equilibrium has been upset, society tends to follow to the logical conclusion until it reaches a new equilibrium under a new social system. We have in this country a disjointed mass of insurance schemes and pensions represented by life insurance, fraternal societies, so-called industrial insurance, which is in this country but funeral insurance, and health and casualty insurance. There is the huge pension fund of the United States which has finally become the old age pension of those who fought on the Northern side in the Civil War. There are various industrial pensions for invalidity and old age, as in certain railroads or in certain large industrial establishments. In several large cities in the Union there is a rapidly growing expansion and extension of activities of the health board which constitute state medicine. All these, at present, form an unrelated mass, all tending to

give aid in time of varying needs to different members of the community. In several countries abroad the same various social elements have been combined into some form of workable adaptability by which various accident and sickness insurance, invalidity and old age pensions have been brought together to form social forces which have tended to reduce the destitution of large masses of human beings. These forces unquestionably tend to improve the social condition in any given community, and for the carrying out of any scheme tending to human betterment, the medical profession must necessarily be included, whether it be to judge of sickness or health insurance, whether it be for the prevention of the intensity of injury in the individual from accident or for the prevention of the spread of disease in a community at large. The medical profession will accept its responsibility in these new social conditions as it has always accepted its responsibilities in the past."

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**Compensation acts increase malpractice suits,** is an observation of Dr. C. B. King Chicago, who acted as chairman of the committee of medical defense survey for the Illinois State Medical Society.

"My supposition from studying the reports of 23 of the different state societies from whom the committee appointed to make investigation of medical defense shows that in the states that have a compensation act the suits for malpractice are increasing by bounds. In the states where no compensation act is in force we have fewer cases. For instance in Pennsylvania, with the great cities of Philadelphia, Pittsburg, Harrisburg and Scranton, where there are thousands of employes, it costs the doctor 50 cents per capita to take care of medical defense. In the state of Washington, a very much smaller state, with a compensation act that has completely put lawyers out of the running, it costs the doctor \$10.00 per year per capita to carry the defense, and the casualty companies have quit the state entirely or practically so. In the State of Washington the compensation act really means state insurance. They have in that state a commission: One appointed by the labor interests; one appointed by the employing interests and one by the governor of the state. These three men make up a state committee to settle every case. The employers of labor pay to the secretary of state a percentage depending upon their pay-roll. Whenever an accident happens or an employe is injured in any way the report is immediately made to the secretary of state, and this commission of three men settle the matter after the reports of the various physicians come in. No lawyer has a chance to get in but the poor doctor—God pity him in that state!"

The medico-legal committee of the same society reported at the last annual meeting:

"The committee notes the following facts.

Malpractice suits are on a rapid increase and not only in Illinois but in all states."

These warnings from Illinois tend to justify the action of our house of delegates at the Cincinnati meeting in offering an amendment making it possible for our association to provide medical defense.

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We urge you to give particular attention to the paper on typhoid fever, by Dr. Frank G. Boudreau, epidemiologist of the state board of health, which appears in this issue. Dr. Bourdeau emphasizes the serious nature of the typhoid situation in Ohio and brings out many interesting and important facts in his mortality and morbidity tables. Typhoid prevails to an excessive degree all over Ohio, despite the fact it is a preventable disease. The writer calls the particular attention of physicians to their responsibilities in meeting the situation. It is a worth-while paper and should be given careful consideration.

The Journal of the Indiana State Medical Association comments upon the value of anti-typhoid vaccination, reviews the remarkable records of the United States army, and comments on the value of compulsory vaccination in the European armies now fighting.

Major F. F. Russell, U. S. Army, reports (Cong. Report, 1404), that the vaccine or typhoid prophylactic used by the United States Army consists of a suspension of dead bacilli in salt solution, to which is added 0.25 per cent of tricresol as a measure of safety. The vaccine is accurately standardized by counting the bacilli. Five hundred millions are given as the first dose and one thousand millions each for the second and third, ten and twenty days later. The skin of the upper arm is sterilized with iodine and the vaccine is injected subcutaneously. There is a local reaction consisting of a small red and tender area lasting about forty-eight hours. The general reaction, when present, gives rise to a headache and malaise, and sometimes to fever, chills, and occasionally to nausea, vomiting or diarrhea. Severe reactions are exceptional and do not occur in more than one to three persons per thousand. The occurrence of a severe reaction need not give rise to anxiety, since they all pass off quickly and leave no trace. No precautions are taken after vaccination other than to warn against use of alcoholic drinks and severe exercise. No hard work is required of the troops during the following twenty-four hours, but they are not excused from the ordinary routine work as a rule. It is the custom in the army to vaccinate simultaneously against smallpox on one arm and against typhoid on the other. If the vaccinia is severe the second dose of antityphoid is postponed a few days, but it has not been necessary to deviate in any other way from this routine. Up to 1914 over 400,000 antityphoid vaccinations had been made with no bad results reported. The

absence of bad effects is attributed to the efficiency of iodine as an antiseptic and the presence of 25 per cent tricresol in the vaccine.

Antityphoid vaccination has a field of usefulness in civil life as well as in the army. Vaccine that is dependable and reliable is now prepared by the leading firms of biologic chemists throughout the country and can be obtained easily. The sensitized vaccine is preferred on account of the lessened chances of reaction and the shortened time required for the immunization.

The point to be emphasized is that the public should be encouraged to employ antityphoid vaccination even more generally than they employ ordinary vaccination for smallpox. In fact, the vaccination against typhoid is far more important because the disease is more prevalent.

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**Unwarranted Interference by the Editor of "The Medical World."**—In the July number of the Medical World, the editor by inference severely criticises the legislative committee of the Ohio State Medical Association and incidentally this Journal for our attitude on the narcotic legislation pending before the last general assembly.

It will be remembered that Governor Willis vetoed House Bill No. 132, which was drafted to govern the sale of narcotics in Ohio and to provide some method of caring for drug habitues. The editor of the Medical World calmly informs his readers that he was responsible for the governor's veto and that he thereby saved the physicians of Ohio from a terrible predicament.

As a matter of fact the editor of the Medical World shows by his writings that he is absolutely unfamiliar with the specific provisions of House Bill No. 132 as it was finally passed by the legislature.

The Legislative Committee of the State Society faced a serious problem in dealing with the proposed narcotic legislation pending before the last general assembly. Five separate narcotic bills were introduced—Senate Bill No. 222, House Bills No. 132, 305, 390 and 476—with a variety of conflicting provisions. The legislators seemed determined to pass some sort of narcotic legislation, particularly in view of the fact that the Duffy Act had been declared unconstitutional by the higher courts of the state. The legislative committee of the State Society representing the medical profession immediately assumed a defensive attitude and determined that the legislature should enact no legislation which would work a hardship upon the practicing physicians. Every drug proposal was carefully scanned from this viewpoint, both by the members of the state committee and by the medical men serving in the House and Senate.

An organization with which the editor of the Medical World seems to be allied, introduced a complicated proposal—House Bill No. 305—which even the members of the House Committee on Public Health, five of whom were physicians,



were unable to clearly understand. It was given absolutely no consideration. The chairman of that committee, Mr. Harding, a Cincinnati druggist, presented a second proposal, House Bill 476, which was overwhelmingly defeated on the floor of the House. Late in the session the leaders of the movement in the House and Senate held a conference and worked out a compromise bill, which, owing to its late introduction, was given the position on the calendar of the original House Bill No. 132.

Before this measure was presented it was submitted to the legislative committee of the State Society, to Dr. George H. Matson of the State Medical Board, and to the medical members of the House and Senate. It was given very careful consideration and after approval by all was passed in the closing hours of the session.

The measure did not, as the Medical World asserts, place any limitations whatever upon the activity of the dispensing physician, or upon any other physician in the legitimate administration of narcotics. Instead it transferred the entire administration of the narcotic laws from the State Agricultural Commission, whose administration had been distinctly unfriendly to the medical profession, to the State Board of Pharmacy. The writers of the bill endeavored to have this enforcing power lodged with the State Medical Board, but the board was too heavily burdened with the new duties involved in the registration of the cult practitioners and nurses.

The bill as finally passed also provided a means whereby narcotic habitues and chronic patients demanding a narcotic over a long period might receive the drug upon certificate of a physician appointed by the probate court.

The bill as it passed would have been a distinct aid to the medical profession in defining the right of physicians to administer narcotic where necessary. It provided for a more just administration of all state narcotic laws and undoubtedly would have aided materially in reducing the total of drug addicts in this state.

The editor of the Medical World, seemingly rendered peevish by the defeat of his bill, and apparently without investigating the provisions of the compromise measure, started a letter-writing campaign from his office in Philadelphia. Several Ohio physicians without investigating the matter, or without consulting their own state legislative committee, wrote the governor asking him to veto the bill. The governor consulted the medical members of the assembly and representatives of the State Society and paid no further attention to these letters.

He vetoed the measure on entirely different grounds, holding that the provisions of the bill making it necessary for the counties to employ physicians to investigate each case of drug addiction would be too expensive, as even the ap-

proximate number of drug habitues in the state was unknown.

We give space to this incident only because it illustrates the folly of following the leadership of men who are not closely in touch with conditions in the state, and who nevertheless attempt to direct the energies of the medical profession. The State Society is represented in these matters by a legislative committee, and you may rest assured that the members of this committee are not sleeping.

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**The Passing of the Creeds.**—We publish this month in another column a letter from Dr. Jos. Blickensdorfer. Read it. See if it inspires in you the same thought it did us.

Sixty years ago the first medical society was organized in Lucas county for the avowed purpose of fighting the "quacks." In reading the original minutes of that society it becomes evident that the homeopathic physicians were the "quacks" the society was organized to fight. Today the Lucas County society has several homeopathic members and welcomes others. There is scarcely a society in the state that does not have members who are homeopathic or eclectic physicians. Many of these hold prominent offices in their societies and are strong supporters of the state organization.

Back in the fifties medicine was practiced as a creed; today it is a science. Back in the fifties, belief and superstition determined therapeutics. Today, pharmacologic and physiologic facts determine therapeutics.

By evolution from mysticism to science, creeds and "pathies" have given way to knowledge. Homeopathy, eclecticism and the so-called regular practice have met on the common ground of intelligent practice. We are now, all of us, doctors of medicine. We have a common end to obtain. Whether we be homeopath, eclectic or regular, we seek our end with the best instruments and means modern science has given us.

There are now no schools of medicine that teach special varieties of practice. Certainly we have homeopathic, eclectic and regular colleges, but their differences are trivial, perhaps, in name only.

A few of us cling to the idea that we are homeopathic or regular practitioners. It is not so; we are doctors of medicine and our science is one, our methods are the same.

There should be medical colleges certainly, and they should have names to designate them. They may be called homeopathic, eclectic or regular if sentiment suggests it, but whatever the name they should be equipped with the best the state can buy, equipped to educate doctors of medicine who are men of science and high qualifications. There should be no schools to make regular, homeopathic or eclectic physicians.

*Original Articles*

## The Operative Treatment of Fractures\*

CHARLES L. SCUDDER, M. D., BOSTON, MASSACHUSETTS

THE presence of practitioners of both medicine and surgery at this Seventieth Annual Meeting of the Medical Society of the State of Ohio offers a fitting occasion for the consideration of the treatment of fracture of bone.

Several important events have profoundly influenced the treatment of fractures. The introduction of ether anesthesia in 1846 made possible painless attempts at the setting of fractures. About twenty-five years later the development of asepsis assured the safe care of compound fractures. Still twenty-five years after this the Roentgen ray demonstrated to surgeons that the supposed complete reduction of a fracture was in many cases but a caricature of reduction. And again, after twenty-five years, autogenous bone grafting is affording a sure treatment for united fractures.

Thus these four general factors—anesthesia, by producing painless relaxation; asepsis, by preventing infection; the X-ray, by visualizing the fractured bones; and bone grafting, by stimulating the reparative process—these four factors have had a direct bearing upon the development of fracture treatment during the past seventy years.

This is not the time or place to enter upon a discussion of the technical details of fracture treatment, however much there may be of interest and of practical value in such discussion.

I would call your attention rather to certain general considerations in order that we may better understand the trend of the treatment of these injuries to bone, and that we may thus arrive at conclusions which will prove helpful in establishing a better therapy.

It is unnecessary to demonstrate to this audience that the present methods of treating fractures are unsatisfactory. We are aware of this fact from our own private experience. Those of us fortunate enough to be connected with hospitals where such injuries are received for treatment are convinced that this is true from our larger hospital experience.

Why are present methods of treating fractures unsatisfactory? The answer is: Because the functional results are so often poor. We are all aware of this from common observation.

Previous to a few years ago all fractures were treated by a non-operative expectant method. The X-ray finally disclosed that the real reason why the functional results were so poor was the faulty

setting. Surgeons were not then acutely aroused by this disclosure of the X-ray. The surgical mind has been occupied during recent years with many other problems brilliant in prospect and remarkable in achievement. The study of methods for the improvement of fracture results has therefore been postponed. There has been little real interest on the part of the profession in this subject. Consequently the results have continued poor.

Certain events have directed attention to fractures. The large social movements for betterment have stumbled upon many poor results of fracture. Familiarity of the layman with X-ray plate interpretations has led the fracture patient, often improperly, to demand a better setting of the fractured bone. The admission of the X-ray plate as evidence in court has undoubtedly had a compelling influence. The Workman's Compensation Act has directed attention to the financial loss due to fractured bone. It is necessary under the law to determine the elapsed time between the accident and the return to normal work. This time away from the earning of a living wage is the economic measure of the efficiency of fracture treatment.

The esthetic standard of the past and the perfunctory record of accomplishment must give place to the economic standard of early functional usefulness and the accurate record of events and conditions from the receipt of the injury to the resumption of full time work.

In other words, a demand has been made upon the surgeon by the laborer and the employer of labor for better results following all fractures of bone. There is today a demand arising from the surgical profession itself that more accurate and scientific work be done in this field of surgery. There is thus a demand from without and a demand from within, both of which must and will be recognized.

What are the methods available for the treating of fractures today? These methods are: the non-operative and the operative.

By the non-operative treatment I understand the use of traction and counter-traction of all kinds, including Steinman's and Codivilla's nail extension, manual manipulation for reposition, massage, and fixation by splints and external apparatus. This treatment has its most faithful exponents in Professor Bardenhauer, Grafsner and Schrecker of Cologne, and by J. Lucas-Championniere of Paris, and by F. Steinman of Bern, Switzerland, and by Codivilla.

By the operative treatment I understand the

\* Oration in Surgery at the Seventieth Annual Meeting of the Ohio State Medical Association, Cincinnati, May 6, 1915.



direct reduction of the fracture and fixation of the bone with or without foreign material through an incision in the soft parts. This treatment has been perfected by Lambotte of Antwerp, Lane of London, by Martin, Cotton, Darrah, Huntington, and others in America.

Professor Bardenhauer contends that an exact anatomical result is not essential for a perfect functional result. He believes that traction and counter-traction are efficient means for securing perfect adjustment of fractured bones and always a sufficiently accurate adjustment to give a functionally useful limb. His results justify his contention. His methods should be more carefully and painstakingly employed in certain fractures. Few men in this country appreciate what can be accomplished by the non-operative method, for it has not been employed consistently and persistently in any large groups of cases. Professor Bardenhauer almost never operates upon a fractured bone.

Mr. Lane, on the contrary, contends that an anatomically perfect setting of a fractured bone is necessary to a functionally useful limb. Mr. Lane makes it apparent that the way to secure an anatomically perfect bone after a fracture is by operation and direct fixation of the fragments by a steel plate and screws. Mr. Lane goes to the opposite extreme from Professor Bardenhauer, and operates upon practically every fracture.

I believe that everything that is good and effective in both methods should be employed in the treatment of fractures. I believe that Mr. Lane has so popularized the operative treatment that its indiscriminate adoption has done enormous harm. I believe, on the other hand, that he deserves great credit for rousing the surgical world to the necessities and possibilities of the operative treatment and that he merits especial praise for his development of the technique of the operative method.

The pendulum has swung away from the traction treatment to the frequent employment of operation in fractures. Improper and unnecessary operations are being done by incompetent men. There is no more difficult operation in surgery today than a carefully conducted operation upon a fractured bone. The longer the operation is done after the fracture the harder the technical work will be. Operations upon fractured bone should only be done by surgeons of very considerable general surgical experience. The conditions under which they are done should be surgically ideal. The necessary and special instruments for precision and convenience should be at hand. If the conditions as indicated above are not present in a given case operation had best not be undertaken.

There is no time upon this occasion to enter into a discussion or description of the technical details of the often difficult non-operative treatment, nor is there time to describe the details of

the operative treatment. Each method is extremely difficult to master in its entirety. Each method is efficient under the same and diverse conditions.

This is the question that concerns us now and here—which method, non-operative, or operative, shall we employ in a given case of fracture? Where do we stand today with reference to the two extremes of treatment? In choosing between these two forms of treatment we must constantly keep in mind that the best methods of each are being compared. There are certain guiding principles which will help very much in coming to a decision.

1. The nearer to an anatomical reposition of the fragments of the fracture it is possible to come the greater will be the likelihood of securing a good functional result.

2. A primarily early operation is more desirable than a delayed operation. The results of secondary operations are unsatisfactory.

3. There is less likelihood of the non-operative treatment being successful as age advances.

4. In childhood the operative and non-operative treatment about equal each other in good results.

5. The mortality of the operative treatment is a negligible quantity.

6. Many undesirable terminal conditions will be avoided if the operative treatment is appropriately employed.

It is familiar to all of us that untreated or medically treated chronic ulcer of the stomach and duodenum may result in serious hemorrhage, in perforation of the viscus, in obstruction (pyloric), in hour-glass deformity and thus gastric obstruction, and in carcinoma. These four conditions associated with chronic ulcer are, as a rule, terminal conditions usually avoidable if surgical treatment is instituted at the proper time.

Likewise, I believe that the non-union of fractures, the malunion of fractures, infections with osteomyelitis associated with compound fractures, disabling and painful static conditions, stiff and painful joints near to fractures of the shafts of the long bones,—I believe that these are terminal conditions usually of inappropriate non-operative treatment. It is important that such terminal conditions should be avoided. I believe that the properly applied primary operative treatment will surely eliminate many of these disastrous terminal conditions.

7. The availability of either method will help to decide for or against it. If a man understands the technical details of the non-operative treatment and the operative treatment is not available, even though it be indicated, under these conditions very many fractures should be treated by the non-operative method. Good results will follow. If on the contrary, the operative method is available and ideally possible, then the case being suited to operation that method should be selected.

Keeping these seven general principles in the background we are confronted with a fracture. In order to decide upon a method of treatment we must still have a knowledge of the following facts concerning the case in question

1. The age of the individual. Is he an infant, a child, a young adult, a middle-aged person or an old person.

2. Is the fracture open or closed (that is, in old nomenclature), compound or simple.

3. Is the fracture fresh, recent or old.

4. Is the fracture complete or partial.

5. Is the fracture transverse, oblique or comminuted.

6. What is the exact situation of the fracture in the bone. What part of the shaft is involved. Is a joint involved.

7. Are there present either local or general conditions apart from the fractured bone, which have a bearing upon the choice of treatment, such as—

- a. Injuries to other bones or to soft parts.

- b. Injuries to viscera.

- c. Is any pathology present in the body such as tuberculosis, syphilis, malignant disease, diabetes, arterio-sclerosis.

Accurate information should be had upon all these matters before treatment is chosen for a given case, that is, if the treatment is to be chosen wisely.

8. Last, but a very vital fact, the results of the operative and non-operative treatment must be known in all types of fracture under similar local and general conditions.

The evidence from end results is being accumulated which eventually will make it pretty nearly always possible to decide what treatment any case should receive at the outset, that is, immediately upon receipt of the injury without any experimentation.

The results studied by the Committee of the British Medical Association, and the results now being studied by a Committee of the American Surgical Association, the results of smaller groups of cases from the experience of individual surgeons, all these results form a basis for judgment as to the relative merits of the two great methods of treatment. As the returns of treatment are more accurately and painstakingly, that is, scientifically made, present standards of judgment will change. Fractures receiving one treatment today will be more efficiently treated by another method tomorrow perhaps.

It is a long cry from the non-operative treatment of Bardenhauer and his associates, to the non-operative treatment commonly employed in this country today. It is likewise a long way from the operative treatment of a skilled surgeon working under ideal conditions and the operative treatment commonly followed.

The best operative treatment gives good results. The best non-operative treatment gives good results. We need both forms of treatment.

The treatment of each case of fracture is a separate problem to be solved upon its own merits and according to the plan above outlined.

To make a concrete instance, I find that personally I am today operating more frequently upon fractures of the shaft of the femur, than I did formerly. I am finding that fractures in the upper third in the middle and in the lower third of the shaft, particularly in an adult, if the line of fracture is transverse or slightly oblique, recover with better knee and ankle joints if the long traction, made necessary by the non-operative treatment, is avoided. The restoration of the femoral shaft to its normal alignment, and the securing of the too often forgotten normal anterior curve of the femur, place the individual upon a better basis and the functional return to normal is hastened thereby.

There are certain matters of importance which should be briefly mentioned in this connection. I am very greatly impressed by the lack of interest in fractures, and the general poor treatment which fractures receive in most hospitals in this country. I am also greatly impressed by the very great desirability of properly organized and conducted practical courses in fracture treatment for practitioners of surgery, where a man may become familiar with all sides and all phases of the best methods, both operative and non-operative. Undergraduate instruction in fracture treatment must always remain elementary.

I believe that the movement toward specialization in surgery is an inevitable and normal movement. Surgery today is too large a field for one individual to master successfully. The solution of the present inadequate handling of the fracture problem is in my opinion the gradual development in each community of men particularly fitted and interested in the treatment of fractures to whom a large part of such work will be willingly delegated. These men should be general surgeons.

I believe that the large hospitals of our various cities will in time have fracture wards with a continuous service, including an Out-Patient Department, a visiting staff and house staff and nurses trained in the care of fractures. Such fracture clinics will afford ideal opportunities for instruction to undergraduates and practitioners and will also stimulate investigative work and research. Such a clinic will become a great laboratory for the study and advancement of the scientific treatment of fractures of bone.

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The Journal, A. M. A., is making it warm for Ohio quacks these days. The latest nostrum to feel the sting is "Tanlac," which is produced by the Cooper Medicine Company, of Dayton. This alleged cure for catarrh is being widely exploited in the South and is promoted by one L. T. Cooper, who the Journal says, "has been quacking it for many years."



## Some Practical Points In Obstetrics\*

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THE gynecologist finds that a large part of his work consists in making repairs of injuries which have occurred during the delivery of his patients. If he has kept anything like a careful record of his cases he has found that most of these injuries have occurred in deliveries which were instrumental or manual, and a more careful study of his histories will show that the instrumental or manual intervention took place within a few hours after the beginning of labor. He will find similar injuries, of course, among women who have had no intervention, but those cases are exceptional.

The attending obstetrician in these cases has doubtless thought that he had done good work, and that he fully merited the approval which he perhaps received from his patient for thus relieving her of her suffering. The ill results, however, showed up later in injured health and in all those discomforts which the laity classify under the general name of "female disease." Gynecological examination shows most frequently a lacerated perineum, with a giving way of the posterior vaginal wall, and more or less deep laceration of the cervix, this laceration not infrequently extending well into the vault of the vagina. This injury is followed by subinvolution, prolapse, retroversion, and perhaps complete procidentia, with backache, bearing down, and all the reflex symptoms which are so familiar a detail in the consultation room.

No obstetrician should interfere with the progress of labor by the use of forceps, or by manual intervention, unless there is a clear indication for such interference. Such intervention should be looked upon as abnormal, and a physician who practices it should be able to give a satisfactory explanation for his course. Otherwise, he is morally, if not legally, responsible for any ill results which may take place. Many a perfectly natural labor, progressing properly from start to finish, consumes more than twenty-four hours, and during the entire progress of the case there is at no time any indication whatever for the use of forceps. It is evident, therefore, that no physician should practice obstetrics unless he has ample time, or is willing to take ample time, for his obstetrical patient.

Many busy physicians are now refusing to attend obstetrical cases unless the patient will go to a properly equipped hospital. In the hospital, under the supervision of an experienced nurse, the actual time of the doctor consumed in the delivery may be reduced safely and prudently to the minimum. He can keep in touch with the patient

through her nurse at all hours, and in the interval be attending to his routine work.

The most favorable environment for the patient is in a well equipped lying-in-hospital, in which salaried obstetricians are in constant attendance, so that skillful assistants can be secured at any moment. It is notorious that the mortality and morbidity in such hospitals are much less than in private practice. There is no inducement to hurry matters, but Nature is allowed to pursue her course unaided, provided aid is not clearly demanded. An inexperienced physician, especially if he has a weakness for surgery, is a very unsafe man in the lying-in room. His first thought is of instruments, or if the case seems not adapted to delivery by such means he is ready at a moment's notice to advise a Cesarean section; and yet the case may be a very simple one, in which all that is necessary is time for the suitable moulding of the head.

Much good judgment is needed to determine when to use forceps, and when to abstain, and when finally to advise Cesarean section if that seems to be the safer procedure. It must not be forgotten, however, that the mortality of Cesarean section, even in skilled hands, is on an average just about ten per cent, while if the records of the operation were complete it would doubtless be found materially greater. Too many men are practicing obstetrics, and particularly are using forceps and resorting to Cesarean section, who have never had enough bedside experience to recognize an occipito-posterior or a brow presentation. I have known Cesarean sections to be made for both these indications, a procedure which is, of course, absolutely unjustifiable. Many a Cesarean section has been made by a surgeon for placenta previa because he was not enough of an obstetrician to do a Braxton-Hicks.

A forceps delivery, with the head at the brim, should never be undertaken by any other than a thorough expert. In the hands of a tyro such a procedure is more dangerous, both for the child and mother, than a Cesarean section in the hands of an experienced surgeon.

The pelvimeter is a valuable instrument in the hands of a man who knows how to use it. The coming generation of doctors may have been instructed in its use sufficiently in the ordinary medical school, but the present generation has certainly not been so instructed, and the measurements made by different men vary in all the diameters.

At the present we are hearing much about "Twilight Sleep" and "Sunrise Slumber," but those of us who years ago gave our patients morphine in reasonable doses during the first stage, and administered chloroform during the second stage, were

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the forerunners of this new treatment, and I am not yet convinced that our methods were not on the whole safer for the mother, and much safer for the child, than the scopolamin-morphin of the Freiburg Clinic. We made no brass-hand demonstrations of our methods, but our results were very satisfactory to ourselves and our patients. The present discussion of the subject in the magazines and newspapers is unfortunate, perhaps, but it will serve to attract attention, and in the end will likely prove a boon to the lying-in-chamber.

A number of years ago I read a paper before the American Association of Obstetricians and Gynecologists in regard to the manual reposition of certain faulty positions. I refer to occipito-posterior positions, and face presentations with the chin to the sacrum. The method of correcting these positions was original with myself, but when I came to look the matter up I found that Parry had preceded me by a good many years. His writings, however, had never attracted any special attention, and his suggestions had not appeared in any of the text books at my command.

John S. Parry, a most promising young obstetrician of Philadelphia, read his paper in 1873, before the Obstetrical Society of Philadelphia. The paper was most scholarly, but it made little or no impression upon the obstetricians present, and I think you will look in vain for any reference to it in any of the standard works of today. As a preliminary to the description of the method it should be stated that all obstetricians know that during the second stage if chloroform is suddenly pushed to the surgical degree, not only do the abdominal muscles become completely relaxed but the uterine contractions will cease, usually for ten or fifteen minutes. It is during this interval, when everything is relaxed, that the manipulations should be carried out. The entire uterine body, with the child enclosed, can be pushed up into the abdomen, so that the manipulations can be carried out without difficulty.

In my paper I urged the employment of the hand to facilitate delivery in two conditions: First, to transform the occipito-posterior into mento-anterior positions. Second, to change presentations of the face with the chin behind into those of the vertex with the occiput in front. Obstetricians seem to be quite of one mind that in persistent occipitoposterior positions an attempt should be made to effect anterior rotation by pressure of the fingers upon the side of the head, and as it is but a step from the introduction of the fingers for this purpose to the introduction of the whole hand, I have no doubt that the use of the hand for this transformation is very common; the operator limiting his manipulations to the head, or perhaps extending them so as to include the fetal trunk, and thus securing rotation of the fetus on its axis until the occiput is anterior. I think, however, that few obstetricians are aware of the fact that in at least very many cases of

mento-posterior position, it is a very easy matter to convert this unfortunate presentation into the occipito-anterior.

My first experience with this maneuver was in 1883, when I happened to be in Wheeling W. Va., with the late Prof. Landis. While there we were asked by Dr. James E. Reeves to assist him in a case, to which he had been called in consultation, of face presentation with the chin behind. The patient had been in labor for many hours and the head was thoroughly impacted in the pelvis. Dr. Reeves, Dr. Landis, and myself each used the forceps in an attempt to effect delivery, but only succeeded in more thoroughly impacting the head. It was at this stage that I suggested to Dr. Landis the possibility of flexing the head, and thus securing a vertex presentation. Dr. Landis had written a book on How to Use the Forceps, and was thoroughly familiar with the literature of the authorities. He said at once that the maneuver could not be accomplished, and, without making any serious attempt, yielded his place to me; when I succeeded with surprising ease in elevating the head, flexing it, and producing the desired vertex presentation. Although the presentation was now favorable, Dr. Landis, regarding the child as dead, at once perforated the skull in order to facilitate delivery, which was accomplished, though not without difficulty, with the aid of the forceps. The woman was a primipara of apparently about average size. The child, notwithstanding the loss of blood and brain matter as the result of the craniotomy, weighed nearly eleven pounds. I firmly believe that had Dr. Landis been less familiar with obstetrical traditions he would have accomplished the conversion even more easily than did I.

Mento-anterior positions, while looked upon with dread by some of the older obstetrical writers, are now known to be practically devoid of danger to both mother and child, and present slight obstacles to a perhaps somewhat tedious delivery. If the delivery be too long delayed, forceps may be easily used if deemed advisable. The chief objection to the presentation is the unhandsome appearance of the babe when thus born. The mento-anterior position, then, being a not undesirable presentation, if we can convert the occipito-posterior position into this we have certainly accomplished much for the well being of both the mother and the child.

It was in 1888 that I first attempted this manipulation, and accomplished it easily. The woman was aged 31 years, in labor with her fourth child. She had been in labor three hours when I first saw her, and the head was in the pelvis with the occiput directly posterior. I endeavored in vain to secure rotation; I, therefore, under chloroform, pushed up the head, assisted by a hand applied to the shoulder externally, and with comparatively little difficulty secured extension, and with the next pain allowed the head to again descend with the chin to the front. The child was a large one, and after awaiting several hours for her to de-



liver herself, I applied forceps. In addition to the usual swollen condition of the features, always found in face presentations, this child had a double hair-lip, so that when born it presented an appearance that was truly hideous. Since that time I have found it necessary to resort to this manipulation at least a score of times, with only one failure. This failure occurred in a primipara aged 34 years, and weighing between 250 and 300 pounds. She had been in hard labor for 32 hours when I was called by my friend, Dr. Dixon, to assist in delivery. The child was large, weighing when born 13 pounds, and I found it impossible to extend the head. I was able, however, to secure rotation of the entire fetus so as to convert the presentation into the occipito-anterior. I then left her, thinking that she would be able to deliver herself, but after a further delay of four hours was again called and safely delivered her of a living child with forceps. But for the large padding of fat which not only interfered with the intrapelvic manipulations but also prevented the external hand from affording much assistance, I am certain I would have succeeded in extending the head in this case.

As showing the ease with which these manipulations may be sometimes performed under chloroform relaxation, I will report the following case: Patient aged 25 years, at full term with her second child. The presentation was occipito-posterior, and she had been in hard labor for five hours. The os was entirely dilated, and the waters had been discharged for some time. As the pains were powerful and frequent, and the woman in good condition, I watched the case for over an hour, trying to secure rotation of the occiput by the fingers applied to the side of the head. The attempt, however, was futile. I, therefore, gave her chloroform, and on introducing the hand had no difficulty in elevating the fetal mass so as to secure extension; I then allowed the head to descend into the pelvis. Finding, however, that the pains were still in abeyance, and to see if the maneuver were entirely feasible under the circumstances, I again elevated the fetus, flexed the head, and then passing the hand up alongside the shoulder, without any difficulty rotated the entire mass so as to make the occiput presentation

anterior. The head at once descended and labor was completed with the next two pains. The patient made an uninterrupted recovery.

In making these manipulations it is absolutely essential that the patient should be thoroughly anesthetized; she should be lying on her back, the hips drawn well up to the edge of the bed, and the legs supported by assistants. Whichever hand the operator can best use should be introduced, the other hand being applied externally to assist the internal hand. If there is not room in the pelvis the entire fetal mass should be lifted up above the brim by the hand placed against the presenting part. The fingers should then be worked along the side of the child's head until the occiput, in the one case, or the chin in the other, can be caught and brought down; still being held in this position the presenting part should be allowed with the next pain to sink into the pelvis, after which delivery should be accomplished in the usual way.

#### Summary.

First: When, in mento-posterior positions, the chin fails to rotate to the front before resorting to mutilation of the fetus, or to Cesarean section, an earnest, well directed effort should be made to convert the face presentation into the occipito-anterior position of the vertex. Second: In occipito-posterior positions, in which rotation fails to be accomplished, similar efforts should be made to convert the occipito-posterior into a face presentation, mento-anterior. The required manipulations, if properly directed and under profound chloroform anesthesia, will rarely fail to accomplish the desired result.

In every obstetrical case two lives are at stake, and one reputation, and the presumption in each case is that, like other physiological processes, Nature cannot be improved upon by Art. The physician should be ready to intervene at a moment's notice, but he should not intervene thoughtlessly, or to save his own time, or because of the importunities of his patients. "Watchful Waiting" is the key note of the success of the most successful obstetrician. Let him have patience, and "Stand still and see the Glory of the Lord."

## The Cutaneous Eruptions of Pellagra\*

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WHEN at the Academy of Medicine of Cincinnati a few remarks were made on pellagra, several colleagues very wisely expressed the doubt whether this disease has to be comprehended in the domains of dermatology. According to our views, it has to be considered as a dermatological affection, in the same way as leprosy, syphilis and any other erythematous eruption, which gives the first alarm on the skin. It is true that pellagra shows three groups of symptoms, on the gastro-intestinal tract, on the skin and on the nervous system, yet those which reveal the disease are those appearing in the skin. The diagnosis so far rests on the skin manifestations, which are the early symptoms. The early recognition of the disease is the salvation of the patient, and it is the duty of the dermatologist to maintain his rights on this disease.

The course of pellagra has been divided by the authors into several stages. Roussel divided it into spasmodic, paralytic and cachectic, others in commencing, confirmed and inveterate. Babes and Sion divided the course of pellagra into four stages, prodromal, erythematous, nervous and cachectic. Anyhow, every one who has seen and has followed cases of pellagra in their course, cannot fail to recognize three periods, one where gastro-intestinal disturbances are the principal features, the second showing cutaneous eruptions, and a third marked by nervous and psychical derangements, the whole syndrome ending in cachexia.

We cannot expect to see these groups of symptoms running in procession one after another. In the ordinary cases they mingle together. In our two cases gastro-intestinal symptoms have lasted for the whole course of the disease. The eruptions disappear for a certain time to reappear again in the fall or in the next Spring of the year, while the nervous and the psychical derangements in the most of the cases are progressing until the end.

In our experience in Italy as well as in the United States the patients are constantly complaining of a burning sensation of the throat and of the stomach long before any appearance of the erythema. Gradually a pressure in the stomach is the chief trouble, with the loss of appetite, and diarrhea soon appears. At the same time the patients have a sense of weakness and depression, which compels them to leave all occupation. These groups of symptoms, making a prodromal stage by themselves, would point to pellagra although the eruptions have not appeared.

Yet the symptoms on which the physician establishes his diagnosis are the cutaneous eruptions. The recovery of the patient hangs on an early diagnosis and the pellagrous erythema will soon confirm the diagnosis and justify the specific treatment. When severe nervous symptoms have made their appearance, the patient so far is beyond medical help. When, however, the pellagrous erythema is recognized and the patient is treated in the early periods, there is hope for his recovery.

It has been referred to cases of *pellagra sine pellagra*. Wood<sup>1</sup> in his excellent book on pellagra, stated that pellagra without skin manifestations is an occurrence highly improbable. It may be that the erythema has passed unobserved as a sunburn, and did not attract the attention of the patient. The lack or the mildness of the eruption has not any bearing in the course of the disease. In North Carolina, Wood met with cases of pellagra with very marked eruptions which recovered, while others with very mild eruptions have died. It is possible that under the care of the neurologists have come cases of pellagra without eruptions, and that they can establish the diagnosis without the help of the cutaneous symptoms. Yet the absence of the pellagrous eruption may be the cause of mistaking pellagra for sprue Cochin-China diarrhea or with amebic dysentery. According to Wood, sprue and pellagra are so identical in their symptoms that they can be distinguished only by the eruptions propre of pellagra. The eruptions are not permanent, they disappear to reappear again, or else to not appear. The digestive and the nervous symptoms are progressive, and for the absence of the eruptions, those cases can be called *pellagra sine pellagra*. But looking at the back of the hands or neck may be found some pigmentation, some desquamation, some atrophic condition of the skin, or a sharp atrophic line at the edge of the places of the eruption, to show that the eruption, although in a mild degree, had existed.

The eruption of the skin, although subject to variations, is an early symptom. It occurs somewhat later than the digestive disturbances. In Italy in the few cases which I had occasion to study while assistant to the dermatological clinics, the patients had suffered with burning of the throat, sour taste, stomatitis, and diarrhea during the latter part of the winter, and in March at the beginning of the Spring, the backs of the hands, the forehead, the neck and the back of the feet, mostly exposed to the sun, showed the eruption. In the two cases of pellagra in our City Hospital the patients showed a more rapid progress, and the eruption followed the digestive troubles only a few weeks later.

\* Read before the Section on Dermatology, G. U. Surgery, and Proctology, seventieth annual meeting of Ohio State Medical Association at Cincinnati, May 4, 1915.



The eruption is an erythema of a deep type—erythema, which causes such great changes in the skin as to resemble after awhile nearly any kind of skin affection.

In our views we cannot agree with Howard Fox,<sup>2</sup> who would call the eruption dermatitis, for the simple reason that the desquamative period is of long duration while the erythematous stage is of a short duration. The desquamation, the eczematous condition of the skin, is nothing else than the result of the effusion of the blood serum, and coloring matter of the blood, and the infiltrating elements in the derma. The enormous infiltration raises the epidermis, which falls in necrosis and it is gradually detached by desquamation. In our cases the pellagrous erythema lasted as such for two and also three weeks, as a shiny, brilliant, brownish-red swelling of the whole back of the



hands. This erythematous condition when subsiding begun to show large scales, excoriations, sometimes vesicles. In one case the edges were studded with small papillary growths and small little miliary abscesses to resemble, together with the semi-atrophic condition of the centre, a case of blastomycosis.

The eruptions in pellagra have the characteristics of symmetry, which much more confirms the erythematous nature of the disease, due to vasomotor disturbances. The symmetry is found not only in the correspondence between the affected localities, but in the shape and in the size of the lesions. The action of the sunlight has a great influence in the production of the erythema. It shows in the parts which are uncovered. The back of both hands are the first regions to show the erythema, which usually stops at the wrists, with a strong mark of delimitation between the affected and the normal skin. In a case of a woman reported by Day Allen Willey<sup>3</sup> the eruption extended to the whole arm to the shoulders,

as she had the arms exposed. According to Merk<sup>4</sup> in 77 per cent of all cases, the erythema of the back of the hands alone was present. In countries where pellagra is endemic, the physicians rely only on the presence of the erythema on the back of the hands to establish the diagnosis. According to Wood an undecided condition of the erythema of the back of the hands was found in children, who usually run around in the sun half clad; of the adults only one per cent of all cases may fail to show the erythema of the back of the hands.

The erythema of that region may occur at the onset in the form of round, red spots of the size of a half dollar, which remain separated or become confluent. In only one case we have found this peculiarity of the eruption. In all the other cases we have seen the whole surface of the back of the hand evenly red, swollen, brilliant, extending from the lower portion of the arm to the second phalanx of the fingers, and in two other cases covered also the third phalanx. The flexion surface of the wrist showed some of the erythema but the palms of both hands were entirely free from eruption. The erythema at the upper portion of the wrist resembles somewhat the apex of a triangle. The arms are not often affected, only in those who have the arms exposed to the sun. The finger nails are not damaged. In our second case they had lost their glossy appearance. The shoulders only exceptionally have been found affected with the pellagrous eruption in the form of red, brownish pigmented eruption, with some desquamation. In those cases where the eruption appeared the shoulders had been exposed, leaving normal the skin in the portions which were covered by the shoulder straps.

The erythema often affects the neck, which is in relation to the head gear. It is an important symptom when present. It is sometimes limited to the back of the neck, representing a V. In most of the cases the erythema is around the neck in the form of a collar. This condition was described by Casal, and from him it is called Casal pellagra collar. It begins from the nape of the neck, and symmetrically running on both sides; has a tendency to close together on the jugulum. In the few cases under my observation the two sides remain apart; in some rare cases it closes entirely. In those who have the anterior part of the chest exposed a patch of erythema has been observed on that region. In the same way those who go around bare footed are liable to have the eruption on the dorsal region of the feet. This condition which is considered of a rare occurrence in our states is not uncommon in Italy. This eruption is called the pellagrous boot. It covers the back of the foot from the toes up to the tibio astragalic region, but does not show on the heel. Usually it does not appear on the legs, although Wood recalls cases where the erythema reached the lower third of the leg.

The face also shows the erythema. In some

cases it affects the whole face in form of the pellagrous mask, very well represented in one case reported by Guido DeProbitzer<sup>5</sup>. The whole of the face shows a red, even brilliant, swelling of a yellow brownish hue, well limited at the beginning of the hair and at the lower jaw. The line of demarcation at the healthy places is always remarkable. When the erythema affects only parts of the face, the forehead is ordinarily affected, resembling a strong sunburn. The alae of the nose, and in our cases the dorsum nasi had the erythema. The cheeks are not always spared.

Recently atypical pellagrous eruptions have been reported, which would tend to discredit the action of the sun on the skin as a necessary condition to bring the erythema. Deiacò described the occurrence of the erythema on the external female genitalia of pellagrous women. Merk had already described a pellagrous inflammation of the vulva and of the vagina.

Many other unusual eruptions have been observed, which on account of the location and of the way of occurring have been called atypical. These eruptions will not help in the diagnosis, which is based always on the typical lesions.

Atypical pellagra eruptions occur mostly in advanced cases. Above the knees, on the elbows have been seen erythematous patches which assume a triangular shape with the apex downwards.

The character of pellagra eruptions, as already stated, is erythematous of a deep type. It is usually limited to those parts of the body which are exposed to the direct light of the sun. It is sometimes difficult to distinguish a pellagrous erythema from a sunburn. It has a peculiar brown-reddish hue, the epidermis so drawn that it appears shiny and brilliant on a swollen thickened derma. It seems that the sun light with its actinic rays causes irritation on the sensitized tissues of the skin, causing through the vaso-motor nerves, hyperhemia with all the consequences of the erythematous eruption. The eruption soon undergoes changes, which are due to the necessary degeneration of the infiltrating elements. In some cases vesicles are formed on the shiny surface on account of the serum raising up the epidermis. When the infiltrating serum is reabsorbed the epidermis necrotized is turned into scales. In this condition the surface burns and itches, forcing the patient to rub and to scratch, producing excoriations, rhagades, resembling eczema, dermatitis, even blastomycosis. In some cases as seen by Merk, the excoriations are easily infected and complicate the condition of the eruption.

The erythema which at the onset is brown red, gradually assumes a bluish livid color. It gradually heals up leaving a thin atrophic skin. In our States, according to Hyde, the erythema shows recrudescence in the Autumn, while in Italy it heals up and reappears only in the following Spring.

The pathological changes in the structure of the affected skin in pellagra have been found various according to the period of the disease, when the skin has been taken for biopsy.

Griffini has found in some cases hypertrophic condition of the connective tissue elements, while in other cases they were degenerated and atrophic. Hypertrophy and infiltration is found in the early stages of pellagra, while atrophy and degenerated connective tissue elements are found in the advanced stages of the disease. To these alterations of the derma is due the atrophic condition of the back of the hands after the erythema has disappeared.

The changes which take place in the skin have prompted the division in wet and dry lesions. Indeed, sometimes after the appearance of the erythema bullae or vesicles may supervene



which have no peculiar bearing to pellagra, but are only the consequence of the exudation caused by the hyperhemia, and by the congestion of the blood vessels. The blisters or vesicles easily break and crusts and desquamation follow. It happens not infrequently that the excoriations are contaminated, and pus formation follows, together with swelling and infectious symptoms. This condition however, is not due to pellagra, but is only due to secondary infection. In some cases the epidermis is removed from the whole affected surface, resembling a second degree burn.

In other cases the erythematous area assumes a darker red color, and the epidermis begins to desquamate. The scales are of medium size, somewhat adherent. Under the desquamation the skin begins to heal up in the center showing a whitish atrophic area, while the edges are still brownish red covered with scales.

The nature of the eruption as repeated is erythematous, and as Merk stated, of a toxic nature as in ergotism. The eruption appears suddenly,



but as stated, like a sunburn in those localities exposed to the sun. Its limitations are characteristic, showing a sharp line of demarcation between the normal and the affected skin. It takes many days and also weeks before the erythema reaches its height, and then gradually diminishes, fading in the center, showing crusts and scales mostly towards the periphery. It appears in the ordinary cases in the beginning of the spring, to reappear the next year about the same time, leaving atrophic changes in the skin affected. This, however, is not to be taken as an invariable rule, because sometimes the erythema may occur in May or in June, and also at times it may undergo exacerbations, or even new outbreaks.

The study of the skin eruptions of pellagra will remain always of the greatest importance in order to establish the diagnosis. So far, no serological test has been found to obtain positive diagnosis. Even the color reaction of the saliva of the patients treated with the cyanid of potassium and iron, as proposed by Mense, has not been confirmed.

Mense<sup>6</sup> places great stress in the influence of a seborrheic condition of the skin in the production of the skin erythema. Some observations were made by Fiocco,<sup>7</sup> Fiorani,<sup>8</sup> and Rille.<sup>9</sup> Rille found in pellagrins severe cases of seborrhea. He maintains that some atypical eruptions of pellagra on the face, and others around the genitals, which cannot be produced by exposure to the sun, are the result of seborrhea. V. Probitzer<sup>10</sup> in referring to a case of pellagra in a woman taken in the pellagrosarium of Trent, showed that she had suffered with eczema of the vulva, and of the fossa crurogenitalis, when no signs of pellagra could be detected. Sometime after she returned to Trent and there was affected with the true pellagrous erythema. It is therefore of the greatest importance to separate skin eruptions of different origin from the true pellagrous erythema.

In conclusion we will again briefly mention the differential diagnosis. In general, the physician must take under consideration the entire group of symptoms, which constitute the disease, the skin, the gastro-intestinal apparatus and the nervous system. Sometimes one group of symptoms precedes the other, and although the skin eruption is one of the most constant and most prominent manifestations, yet there have been described cases of pellagra sine pellagra, which are only exceptionally rare.

Fishermen and those men employed to open oysters are sometimes suffering with chronic scaly eczema of the hands, which could suggest

pellagra. The eruption, however, is easily differentiated from pellagrous erythema, as it lacks the peculiar line of demarcation between the normal and the affected skin—so constant in pellagra.

Cases of vitiligo with dark pigmentation could be mistaken for pellagra. Erythema exudativum multiforme, which has also predilection for the back of the hands can impose for pellagra. Acro-dynia which is also a toxic erythema may suggest pellagra, but the suddenness of its onset, together with the accompanying symptoms, will soon clear the diagnosis.

**Treatment.**—The eruption of pellagra is only a symptom of the general condition, and on improving the system the eruption disappears. Yet the parts must be treated to relieve the burning, and to protect the affected skin from secondary infection. In the beginning when the skin is red, swollen and distended, and the patient complains of a burning sensation, bathing with a 5% subacetat of alluminum, or with a mild dilution of the Burrow solution, has given good results. The formula recommended by Babcock,<sup>11</sup> to be applied on lint, is also very good.

Pulv. Calamin .....	3iv.
Pulv. Zinc. Oxyd.....	3iii.
Ros. Water .....	3ii.
Lime water to make...	1 pt.

When desquamation begins after washing with mild soap, the eruption can be kept dry by dusting with rice powder. When broken vesicles, excoriations, rhagades are present it is better to keep the skin protected with an antiseptic salve of boracic acid in lanolin, or any other innocent ointment, to protect the excoriated places, to alleviate irritation and to prevent infection.

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## Typhoid Fever In Ohio\*

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**T**YPHOID fever is an important cause of morbidity and mortality in Ohio. Among communicable diseases it ranks second only to tuberculosis as a cause of death. During the five-year period ending December 31, 1913, typhoid fever caused an average annual loss of 1153 lives. The morbidity estimated on a case fatality rate of 11 per cent affected 52,409 persons, or an annual average of 10,481 persons.

TABLE I.—MORTALITY AND ESTIMATED MORBIDITY FROM TYPHOID FEVER IN OHIO, 1909-1913.

Year	Deaths	Cases estimated on 11 per cent case fatality.	Days of sickness, Estimated on an average 4 weeks illness per case.	Years of sickness, Estimated on an average 4 weeks illness per case.
1909	1,261	11,464	320,992	880
1910	1,327	12,064	337,792	925
1911	1,084	9,854	275,912	756
1912	902	8,200	229,600	629
1913	1,191	10,827	303,156	830
1909-13	5,765	52,409	1,467,452	4,020

The gross duration of illness estimated on the modest average of four weeks per case amounted during this five-year period to 4,020 years or 1,467,452 days. The economic loss must have been frightful, but as the actual figures of deaths and sickness are sufficient to appeal to the imagination, it is not necessary to enter here into the financial aspect.

In Table II is shown the fact that typhoid fever is second only to tuberculosis as a cause of death from acute preventable disease. Yet typhoid fever has been shown to be one of the most preventable of diseases. One of the features of typhoid is that it selects the most valuable age groups from the economic standpoint. The disease is most common and fatal between the ages of 20 and 24 years, and between 15 and 35 a large majority of all the cases occur. To make the case against typhoid fever in Ohio still stronger, let us

consider the death rate in Ohio as it compares with the death rates of other states. This comparison is given in Table III.

TABLE III.—AVERAGE DEATH RATES FROM TYPHOID FEVER, 1900-1913, IN SPECIFIED REGISTRATION STATES RANKED ACCORDING TO AVERAGE RATES FOR 1910-1913.

State.	Average rate, 4 years, 1910-1913.	Average rate, 4 years, 1906-1909.*	Average rate, 1900-1909.* 10 years.
1. Massachusetts	9.2	14.1	17.0
2. Rhode Island	9.8	13.0	17.4
3. Vermont	11.3	16.1	22.5
4. New Hampshire	11.5	16.4	18.4
5. New Jersey	11.9	15.1	17.8
6. Connecticut	12.6	18.2	21.6
7. New York	12.8	17.5	20.9
8. Wisconsin	14.6	...	...
9. Minnesota	14.7	...	...
10. Maine	16.0	17.6	24.5
11. Washington	17.2	...	...
12. California	17.4	25.2	...
13. Michigan	19.6	24.6	25.9
14. Pennsylvania	20.2	39.8	...
15. Ohio	23.1	...	...
16. Utah	23.2	...	...
17. Montana	24.2	...	...
18. Colorado	26.1	43.9	...
19. Indiana	27.3	34.9	40.8
20. Maryland	34.8	38.6	...

Among twenty registration states ranked according to increasing typhoid death rates, Ohio stands fifteenth, with a rate twice as high as the first five, and almost three-fourths as high as the highest. All states having an equal or larger population have lower rates, and Pennsylvania alone of the more populous states has a rate which approaches ours.

In what counties is typhoid fever most prevalent in Ohio? The eighty-eight counties are listed according to decreasing typhoid rates in Table IV.

Many curious contrasts are here shown. Scioto and Hamilton counties have apparently equally favorable or unfavorable situations, yet Scioto has the highest and Hamilton the lowest death rate. Scioto, Lawrence and Muskingum show the

\* I wish to acknowledge my indebtedness to Miss Sara Kerr, who collected the material for and prepared the tables which form the basis of this paper.

\* Rates are not shown for years in which state registration of at least ninety per cent of all deaths was not secured.

TABLE II.—DEATHS IN OHIO, 1909-1913, FROM ALL CAUSES AND FROM CERTAIN GENERAL DISEASES.

Cause of Death.	1909	1910	1911	1912	1913	Total
All causes	60,731	65,532	63,385	65,411	68,399	323,458
Tuberculosis	6,844	7,179	7,093	6,764	6,571	34,451
Typhoid fever	1,261	1,327	1,084	902	1,191	5,765
Diphtheria and croup	604	596	715	1,104	1,051	4,070
Whooping cough	258	638	554	427	668	2,545
Measles	225	827	316	401	674	2,443
Scarlet fever	184	272	491	393	324	1,664
Syphilis	289	337	374	241	266	1,507
Cerebrospinal fever	42	212	57	109	190	610
Infantile paralysis	.....	74	142	159	52	427
Smallpox	7	14	4	5	7	37



TABLE IV.—AVERAGE TYPHOID FEVER DEATH RATES PER 100,000 POPULATION FOR THE FIVE YEARS 1909-1913 IN THE 88 COUNTIES OF OHIO, RANKED ACCORDING TO DECREASING RATES.

County.	Average rate. 1909-1913	County.	Average rate. 1909-1913
1. Scioto .....	59.66	45. Pickaway .....	24.47
2. Lawrence .....	56.12	46. Adams .....	24.26
3. Muskingum .....	54.93	47. Pike .....	24.17
4. Vinton .....	45.83	48. Lorain .....	24.00
5. Ross .....	45.43	49. Morrow .....	23.77
6. Columbiana .....	42.92	50. Williams .....	23.77
7. Jefferson .....	42.75	51. Warren .....	23.66
8. Meigs .....	40.73	52. Crawford .....	23.49
9. Trumbull .....	37.56	53. Erie .....	23.42
10. Jackson .....	37.00	54. Madison .....	23.16
11. Paulding .....	36.85	55. Marion .....	23.04
12. Mahoning .....	35.85	56. Tuscarawas .....	22.73
13. Portage .....	34.76	57. Hancock .....	22.71
14. Lake .....	34.72	58. Noble .....	22.58
15. Lucas .....	34.07	59. Licking .....	21.80
16. Wyandot .....	33.71	60. Greene .....	21.53
17. Hardin .....	33.53	61. Henry .....	21.49
18. Wood .....	33.28	62. Logan .....	21.29
19. Delaware .....	33.07	63. Van Wert .....	21.29
20. Washington .....	33.01	64. Mercer .....	21.27
21. Defiance .....	32.65	65. Hocking .....	21.15
22. Gallia .....	32.63	66. Knox .....	21.04
23. Coshocton .....	32.54	67. Darke .....	20.48
24. Union .....	32.00	68. Huron .....	20.34
25. Shelby .....	31.60	69. Butler .....	20.07
26. Brown .....	31.42	70. Wayne .....	19.95
27. Highland .....	31.35	71. Clinton .....	19.42
28. Putnam .....	31.34	72. Preble .....	19.30
29. Harrison .....	30.55	73. Fulton .....	19.18
30. Belmont .....	30.41	74. Stark .....	19.09
31. Athens .....	29.91	75. Franklin .....	17.51
32. Richland .....	28.42	76. Clark .....	17.33
33. Sandusky .....	27.77	77. Holmes .....	16.76
34. Monroe .....	27.21	78. Ottawa .....	16.07
35. Clermont .....	27.07	79. Seneca .....	15.95
36. Guernsey .....	26.99	80. Auglaize .....	15.36
37. Summit .....	26.58	81. Montgomery .....	15.06
38. Morgan .....	26.09	82. Champaign .....	14.41
39. Ashland .....	25.94	83. Medina .....	14.38
40. Payette .....	25.78	84. Gauga .....	13.67
41. Allen .....	25.40	85. Fairfield .....	13.58
42. Ashtabula .....	25.21	86. Cuyahoga .....	12.52
43. Perry .....	25.02	87. Carroll .....	11.41
44. Miami .....	24.67	88. Hamilton .....	11.12

TABLE V.—AVERAGE TYPHOID FEVER DEATH RATES PER 100,000 POPULATION FOR THE FIVE YEARS 1909-1913 IN THE 80 CITIES OF OHIO, RANKED ACCORDING TO DECREASING RATES.

City	Average rate. 1909-1913.	City	Average rate. 1909-1913.
1. Niles .....	97.99	41. Lorain .....	29.73
2. East Liverpool .....	83.14	42. Nelsonville .....	29.37
3. Zanesville .....	81.62	43. Wooster .....	29.33
4. Portsmouth .....	77.74	44. Wellston .....	28.59
5. Ironton .....	71.81	45. Ashtabula .....	26.67
6. Chillicothe .....	70.78	46. Piqua .....	26.59
7. Painesville .....	69.09	47. Alliance .....	26.07
8. Steubenville .....	65.39	48. Newark .....	25.05
9. Ravenna .....	61.69	49. Lima .....	24.67
10. Kenton .....	57.95	50. Bellefontaine .....	24.01
11. Jackson .....	50.10	51. Elyria .....	23.31
12. Washington C. H. ....	49.71	52. Urbana .....	23.24
13. Warren .....	49.64	53. Canton .....	21.00
14. Bowling Green .....	45.73	54. St. Marys .....	20.68
15. Troy .....	45.20	55. Sidney .....	20.57
16. Canal Dover .....	45.15	56. Springfield .....	19.86
17. Wellsville .....	42.62	57. Dayton .....	19.50
18. Youngstown .....	42.49	58. Galion .....	19.40
19. St. Bernard .....	41.91	59. Greenville .....	19.11
20. Van Wert .....	41.36	60. Columbus .....	17.82
21. Delphos .....	39.01	61. Norwalk .....	17.75
22. Bellaire .....	37.31	62. Wapakoneta .....	17.70
23. Ashland .....	36.92	63. Middletown .....	17.55
24. Gallipolis .....	35.85	64. Martins Ferry .....	17.19
25. Conneaut .....	35.43	65. Mt. Vernon .....	17.00
26. Toledo .....	35.41	66. Tiffin .....	16.63
27. Findlay .....	34.97	67. Hamilton .....	16.12
28. Sandusky .....	34.95	68. Massillon .....	15.63
29. Mansfield .....	34.52	69. Marion .....	15.61
30. Cambridge .....	34.14	70. Cleveland .....	12.98
31. Salem .....	33.45	71. Fostoria .....	10.15
32. Barberton .....	32.90	72. Cincinnati .....	9.72
33. Delaware .....	32.88	73. Circleville .....	8.95
34. Marietta .....	32.33	74. Lancaster .....	8.66
35. Xenia .....	32.16	75. Bellevue .....	7.57
36. Fremont .....	32.13	76. Athens .....	6.99
37. Coshocton .....	32.03	77. Norwood .....	6.89
38. Bucyrus .....	31.63	78. E. Cleveland .....	6.30
39. Akron .....	30.05	79. Lakewood .....	5.21
40. Defiance .....	30.02	80. New Philadelphia .....	2.39

influence of the grossly polluted waters which they border. In counties with large cities the city rate to a great extent determines that of the county. Toledo has a typhoid death rate of 35.41, while that of Lucas county is 34.07. Franklin county has a rate of 17.51, while the rate of Columbus is 17.82, and the rate of Cuyahoga is 12.52, while that of Cleveland is 12.98. Cincinnati with a rate of 9.72 is situated in Hamilton county, whose rate is 11.12. It would be natural to suppose that the hospital facilities of Cincinnati, Cleveland, Columbus and Toledo would tend to raise rates in those cities, and that the rates in the counties would be correspondingly lower. Such does not appear to be the case.

In Table V the cities of the state are ranked according to their decreasing rates. The first twenty cities have rates in excess of forty. In Niles, East Liverpool, Zanesville and Portsmouth the number of typhoid deaths is disgraceful. The last twenty-six cities in the list have rates which are not considered excessive in Ohio, but only the last eleven have rates which approach those in cities in Europe.

TABLE VI.—TYPHOID FEVER DEATH RATES PER 100,000 POPULATION IN THE FIVE LARGEST CITIES OF THE WORLD.

City.	Rate 1912	Rate 1910	Av. rate 10 years, 1901-1910
New York .....	9.6	11.6	16.1
London .....	2.6	3.3	4.7
Paris .....	8.8	5.6	11.0
Chicago .....	7.5	13.7	22.1
Berlin .....	1.9	2.9	3.8

In Table VI the rates of the five largest cities in the world are given and it would seem that the larger the city the greater the immunity of the populace to typhoid fever. The extremely low typhoid fever death rates of London and Berlin are suggestive of what results from the strict enforcement of modern preventive measures may be secured.

TYPHOID FEVER DEATH RATES PER 100,000 POPULATION CERTAIN OHIO AND FOREIGN CITIES FOR 1910, WITH AVERAGE RATES FOR THE 10 YEARS 1901-1910.

City	Relative Population 1910	Rate 1910	Av. rate 10 years, 1901-1910
Munich, Germany ..	596,500	1.4	2.5
Cleveland, Ohio ....	560,700	18.1	32.1
Copenhagen, Denmark	559,400	3.6	4.5
Dresden, Germany ..	550,600	2.2	4.2
Cincinnati, Ohio ...	363,600	9.1	43.4
Stockholm, Sweden ..	350,000	1.8	1.7
Edinburgh, Scotland	320,300	1.3	2.9
Christiania, Norway ..	241,800	1.6	2.4
Columbus, Ohio ....	181,500	18.1	55.3
Toledo, Ohio .....	168,500	37.3	38.8

In Table VII the typhoid death rates of the four largest cities in Ohio are compared with those of cities of about equal size of Europe. Munich and Cleveland are about equal in population, yet the average typhoid death rate of Cleveland for the ten years, 1901-1910 was, roughly, fifteen times higher than that of Munich. It is only just to note that Cleveland's rate has decreased since 1910, so that her average yearly rate for the five-

year period 1909-1913 was only 12.98, or approximately six times that of Munich. Cincinnati and Stockholm are about equally populous, yet the average typhoid death rate for the ten years 1901-1910 was 1.7 in Stockholm and 43.4 in Cincinnati. Cincinnati has also reduced her death rate since 1909, so the average for the five-year period 1909-1913 was 9.72. Columbus with an average of 55.3 for the ten-year period 1901-1910 and 17.82 for the five-year period 1909-1913 may be compared with Christiania, whose rate for the ten-year period 1901-1910 was 2.4. Toledo has a higher typhoid death rate than any other city in the list for 1910, and only lower than Columbus and Cincinnati for the period 1901-1910. Whereas the rates of Cincinnati and Columbus have become greatly lowered since 1909, that of Toledo for the five-year period 1909-1913 averaged 35.41, or only slightly lower than for the preceding period shown in this table.

To sum up, typhoid fever prevails to an excessive degree all over Ohio. In certain cities and counties listed in the tables the typhoid death rates are disgracefully high. In many such counties and cities it is evident that little or nothing has been done by the health authorities to reduce the prevalence of the disease. The lowest rated cities compare unfavorably with European cities, and Ohio as a whole occupies a position inferior to the majority of the states in the registration area when ranged according to typhoid death rates.

What must be done to decrease the excessive prevalence of typhoid fever in Ohio? It is well recognized that a majority of the cases of typhoid fever find their source in water. Milk as a source of the disease is second only to water in importance. Flies, infected vegetables and other raw food, and contact infection account for the remaining cases. The health authorities are bound to safeguard water and milk supplies and to see that the fly nuisance is abated.

What responsibility has the physician in regard to typhoid fever? His first duty is towards his patient, his second towards the other members of the household, and his third to the community. The physician is responsible to a certain extent for safeguarding the patient so that other members of the family may not contract the disease. It is to the physician that the family looks for advice concerning nursing, care and disinfection of intestinal excreta, protection of food used in the household, and all the other myriad instructions necessary to prevent contact infection. In accordance with modern knowledge, the physician should cease to split hairs over the terms "infectious" and "contagious" and should insist upon the fact that typhoid fever may be just as communicable as diphtheria if contact is not prevented. As early as 1873 Dr. Wm. Budd, an English physician, proved beyond the shadow of a doubt that typhoid fever is a decidedly contagious disease. A large majority of all persons



who have studied typhoid fever closely have come to the conclusion that the disease is contagious in the true sense of the word, and that there is less difference between the contagious properties of typhoid fever and diphtheria than between the contagious properties of diphtheria and smallpox. George C. Whipple has said, "but since Budd's great work, no scientific man would have dared to say as much (that typhoid fever is not contagious). Those who depend on any such statements are living in a fool's paradise, for today it is a well-known fact that even trained nurses in attendance on hospital cases where safeguards abound are often unable to escape an infection which is practically contagion. One duty which the physician owes to the community outweighs all the others. It is his duty to report his cases to the health authorities as early in the course of the disease as possible. The power to make diseases reportable has been given to the Ohio State Board of Health, but the law makers recognizing the importance of typhoid fever included that disease in the statutes. Whatever physician neglects to report his cases is not only disobeying a regulation of the State Board of Health but is also breaking the law.

What is the importance of an early report of all cases? "The existence of an epidemic in a community is frequently not recognized until delayed reports accumulate in the office of the board of health. \* \* \* Many days of valuable time which might have been used in search for the cause of the disease or in inaugurating a system of prophylactic measures are thus lost, and it is not exaggeration to state that many lives

have been needlessly lost because of the failure of physicians to report their cases promptly." If the health officials of all cities with low typhoid fever death rates could be interviewed they would be found to assert unanimously that the early report of all cases was the foundation of their success. The converse is also true. In the Ohio cities with the highest typhoid death rates, the disease is reported less efficiently than in other Ohio cities. The health department must know and know promptly the existence and location of each case, for each patient is a focus of infection, and with poor reporting many foci will spread the disease and the efforts of the health department to locate the sources will be frustrated.

Lastly, to the physician belongs the especial duty of educating the public. It is true that public health education is a proper function of the health department, but the public has always turned for advice and instruction to the physician in times of sickness. Besides the valuable instruction given by the physician in the prophylaxis of disease he should attempt to impress upon the patients and their friends the importance of properly manned health departments. When the public is finally educated to the point of demanding efficient public health administration in Ohio, efficient administration will be provided. So the physician stands in a peculiar and many-sided relation to the excessive prevalence of typhoid fever in Ohio. Only those who are not familiar with the high ideals possessed by the profession as a whole will doubt his ready response to the many calls of duty in this and in all other matters affecting community welfare.

## Arteriosclerosis\*

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THE need be no apology for presenting you this subject, for, if it be true as stated by most authors on this subject that all persons, or nearly all, who have reached the age of fifty years or more have arteriosclerosis to a more or less degree, then for the older members of this society this subject becomes one of paramount importance. For the younger members it is of equal interest, for our profession is the one most frequently pointed out as the one most likely to develop this condition.

### Definition.

"A chronic inflammatory and degenerative disease of the vascular system usually involving the arteries. (Arteriosclerosis) sometimes the capillaries as well (Arterio Capillary Fibrosis) seldom the veins, (Phlebosclerosis), or all three, (Angiosclerosis). There is thickening of the vessel walls due to overgrowth of fibrous tissue, affecting all

three coats, but mainly the intima of the vessel. The process may be diffuse, involving the aorta and its branches more or less uniformly; or nodular and patchy, occurring principally in the aorta and the larger arteries. The nodules may soften (atheromatous abscess) and discharge (atheromatous ulcer) and subsequently become calcified, or calcareous deposits may take place in the sclerotic patch without softening. The diffuse form affects the smaller arteries rather than the aorta, but the nodular variety is often associated." —(Butler Diagnostics of Internal Medicine.)

### History.

We speak and think of arteriosclerosis as if it were of exclusive modern origin. No doubt our modern methods are such as to make it much more common than in former times. It would seem certain that many, if not all of the causes which are known to produce the disease, were operative through all the ages. The Journal in an editorial tells of an exhumed Egyptian mummy in which was found well marked calcification of

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the arterial system. "Degenerative changes in the coats of the blood vessels were observed as long ago as the days of Senac and Morgagni, and by these investigators were described as an inflammatory process. It is to Rokitsansky and Virchow, however, that we are indebted for thorough and systematic investigations concerning the origin and nature of the process to which Lobstein has previously given the name Arteriosclerosis." (Babcock) The disease at this time was thought to be of inflammatory origin. On the other hand, the cause of the disease was by Traube and others about this time found in mechanical factors—continued contraction of the smaller arteries. At this early period in the history of the disease, high blood pressure was considered to be the etiological factor. Indeed, some went so far as to attribute to high blood pressure, every case in which they recognized sclerosis and secondary cardiac hypertrophy. While Lobstein used the term "anatomically" some seventy-five years ago, the popularization of the term "clinically" is of much more recent date.

There are authors who do not look upon the condition as a disease in itself, but who prefer to think of it as a symptom or group of symptoms, however, not sufficiently specific to be classed as a special disease. Most authors, however, prefer to class it separately as a disease.

#### Anatomy.

In order to have a full comprehension of the order of development of the symptoms, why they persist in certain organs more than in others, as well as to have a well founded idea of a logical method of treatment, it is necessary to refresh our memory of certain anatomical facts. "Following towards the capillaries, the coats of the arteries gradually diminish in thickness, the endothelium resting directly upon the elastic membrane as long as the latter persists, and afterward on the rapidly attenuating media. The elastica becomes gradually reduced until it entirely disappears from the middle coat, which then becomes a purely muscular tunic and before the capillary is reached is reduced to a single layer of muscle cells. In the capillary arterioles the muscle no longer forms a continuous layer, but is represented by groups of fibre cells that partially wrap around the vessel and at last are replaced by isolated elements. After the disappearance of the muscle cells the blood vessel becomes a true capillary. The adventitia shares in the general reduction, and gradually diminishes in thickness until in the smallest arteries, it consists of only a few fibroelastic strands outside of the muscle cells." (Piezosols Anatomy.)

It must be remembered that the capillaries are only endothelial tubes, a continuation of the endothelial layer lining the entire vascular system. Very important is the fact that the capillaries have no nerve supply. Capillary conditions, hence, depend really, to a very great extent, upon the behavior of the small arteries in which are a few

muscle cells, sufficient to close the lumen of the vessel when excessively stimulated, and thus shut off a capillary area. When this happens a great number of the smallest parts of organs or whole organs may be rendered anemic, and, in the case of fingers or toes, may actually become gangrenous.

#### Etiology.

You will recall that when O. W. Holmes was asked how to live to be one hundred years old and enjoy life, his reply was, "One should begin choosing his ancestry one hundred years before his birth."

#### Congenital Form.

"Our parents determine the character of the tissues with which we start in life and this determines our general resistance." Warfield.

"The onset of what might be called physiological arteriosclerosis depends, in the first place upon the quality of the material (vital rubber) which the individual has inherited and secondly upon the wear and tear he has subjected it to. Entire families show a tendency to early arteriosclerosis, a tendency which can not be explained any other way than that in the make up of the machine bad material was used in the tubing. Osler, Ed. 1892, p. 664.

I use these quotations from various authors in an attempt to justify the effort to bring into the etiological factors a hereditary type of arteriosclerosis. Personally I do not believe in a hereditary type of the disease, but I do believe there are some factors that are transmitted from generation to generation of certain families that predispose to hardening of the arteries.

One author makes the following remarks on the subject of the congenital form of arteriosclerosis. "We might properly speak of congenital arteriosclerosis where the affected individual had poor arterial tissue with which to begin life with, for that in a sense, is a congenital defect, and arterial tissue that is bad is prone to disease." Warfield.

#### Acquired Form—Hypertension.

As a matter of fact one should say that arteriosclerosis is a cause of hypertension, but on closer reflection it must be debated whether arteriosclerosis is a cause of high blood pressure, or whether high B. P. is a cause of arterial degeneration. Huchard in his work on diseases of the heart and aorta expresses the opinion that arteriosclerosis is a cause, while Thoma holds that in an uncomplicated degeneration of the arteries, B. P. does not rise.

There are undoubtedly cases of high B. P. in which there is no lesion of the kidney and without arteriosclerosis. Whether the gradual rise in B. P. as persons age may be called a physiological condition, it is not my province to say. There are other conditions associated with increased B. P., such as Grave's disease, melancholia, neurasthenic states and certain diseases of the central nervous system, in which there is no demonstrable kidney lesion. Leaving this discussion to be



settled by pathologists, it is nevertheless true that very many cases of arteriosclerosis are preceded by hypertension. So that hypertension is classed by some authors as the prime cause of arteriosclerosis, and by some it is said to cause only a limited number of the cases.

#### The Age Factor.

A very few years ago if one were asked the cause of arteriosclerosis the answer would have been without any hesitancy, "age." The great frequency with which sclerotic changes were found in elderly persons led to the belief that they were a concomitant part of senility. That this is not necessarily true is proven by the case of Thomas Parr, who died at the age of one hundred and fifty-two years. His arteries were reported by Harvey to be free from evidences of degeneration. If we follow the belief of very competent observers we are forced to conclude that no age is exempt from arteriosclerosis. It has been known to occur in children and infants. Cases have been reported where the process has gone even to the point of calcification of the arteries in infants and children. We are led to believe these cases occurred without nephritis and without elevation of blood pressure. Cerebral hemorrhages have occurred in children of two years. These are the cases that make us believe in an inheritance of something which must have played an important role in the production of this condition. In many of these cases syphilis could be eliminated as a factor. Single and multiple aneurysms have been found in the arteries of children. The pulmonary artery has been known to show changes in very young children. Yet it remains a fact that the age incidence has a very marked influence on the production of arterial changes. (Babcock & Warfield.)

#### Sex.

The disease is said to be very much more prevalent in men than in women. The difference given as great as three to one. The explanation given is that men are much more subject to vocations causing exposure to infections, occupations that cause more frequent increase of B. P., and dissipate more than women; yet some of the most marked cases of "pipestem" arteries are seen in elderly women, and we all know by experience that apoplexy and kindred conditions are common in women.

#### Race.

There is no doubt that the colored race is far more frequently the victim of this disease than are the whites. Also the most beautifully marked cases are found in this race. Some effort has been made to explain. The infectious diseases are said to be more frequent among colored than among whites. Syphilis is said to be much more prevalent also. Colored people are more largely of the laboring class and share a larger amount of exposure than the white race. Whether or not these explanations suffice, the fact remains. Cerebral

hemorrhages and aneurysms are very common among elderly negro males.

#### Occupation.

Certain occupations appear to be very conducive to arteriosclerosis. This especially true of all occupations in which there is very hard physical work, especially heavy lifting. Notice the congested face, the closed epiglottis, the immobile diaphragm and imagine the increase blood pressure. In occupations which cause prolonged mental strain (heads of large manufacturing concerns, or large financial institutions) where also there is a lack of sufficient exercise and especially with those who take their work seriously and who worry, and you have the combination of circumstances favoring the disease.

Occupations in which the metallic poisons are prevalent, especially, are productive of arteriosclerosis—lead, mercury, and arsenic. This becomes the more marked, the more the laborer's hands and skin are in contact with the metals. Lack of intelligent cleanliness also contributes to the other causes of this process.

#### Infectious Diseases.

As more and more study is given the arterial and heart conditions following the various forms of infections, the more apparent it becomes that the circulatory apparatus is a very great sufferer. The arteries of persons who have died from infectious diseases almost invariably show degenerative changes. This is particularly true of children who have died from scarlatina, measles, diphtheria, etc.

These changes seem to correspond pretty well with the length of time the condition was operative. There is no doubt that persons who have had some infection are more subject to sclerotic conditions than those of the same age who have been free from such conditions. The earlier writers speak of these conditions as a result of the toxins of the disease. Later writers speak of bacteremia as the cause. The changes in the arteries occur for the most part in the peripheral branches, and the media is chiefly affected. "Minute yellow patches are found on the aorta, carotids and coronaries. In persons who have passed through an attack of one of the fevers and who have later on died from some other cause, regenerative changes are sometimes found to have taken place in the arteries, consisting of ingrowths of elastic fibres from the intact adventitia to the diseased media." (Warfield, page 49.)

#### Syphilis.

This infection is, to my way of thinking, one of the most common, if not the most common, source of trouble with circulatory apparatus. Acute inflammatory trouble with the aorta is very commonly found years after the syphilitic lesion. Osler is of the opinion that all aneurysms occurring in persons under thirty years of age are of syphilitic origin. In the later stages of syphilis the lesions become very much more widely disseminated.

### Chronic Drug Intoxications.

If we accept the dicta that hypertension causes arteriosclerosis, then we must believe that tobacco is a causal agent. Inhalations cause a more decided rise of blood pressure than smoking without inhalations. "The rise in blood pressure is gradual, increasing regularly, until a rise of 10 to 30 M. M. Hg. has been established, and is greatest when strong tobacco is used, and at times when the smoker feels a sensation of definite intoxication. It is most marked when the smoke of a heavy cigar is inhaled, almost as great with an old pipe and least when the tobacco consumed is in the form of a cigarette." (Goodman, page 69.) Cabot, of Boston, is of the opinion that the drinking of even large amounts of spirits has no effect on the production of arterial disease. Regardless of his statements most physicians are of the opinion that alcohol is a very common cause of the condition. Formerly it was accorded much more prominence than it is to-day. Adrenalin has come in for its share of blame. Barium chloride among chemical workers, and dyes, sometimes have the same effect.

### Overeating.

We are all familiar with the effects on the heart of a big, hearty meal. Notice the increase in the force and volume of the pulse. The steady repetition of this sort of thing must of necessity have some effect on the arteries. Some authors go so far as to tell us that this is almost exclusively the cause of the local sclerosing of the splanchnic viscera. At this place I should like to review the theory of Chas. F. Bishop. (J. A. M. A., 30-11-12 and 3-15-13.) After a review of the various etiologic factors Dr. Bishop says, "I believe that the causes of arteriosclerosis can be divided into two classes, one in which the affection is due to certain poisons like lead and other metals, to syphilis and other infectious diseases, and a larger class in which arteriosclerosis is compensatory. Ninety out of one hundred cases of high blood pressure are due to toxic substances or to the circulation of amino-acids which are produced by the breaking up of the proteid in the intestinal canal and a failure on the part of the liver to exclude these toxic substances from the circulation. I think that the high blood pressure is caused by an attempt on the part of nature to force out of the system, through the kidneys the products of protein decomposition and that the heart (and arteries) are damaged as well as the kidneys. My observations are founded on the examination of about 50,000 urinary analysis among the well cared for classes in New York City. The study of the well cared for classes gives a better picture of the causes of arteriosclerosis, than what we can get in hospital cases. Examination of patients on a restricted diet is misleading. Observation of the urine, covering a series of years, shows first an excess of indican, later one finds as well a faint trace of albumen and casts. As the case goes on, the patient develops neurasthenic

symptoms, and then arteriosclerosis. I have come to these certain, definite conclusions. Arteriosclerosis is a very common affection among physicians. I have on my records sixty-five physicians with arteriosclerosis, and in nearly every instance there are excessive indican in the urine, high blood pressure, albumin and casts and other symptoms pointing to amino-acid poisoning. (See Bishop, also in Archives of Diagnosis, October, 1913; also Heinrich Stern, October, 1914.)

### Mental Strain.

Remember the old adage, "Worry kills more people than work." Combine the high tension work of modern times, the fatuous chase for the almighty dollar, the unrelenting strain for social distinction with worry, and you have a fruitful source of arteriosclerosis.

### Renal Disease.

The more one attempts to reconcile the different opinions about the relationship existing between arteriosclerosis and renal disease, the more one becomes lost in the maze of idea. Some of the questions to be decided by our future investigators are as follows: Does renal disease cause high blood pressure, and the high blood pressure cause the arteriosclerosis? Does the arteriosclerosis cause high blood pressure and the high blood pressure cause the renal conditions? Is the increase blood pressure a conservative process and which is the precursor—the high blood pressure or the arteriosclerosis? Which one of the theories of the cause of the blood pressure is tenable, or must some new cause be discovered? With conditions a matter of controversy, I feel disposed to note the very frequent association of these conditions—arteriosclerosis, renal disease and hypertension.

### Conclusions.

After noting so many causes one wonders, "What has each to do with the production of one condition." Recent investigations which are too exhaustive to recite here appear to establish the fact that there are different types of arteriosclerosis, with very much of a common symptomatology. I cannot refrain from giving you the following quotation from Frothingham, (Johns Hopkins Bulletin, October, 1913. Abstracted by Archives of Diagnosis.) "As one goes down the list of substances accused of producing arteriosclerosis the proof in support of their claims becomes less and less. It seems therefore, that until some more definite evidence is offered against any agent, it is best to consider that the only causative factor in the production of arteriosclerosis are the products of normal or abnormal metabolism retained in the body through faulty elimination and the acute infections."

### Symptoms and Physical Signs.

In the early stage of arteriosclerosis there are absolutely no physical signs to distinguish it from any other condition. In the early course of the disease there may be few symptoms. In fact, the disease may run a latent course, no symptoms



developing that point to any trouble with the arteries or the circulatory apparatus. Indeed it is doubtful if sclerosis in itself could produce symptoms were it not that the organs supplied by the diseased artery suffer from lack of blood supply, and then the symptom becomes the symptom of deranged function of the organ so affected. Later these symptoms become the symptoms of the individual organs, part in the general ensemble of symptoms that go to make up the picture of the disease.

The **general symptomatology** of the earlier stages of the disease would be somewhat as follows: Easily fatigued from mental or physical exertion. Depression follows exercise. Increasing intolerance to stimulants, tea, coffee, tobacco, etc. Vertigo on quick exertion, changes of posture, etc. Headache following exertion. Patient becomes irritable, sleepless at night, drowsy during the day, avoids new tasks, can not concentrate, lacks decision, numbness in extremities, neuralgias, etc. Marked symptoms of neurasthenia in a patient of the proper age should make us at once direct attention to the arterial system.

Mental deterioration without marked psychoses should also put us on the alert. The more **localized symptoms** would be epistaxis profuse, difficult to control, oedema of ankles and legs, dyspnoea on slight exertion, vague dyspeptic symptoms, heartburn, belching after meals, feeling of weight after meals, unnatural pallor of face, and progressive emaciation. These and others, developing in no regular order of succession in the different cases, give a fairly good picture of the early symptoms of a beginning or well-advanced arteriosclerosis. Hypertension may or may not be present. The highest blood pressure is found in those cases complicated with chronic interstitial nephritis.

The heart furnishes the **physical signs** of hypertrophy of the right ventricle, increased area of dullness, later those of dilatation. In hypertrophy we have the heaving of the chest wall, producing a visible shock, the apex beat increased in force and extent. (Babcock, page 571.) Later on signs of dilatation appear, apex beat is absent, the impulse more widely diffused, more slappy or flapping in character, the area of dullness is increased vertically and transversely.

#### Palpable Arteries.

"Experience is fallacious and judgment difficult." In nothing is this adage more true than in palpating the arteries, yet there are cases, and not a few of them, in which palpation of the arteries gives all the physical signs necessary to make diagnosis easy. While it is true that sclerosed peripheral arteries do not mean general arteriosclerosis yet you will seldom err in such conclusions.

#### Ocular Signs and Symptoms.

Attacks of transient loss of vision or gradual loss of acuity, may be early signs due to circula-

tory disturbances through the central artery. Patches of retinitis may occur. "The changes may be, (1) Suggestive, (2) Pathognomonic.

- (1) a Uneven calibre of the vessels.  
b Undue tortuosity.  
c Increased distinctness of the central light streak.  
d An unusually light color of the breadth of the artery.  
e Arcus Senilis.
- (2) a Change in the size of the retinal arteries so that they look beaded.  
b Distinct loss of translucency.  
c Alternate contractions and dilatation in the veins.  
d Indentations of the veins by the stiffened arteries. Most important of all. (Warfield 63 and 64.)

#### Nervous System.

The cerebral symptoms produced by arteriosclerosis cover a very wide range, but are all due to faults of brain nutrition. They embrace those of senility, presenility and degenerative processes, both chronic and acute. The highest and most delicate brain functions are likely to be first affected. We, therefore, find lessened mentality, aphasia and monoplegias or mere clumsiness of the hands. Parasthesias are more common. Hemiplegic and diplegic manifestations are observed. At first these symptoms are temporary and recurrent, but unless the arterial condition improves they tend to become permanent. Slight attacks of hebetude may eventuate in stupor, comma or in death. Jacksonian and generalized convulsions, syncopal attacks and periods of mental confusion are all within the range of this protean malady. If fibroid changes occlude a cerebral vessel, it acts like a thrombus, to which indeed it often leads, and a softened infarct often results in a more permanent loss of localized brain function. Many islands of softening and many sclerotic patches may be due to this cause and present multiple symptoms. Diffuse processes of sclerosis in the cortex are associated with it and it underlies some of the lesions of general paresis and tabes. Associated minor symptoms, such as vertigo, headache, insomnia, irritability, lack of mental energy and muscular force and the craving for stimulants, all point to the lowered nutrition of the brain. All the manifestations of arteriosclerosis are likely to come at first in gusts and waves. (Church and Peterson, p. 194.)

#### Mental Symptoms.

Alienists describe a certain type of insanity very closely analogous to senile dementia due to arteriosclerosis. The principal symptoms are progressive mental deterioration, marked by lack of interest, clumsiness, loss of productive effort, loss of memory, lowered will power, inefficiency, etc. At the stage of the disease the patient is usually cognizant of his condition during his lucid intervals and his knowledge is the source of the keenest worry to himself. Later, hallucinations of hearing and vision appear, delusions are noticeable, with loss of orientation. The last sad scene

is that of complete mental degeneracy. (Captain Edgar King, U. S. A.)

#### Spinal Symptoms.

(1) Weakness and easily induced fatigue of the legs, (2) Peculiar sensations in the lower extremities, described as jerky, numbness, heaviness and occasional sharp pains. (3) Progressive incontinence of the urine. (4) Progressive paraplegia. (Warfield.)

#### The So-Called Senile Gait.

The patient complains of difficulty in walking, not being able to define exactly what the obstacle is. The legs are weak, not ataxic. There are unexpected haltings and the patient feels the inability to advance. "The difficulty increases with continued effort. There is no gait in which the patient is more conscious of his infirmity and more sensible of his disability than the gait of arteriosclerosis." (Hunt *Diagnosis Symptoms of Nervous Diseases*, 112.)

**Abdominal Symptoms.**—Gastro intestinal symptoms are, at times, found in patients who have generalized arteriosclerosis, or in those in whom the splanchnics are solely or mainly affected. Among these are: Abdominal pain, dull, aching soreness and throbbing in the abdomen, (increased by exercise) abdominal distention and belching fullness and distress after eating. The most characteristic clinical phenomena are the severe attacks of abdominal pain in the epigastrium and about the umbilicus, usually from two to three hours after a heavy meal, gripping and twisting in character, lasting from one to two minutes, accompanied with a sudden rise of blood pressure and fear and anxiety on the part of the patient. (Bassler, 744.)

**Cerebral Symptoms.**—The thing to be most feared in all cases of arteriosclerosis is the rupture of some of the cerebral arteries, with all that that condition entails. This dreaded condition constantly hangs over the fate of the individual like the "sword of Damocles."

**Renal Symptoms.**—These are essentially the picture of that symptom complex known as chronic interstitial nephritis. Time nor space permit me to enter into this much discussed relationship. However, be it said that the most typical histories of arteriosclerosis are inseparably associated with those of the above named kidney lesion. There are authors who for reasons more theoretical than practical attempt to separate the two conditions on no better grounds than those who also divide the causative hypertension into those of primary and those of secondary origin.

**Peripheral Symptoms.**—A careful study of the authors will show almost every conceivable peripheral symptom due to arteriosclerosis.

Intermittent claudication seems undoubtedly due to spasm of the leg vessels. (Starr, page 872.)  
**Dry gangrene** may follow the shutting off the

blood supply from the parts due to arteriosclerosis.

Raynaud's disease has been attributed to the same cause, but it seems to me to be questionable, so with erythromelalgia.

#### Diagnosis.

This may be so easy that any one may be able to make the diagnosis readily and with little or no study of the conditions present, or it may be so difficult as to tax the ability of the most astute diagnostician. The disease is so polymorphous in symptomatology that many diseases may be simulated. It is true of the diagnosis of arteriosclerosis, as in most other conditions that a very large part, much the larger part depends upon the history taking of the case, clinical symptomatology forming the important part. To this may be added physical findings, very much wanting in the early stages, and last, laboratory methods. During the early part of the disease the symptoms are much more likely to be found in those organs in which the arteries have a relatively small amount of supporting substance. These, of course, are the kidneys, brain, lungs and heart, and to these organs we must look for our early symptoms, or the abdominal viscera may be the organs which may give us the premonitory symptoms.

In the later stages the symptoms become so very plain that nothing could be very readily mistaken for the bizasse symptoms. Four conditions here take precedence over the other signs and symptoms. First, hypertrophy of the heart; second, the symptoms and urinary findings of chronic interstitial nephritis; third, palpable arteries; fourth, increased blood pressure. If these conditions are all present there will be many other symptoms pointing to the various organs whose functions are most interfered with. Of course I have here aimed to speak of general arteriosclerosis. Where the condition is limited to certain organs to the exclusion of others, then we must look to these organs alone for the guiding signal.

#### Pathology.

This paper is long enough without discussing the pathology. The only thing I wish to remark upon here is the peculiar distribution of the lesions and the fact even in the same individual there may be a marked difference in the degree and type of the radial artery and the ulnar artery of the same forearm.

#### Treatment.

No doubt, very few persons reach the three score and ten without more or less arterial degenerative changes. While studying these conditions we read such expressions, "the prophylaxis of arteriosclerosis consists in the adjustment of our lives to our environments so that we may get a maximum amount of work accomplished with the minimum amount of wear and tear upon the blood vessels." Again, "The prophylaxis of arteriosclerosis might well be labeled 'The Plea for a



More Rational Mode of Life.' Moderation in all things is the key to long life and health, this includes the pleasures as well as the duties of life. Our lives should be made to extend that fifteen years that is due to us. Diversity of labor and pleasure should be sought. Hobbies should be avoided and as nearly as possible a balance between physical and mental work should be maintained.

Everything that is known to have any influence over the production of this condition and especially those mentioned under the subject of "Etiology," should be strenuously avoided, for only those of most importance have been enumerated.

If Bishop's hypothesis that arteriosclerosis is the product of faulty metabolism, or, rather the absorption of the products of decomposition of proteid foods, then we should eat moderately of meat, eggs and fish. No doubt his deductions are very valuable, for few men in America have had a better opportunity for careful study of this class of cases. Personally I am inclined to put much credence in his views. They seem to be a happy combination of theory and facts. American people as a rule eat too much, and combine their over-eating with too much liquid, thus overloading the vascular system, at the same time throwing excessive work upon the kidneys and excretory organs. Much food is poorly prepared, which causes more work on the part of the digestive organs. Very important is the avoidance of the infections, for undoubtedly they are the cause of a very large share of the cases of arteriosclerosis. Syphilis is no doubt a common causal factor. Tea, coffee and tobacco in excess should be avoided.

"Instruct the public to consult the doctors twice a year. The dentists have their patients to return to them at stated intervals only to see that all is well. How much more rational it would be if men and women past the age of forty had a physical examination made twice a year to see if all is well." (Warfield, page 125.)

Hygienic treatment has been hinted at under the head of prophylaxis. After the disease has become established, it becomes of very much more importance.

#### Hydrotherapy.

In the early stages of arteriosclerosis much good may be accomplished by hydrotherapy. Here, as in all other forms of treatment, individuality must be very carefully studied. No two cases respond exactly alike. In order to avoid rise of blood pressure the patient should be exposed to neither excessive heat nor cold; should not be allowed hot or cold baths, and should be warned against hot and cold drinks. Through mild hydropic measures, through washing and rubbing of the skin, the cutaneous vascular net becomes dilated and in this way the blood pressure is decreased. The same thing may be accomplished by general massage. (Pick, Heck and Koesler, page 152.)

Personal habits should be very carefully enquired into, for much of the benefits of treatment will depend upon carefully regulated methods of living, and this especially true in regard to habits of eating.

#### Dietetic Treatment.

I have seen, within the last few weeks a fall of 20 M. M. Hg. in a patient with early arteriosclerosis without any medication directed to the lowering of blood pressure. An occasional laxative does of hydrocarbon oil, combined with Bulgarian Lactic acid Bacillus and following of the dietetic regulations as follows:

(1) Meats, fish and eggs should be used sparingly or eliminated entirely. (2) Spices and condiments should be interdicted. (3) Fluids should be used very sparingly at meals. (4) Salt free diet should be maintained at least part of time. (5) Vegetables should constitute a large part of the diet. (6) Fats and carbohydrates may be allowed freely. (7) Sour milk or buttermilk should be given preference to sweet milk.

#### Medical Treatment.

The iodides have held a position of superiority for years past. I believe that its efficiency as a remedy has been due to the fact that many cases of arteriosclerosis are syphilitic in origin and the empirical use of the drug has thus been established. To many stomachs K. I. is intolerant. Some other form of iodide may be substituted.

When the blood pressure is high, some form of the nitrates is called for. Despite the fact that high blood pressure is considered by many as a conservative condition, most patients seem to be benefited, or at least made more comfortable, by the reduction of tension. I have had the best results with sodium nitrate, beginning with small doses, and increased very gradually. "Its action is identical with that of Amyl Nitrate, except that it is less rapid and more lasting. As a vasodilator it is not so reliable as erythrol tetranitrate although it resembles that drug in the permanency of its effects." (A. A. Stevens, Modern Therapeutics.)

Nitroglycerin may be given for immediate relief in cases of urgency. Its effects are too evanescent for much permanent good. In the early stages where the urgency for relief is much less sweet spirits of nitre serves a very useful purpose.

My favorite combination is aconite, sodium nitrate, and sweet spirits of nitre. This is a specially good combination where the kidneys show lowered function.

Much might be said concerning symptomatic treatment, but as this paper is already too long, I deem it best to say meet the emergencies as they present themselves by rational treatment directed to the dominant feature at the time.

**Prognosis.**—This can be read between the lines of what has been said. No further comment is needed.

# The Disinfection of Water\*

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THE establishment of practical methods of disinfection of water during the past few years has marked one of the most important epochs in the development of the art of water purification. At the present time disinfection of polluted municipal water supplies as the only method of treatment or as an adjunct to other methods of purification, is practised quite generally throughout the United States. The disinfection of water supplies which are temporarily used has also grown to be a customary procedure. Water supplies for private, military and construction camps, summer homes and resorts, hospitals, etc., are frequently polluted and in an attempt to render such supplies of safe sanitary quality disinfection has been adopted as the practical method. In view of the great development which has taken place in the art of purification of water by disinfection it may be well to discuss the methods which have been attempted and which are now in use.

A water supply is of perfect quality when its physical, chemical and hygienic characteristics are satisfactory. Rarely is such a water found, and to attain this standard, it is generally necessary to provide some form of treatment. The object in the treatment of the supply may be to improve its physical quality, chemical quality, or hygienic quality, but in most instances, especially if a surface source is used, the supply will be found faulty in more than one respect. To produce a water of entirely satisfactory quality in such cases, the treatment must provide for the correction of each deficiency.

## Treatment of Water.

Purpose	Content to be removed or reduced	Methods of Improvement
Improvement of Physical Quality	Turbidity Odor Taste Color	Plain Sedimentation and Storage. Coagulation and Sedimentation.
Improvement of Chemical Quality	Iron Manganese Hardness Acidity	Softening. Neutralization by Chemical Treatment.
Improvement of Hygienic Quality	Bacteria	Filtration. Aeration. Disinfection.

The improvement of the physical quality of a water may require the removal of turbidity, odor and taste and the reduction of dissolved color. The improvement of the chemical quality of a

water may include the removal of excessive amounts of iron, manganese, acidity, or hardness. The improvement of the hygienic quality of water involves the removal of bacteria, particularly those which are pathogenic.

A number of methods of improvement of the quality of water supplies have been developed. The improvement of physical characteristics of water received first attention, but since development of the germ theory of disease particular attention has been given to the improvement of hygienic quality. Of more recent occurrence has been the development of methods of the improvement of the chemical quality of water supplies. In a general way it may be stated that water supplies are improved by the following methods:

1. Plain Sedimentation and Storage.
2. Coagulation and Sedimentation.
3. Softening.
4. Neutralization by Chemical Treatment.
5. Filtration.
6. Aeration.
7. Disinfection.

The above methods are practised individually as listed, or in various combinations to secure the improvement of the water supply desired. In fact, all of the above methods may be used in the treatment of a single water supply to improve a water which is deficient in physical, chemical and hygienic quality.

## Disinfection.

For the purposes of this discussion we are particularly interested in the last mentioned method "disinfection." This method is practised in the treatment of public water supplies alone or in combination with other methods of treatment and is also extensively used for quasi-public and private water supplies.

Extensive studies have been conducted by various investigators in this country and abroad to determine the efficiency and practicability of numerous agencies of disinfection. Clark and Gage<sup>1</sup> conducted a research of disinfectants for water and sewage in 1907, 1908 and 1909, trying permanganate of potash, bleaching powder, formaldehyde, hydrogen peroxide, boric acid, benzoic acid and sodium benzoate, phenols, corrosive sublimate, copper salts and many others. Rideal<sup>2</sup> mentions citric acid, iodine and cuprous chloride among other available disinfectants. Parkes and Rideal<sup>3</sup> have recommended sodium bisulphate as a practical disinfectant for water. Many other chemicals and agencies of disinfection have been proposed and used to a limited extent and with varying results.

During the last ten years much careful study and attention to this important subject has been given with the result that we have now available

\* Read before the Section on Sanitary Science, annual meeting Ohio State Medical Association, Cincinnati, Ohio, May 4, 1915.



practical methods for disinfecting water on a large scale for municipal supplies as well as on a small scale for individual use.

In this discussion a number of disinfectants which have been studied and used to a limited extent will be omitted and only the following agents will be considered:

1. Heat.
2. Copper and its salts.
3. Permanganates.
4. Ozone.
5. Hypochlorites and Chlorine.
6. Lime.
7. The Ultra Violet Ray.

**Heat.** By boiling or distillation water may be rendered safe for domestic use. This fact has been recognized for many years and the method has been used extensively to render polluted water supplies safe for drinking. It has rarely been employed for the purification of public water supplies, although at Troon, Scotland, at Perim and Kossier on the Red Sea<sup>4</sup> and in several South American cities, quite extensive plants for the distillation of water are in use to convert salt water into a potable supply. The method is also employed generally on sea-going vessels to furnish a water supply for all purposes. Distillation of water renders it free from bacteria and practically pure from a chemical standpoint. Distilled water has an unsatisfactory flat taste, but by aeration this defect is partially corrected.

Claims have been made occasionally that distilled water is too pure and hence not adapted for drinking purposes. It appears, however, that these statements are not based upon physiological principles or clinical experience.<sup>5</sup>

Boiling of water renders it satisfactory from a hygienic standpoint. It is known that pathogenic bacteria are killed by a temperature of 60° centigrade maintained for 20 minutes<sup>5</sup> and only the most resistant organisms can exist at the temperature of boiling. No diminishment of the organic content of the water results. The dissolved gases including carbon dioxide are expelled, bringing about a partial softening of the water due to the precipitation of carbonates. By boiling and sedimentation a degree of clarification of turbid water may be brought about.

In cities having polluted water supplies boiling of water for drinking purposes by the individual consumers is a safe procedure generally recommended by health authorities and water works officials. The method can also be practised by travelers and campers at slight expense and inconvenience. It is generally conceded that the disinfection of municipal water supplies by boiling is impracticable due to the expense involved.

Several types of devices have been developed for the sterilization of water by heat. These are adapted to individual use and also to the purification of large quantities of water to serve in case of epidemics. Recently<sup>6</sup> a French manufacturer

has marketed an apparatus for use in households, schools, hospitals, etc., which produces sterilization by heating water under pressure to a temperature of 115° centigrade without causing boiling.

During the World's Fair at Chicago in 1893, sterilized drinking water was used by 15,000 employees. The sterilization was effected by passing the water through boiler feed water heaters where it was raised to a temperature of boiling and held at this point for a short time. No typhoid fever occurred while this water was being used, but intestinal disorders arose during interruptions of operations of the sterilizer.<sup>7</sup>

**Copper.**—In 1904 copper as an algicide and disinfectant for water supplies was studied by Moore and Kellerman of the U. S. Department of Agriculture.<sup>8</sup> The results of these studies led to the conclusion that copper and its salts were active algicides and also effective as agencies for disinfection. The report of the studies indicated that metallic copper placed in water was effective in bringing about complete sterilization in from 3 to 48 hours. Subsequent studies,<sup>9</sup> however, demonstrated that the efficiency of copper and its salts as a germicide was much less than as an algicide and that its action was easily inhibited by the presence of both organic and inorganic substances. The use of copper does not prevent or even materially reduce putrefaction and tastes and odors resulting from it.<sup>10</sup> At the present time it is not generally accepted as an efficient disinfectant for water, although it has been used with favorable results in connection with ferrous sulphate in water treatment.<sup>11</sup>

**Permanganates.** Sodium, potassium and calcium permanganates have been used at various times to disinfect water. The permanganates are powerful oxidizing agents to which is attributed the bactericidal action. Permanganate of potash has been used extensively in India<sup>12</sup> for the disinfection of private wells during cholera epidemics and has been efficient in checking the spread of the disease. It was also used during the Boer war to disinfect drinking water for the British troops in the field and is employed in the treatment of the public water supply of Bloemfontein, South Africa.<sup>1</sup> It has been studied by the Massachusetts State Board of Health, at the Lawrence Experiment Station,<sup>1</sup> the results of which study indicated that the application of 5 parts per million effected a satisfactory reduction of total bacteria, but was inefficient in reducing bacteria incubated at body temperature.

In its use the potassium permanganate is dissolved in the water to be treated in an amount to produce a faint pink color, which indicates that an excess of oxygen is present. The organic matter present in the water is oxidized before the bacteria are affected and for this reason many authorities do not favor the use of permanganates for the treatment of polluted water supplies. It

appears that permanagnate may have some value in purifying relatively small quantities of drinking water, but due to its doubtful efficiency and high cost, its use for disinfection of municipal water supplies will always be limited.

**Ozone.** The utility of ozone as a germicide has been known since 1886, although its application in water treatment has been of recent occurrence.<sup>13</sup> In Europe several large installations have been made for the treatment of municipal water supplies in conjunction with filtration, notably at Paris and at Petrograd. Plants have also been installed at Lindsay, Ontario, and Ann Arbor, Michigan, but the process has not been extensively employed on the American continent. The use of ozone as a method of disinfection of the water supply of Montreal was considered,<sup>14</sup> but discarded in favor of cheaper and more satisfactory methods of disinfection. A small ozone plant as an adjunct to a rapid sand filter plant for the office building of the Chicago, Burlington & Quincy Railroad of Chicago<sup>15</sup> was installed in 1914 to disinfect the drinking water supply for some 3,000 persons.

Ozone is a modified form of oxygen produced by the passage of an electric current through air. It is a powerful oxidizing agent and an active disinfectant. The ozone is conducted into the water to receive treatment with which it mixes and causes the death of the bacteria contained. A number of ozonators have been developed in Europe and have been used with varying degrees of success. Considerable difficulty has resulted in securing constancy of production of ozone, and a proper mixture of the ozone with the water, which are necessary to produce a satisfactory efficiency. The cost of the treatment is reported to be excessive, being estimated by the city engineer of Paris at \$6 to \$7 per million gallons. In the face of more efficient and less costly methods of disinfection, it does not appear that ozone will be extensively used in the future. It is not generally considered as an available means for disinfection of the water supply in the household. A small household ozonator has been developed,<sup>16</sup> but has not been extensively employed for water treatment. (Additional references—17 and 18.)

**Chlorine.\*** The use of chlorine as an disinfectant has developed entirely during the nineteenth century and has followed closely the commercial production of bleaching powder. It is available in the form of calcium hypochlorite, sodium hypochlorite and liquid chlorine. The efficiency of chlorine as a disinfectant was recognized as early as 1854 by the Royal Commission on Sewage Disposal of the British Government. Experiments in the disinfection of sewage by hypochlorites were conducted in Germany, England and the United States from 1897 to 1907 and its first use in water disinfection was in 1897 at Maidstone, England. Previous to 1908 chlorine in its various forms had

been used for intermittent treatment of water supplies and disinfection of distributing systems, but had not been adopted as a continuous method of treatment. Following extensive studies at Chicago and Boonton, New Jersey, in 1908, the use of hypochlorite of lime as an agency for continuous treatment of a public water supply was adopted. Since that time the method has been introduced in over 300 cities in this country. It is employed extensively as the only method of treatment of the supply and in numerous cases as an adjunct to other purifying processes. In Ohio 19 water supplies serving a total population of 1,800,000 receive treatment by chlorine in the form of calcium hypochlorite, or as the liquid. Of these 10 are filtered supplies.

Calcium hypochlorite, bleach, bleaching powder, or chloride of lime, as it is variously known, is a soluble white powder which in solution and in the presence of carbonic acid gas forms an unstable hypochlorous acid which acts upon organic matter and bacteria, destroying the latter by oxidation. The only compound which remains in the water as a result of the treatment is a small quantity of calcium chloride which is inert and harmless. The nascent oxygen formed by the breaking down of hypochlorous acid is the active agency of disinfection. Sodium hypochlorite is formed by the action of an electric current on a salt solution. The hypochlorite in solution acts in a manner similar to calcium hypochlorite as previously described. Liquid chlorine is marketed in steel cylinders holding about 100 to 125 pounds of the liquid under a pressure of about 100 pounds per square inch. Various types of apparatus have been developed for applying liquid chlorine to the water to be treated. In general these involve permitting the discharge of the chlorine from the cylinder under control and applying it in a measured amount to the water. The action of chlorine is similar to that of the hypochlorites with the exception that in the formation of hypochlorous acid no calcium or sodium salts are introduced.

In the use of chlorine and chlorine compounds for the disinfection of water it is customary to express the degree of treatment in terms of available chlorine. Commercial bleaching powder contains about 35% available chlorine, while the liquid form is practically 100% available chlorine. Five-tenths part per million, more or less, is used in the treatment of water. The amount required depends upon the pollution and physical quality of the water. The amounts used in this country vary from two-tenths part per million to two parts per million, the latter being used in the treatment of the turbid Missouri River water. For clear waters it is generally found that one-half part per million is sufficient.

It is important to observe that the disinfection action is one of oxidation and not chlorination, as it is frequently expressed. While the chlorine is the important agent necessary to effect oxidation,

\* References 19 to 27.



the oxygen itself is the agency which destroys the bacteria.

In the use of bleaching powder it is customary to dissolve the chemical in a proportion to give a solution of about 1% strength, that is, 1 lb. of bleaching powder to 100 pounds of the solution. This solution is stored and applied to the water through various types of measuring and controlling devices.

The efficiency of chlorine in its various forms as an agency of disinfection of water has been firmly established by analytical results and by typhoid fever statistics in communities in which it has been used. It does not, however, take the place of filtration as a method of purification of water supplies. The treatment does not affect the appearance of the water and has no beneficial effect upon chemical quality. The province of its use is limited and it is not to be considered a universal remedy for all polluted water supplies. It is the concensus of opinion among water supply experts that it is most properly adapted as an adjunct to filtration and as an emergency method of rendering a polluted water safe for use. Several state boards of health, including those of Minnesota and Kansas have devised portable outfits for the emergency treatment of polluted water supplies. These outfits are transported and used temporarily to check typhoid fever outbreaks. This method of disinfection is also available as a means of purifying private and camp water supplies. It has been proposed to use capsules of hypochlorite for the disinfection of small quantities of water used for drinking purposes in the household by travelers and in temporary camps.<sup>8</sup> It should be observed that the use of capsules for rendering a polluted water supply safe for drinking purposes is subject to considerable uncertainty depending upon the application of proper amounts of the chemical and upon the characteristics of the water treated.

**Lime.** Quick lime  $\text{CaO}$ , has been used in the treatment of water for a number of years. For excessively hard waters it has been used for softening purposes and for very soft waters of high acidity it has been employed to correct corrosive action. In the treatment of the water supply of London it became apparent that the use of lime was of assistance in securing bacterial efficiency. In 1911<sup>28</sup> extensive studies were carried on by Dr. A. C. Houston, Director of Water Examination of the Metropolitan Water Board, which led to the conclusion that treatment of the water by quick lime in an amount sufficient to cause an excess of  $\text{CaO}$  of .0007% resulted in the destruction of *B coli* in from 5 to 24 hours. Dr. Houston attributed this disinfection action to the toxic effect of the lime and therefore advanced a method of treatment of water which had previously not been recognized. He proposed that about 75% of the water supply should receive the excess lime treatment, the caustic alkalinity being neutralized by the addi-

tion of 25% of the total supply comprising water previously purified by storage or disinfection by some other agent. At the water softening plant in Columbus lime treatment has been employed continuously. The same efficient bacterial results reported by Houston have been noted by Mr. C. P. Hoover, chemist in charge<sup>29</sup> of the Columbus plant. These results have been attributed not necessarily to the toxic effect of the excess lime or caustic alkalinity, but to the natural death of the organisms following the depletion of free carbonic acid resulting from the lime treatment. It is stated that the excess lime treatment is unnecessary and that equally efficient results are secured by treatment with lime sufficient to neutralize the free and half-bound carbonic acid in the water.

While this method of disinfection of water has been carefully studied, several important features of the treatment remain to be demonstrated. Its bacterial efficiency has been shown, but its universal applicability has not been proven. The principal objection which has been advanced relates to the cost of the treatment necessary to secure disinfection. In this connection, however, due credit should be given to the beneficial softening effect also produced by the treatment. Its general adaptability as a method for purification of water supplies for private use has not been demonstrated.

**The Ultra Violet Ray.** The application of artificial light as a method of water disinfection was studied as early as 1878. The use of the ultra violet ray for this purpose has, however, been a development of recent years. About 1908, following extensive studies at Sorbonne University, Paris, a mercury vapor arc inclosed in a fused quartz lamp was developed.<sup>30</sup> This lamp permits the passage of the ultra violet ray into the water which is passed within a few inches of the arc. By the action of the ultra violet ray it is claimed that bacterial organisms are killed. The method has been used for several public water supplies and in numerous hospitals, clubs, railway stations and private residences abroad. Data have been presented to show the efficiency of the treatment when a clear sparkling water is handled. It is important to observe that the efficiency depends upon the freedom of the water from turbidity or dissolved color. The Austrian army uses a special field apparatus for pumping, filtering and sterilizing by means of the ultra violet ray the drinking water for troops. In this country the ultra violet ray, as an agency for disinfection of water, has not been extensively adopted. A water company in Chicago filters and disinfects by the ultra violet ray water obtained from the municipal supply and markets the same as a drinking water of satisfactory hygienic quality.<sup>31</sup>

An installation is now being made at Corning, New York, for the treatment of the municipal supply and it is to be hoped that accurate data on the efficiency and cost of the process will soon be

available. The advantages claimed for this method of disinfection are that it is efficient and easily operated, and that no chemical is introduced into the water supply. The principal objection to its use has been the excessive cost involved, which has apparently made it an impracticable method in comparison with other agents of disinfection. (Additional references 32-33.)

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Physicians who persist in violating the state law requiring the reporting of infectious diseases are likely to find themselves in trouble within a very short time. At the conference of health officers held last month at Cedar Point, the local health officials were advised by the state board of health to prosecute those physicians who continue to fail to report their cases. The law provides that the local health officer may institute such action in any court, and a fine of not to exceed \$100.00 is provided.

Every physician should readily see the value of these reports and should willingly cooperate, despite the extra work involved. No public health campaign can be successful without a foundation of complete morbidity reports.

The success or failure of the system now in force in Ohio lies almost entirely with the physician. Scrupulous attention to this detail on your part will be an important aid to the public health campaign in Ohio.

A booklet of blanks for reporting cases has been placed in the hands of every physician in the state. The law provides that after first treating or examining any person suffering from or afflicted with a notifiable infectious disease, or suspected to be suffering from one of these diseases, the blank shall be immediately filled in and delivered to the local health officer. In addition, if the disease is or is suspected to be diphtheria, scarlet fever, smallpox, plague, or yellow fever, immediate notice of the case to the local health officer in the most expeditious manner possible, is demanded.

In order to refresh your memory on the list of diseases held to be notifiable by the Ohio board of health, we reprint the list: Chickenpox, diphtheria and membranous croup, gonococcus infection, measles, German measles, meningitis (epi-

demic cerebrospinal); mumps, ophthalmia neonatorum, pneumonia (acute), poliomyelitis, acute infectious, (infantile paralysis); scarlet fever, smallpox, syphilis, trachoma; tuberculosis, all forms (the organ or part affected to be specified); typhoid fever, and whooping cough.

In reporting cases of venereal diseases the name and address of the patients need not be given, but the age, sex, color, occupation, etc., should be carefully stated. The board also requires reports of cancer and pellagra, of the various occupational diseases and of the following list of less common infectious diseases:

Actinomycosis; anthrax, human; cholera, Asiatic Cholera Nostras when Asiatic cholera is present or threatened; continued fever lasting seven days; dengue; favus; dysentery, amebic and bacillary; glanders, human; hookworm disease; leprosy, malaria; paragonimiasis; paratyphoid fever; plague; rabies, human; Rocky Mountain spotted or tick fever; septic sore throat; tetanus; trichinosis; typhus fever, and yellow fever.

It should be remembered that membership in your medical society has many practical advantages. The life insurance companies, for instance, are exceedingly careful in selecting examiners to ascertain the standing of the applicant in his county medical society. Some companies have a rule demanding that their examiners be affiliated with the local medical organization. The industrial commission of Ohio, which has charge of the administration of the workmen's compensation, has taken a somewhat similar attitude. It is a significant fact that in the list of new examiners for sixty counties, announced July 16, all but six are members of the State Society.



## PUBLIC HEALTH EDUCATION COMMITTEE REACHES HALF MILLION OHIOANS WEEKLY THROUGH BULLETIN SERVICE

The Committee on Public Health Education of the State Society has inaugurated a campaign of public health instruction which is already reaching nearly half a million laymen every week, through cooperation with 22 leading daily newspapers of the state. The plan is to furnish these newspapers with a weekly "public health talk" in which information regarding disease and disease prevention is presented in a popular manner. These weekly bulletins are prepared by Dr. John H. Landis, health officer of Cincinnati, who is chairman of the committee.

Through an arrangement with each newspaper they are given a prominent position on the front page or in the editorial section of each paper and are presented under a distinctive heading. The accompanying list shows the 22 newspapers having a sworn circulation of 156,006. The actual circulation is figured on the basis of three readers for each subscriber, which would give these newspapers an audience of over 450,000. The papers were carefully selected with a view of editorial integrity and proper geographical location. The committee will add to the list from time to time but will offer the bulletin service to but one newspaper in each section.

The first bulletin was "released" by the committee on June 24 and dealt with the prevention of typhoid fever. The bulletin of July 2 dealt with Fourth of July accidents, while the later bulletins in July gave practical information regarding summer care of infants, infant feeding, care of water victims, etc. The bulletin issued on July 15 is reproduced as a sample of the series:

### Copy of News Bulletin.

"The bulletin on summer typhoid has caused numerous inquiries concerning the method of vaccination used to render those taking the treatment safe from an attack on typhoid fever.

"The process is similar to the protection afforded against smallpox by vaccination for that disease.

"The treatment can be given by your family physician, and consists of three injections of a dead culture of typhoid organisms at intervals of ten days. These injections are usually given in the arm near the shoulder. The first one consists of 500,000,000 of the dead organisms, the second and third, of 1,000,000,000 each.

"In the great majority of cases treated, very little inconvenience is caused. In some rare instances, chilly sensations, headache and slight fever follow. In no instance has there been a disastrous result. The injections cause the least trouble when given in the late afternoon, any

symptoms passing away while the patient is sleeping.

"Hundreds of thousands of men in the army and navy have been treated, with the result that typhoid fever has practically been eliminated from both services.

"While vaccination against typhoid is indicated in practically all people, it is especially necessary

### THESE OHIO DAILIES ARE PRINTING THE O. S. M. A. ARTICLES.

Akron Journal .....	16,060
Bellefontaine Examiner .....	2,410
Canton Daily News.....	11,555
Cambridge Jeffersonian .....	5,101
Chillicothe News Advertiser.....	2,431
Coshocton Tribune .....	4,203
Dayton News .....	30,008
Delaware Gazette .....	1,782
Elyria Telegram .....	4,489
Greenville Tribune .....	1,500
Hamilton News .....	7,222
Ironton Register .....	2,316
Lima News .....	9,063
Mansfield News .....	7,114
Marietta Register Leader.....	4,000
Marion Tribune .....	3,100
Marysville Tribune .....	2,000
Sandusky Star Journal.....	5,100
Springfield News .....	11,219
Sidney Journal .....	1,800
Youngstown Telegram .....	15,053
Zanesville Signal .....	8,480
<b>Total .....</b>	<b>156,006</b>

in those who are about to make a journey to places where the purity of the water supply is open to question, in all of those who are in close personal contact with a case of typhoid, and in communities where the disease is prevalent.

"A large percentage of cases are "contact" cases, where the disease is communicated by direct contact with the typhoid patient—such as frequently occur in the same family. The occurrence of one case in a family, for example, should lead to the immediate vaccination of all other members of that family.

"While vaccination is a positive preventive, you must not relax your efforts to eradicate the insanitary disposal of household sewage, for this filth contains other disease-producing germs over which typhoid vaccination has no control and which may cause death."

## FOUR NEW MEMBERS OF COUNCIL OF STATE SOCIETY WHO ARE MAKING THINGS HUM IN THEIR DISTRICTS

In the Second, Fourth, Sixth and Seventh districts, new councilors, elected at the Cincinnati meeting, have taken hold with great energy.

Dr. Hunter signalized his induction into office by immediately starting the reorganization of Preble county, the only unorganized locality in his district.

When elected in May, Dr. Moots faced the problem of reorganizing three county societies. He has done it, thoroughly. The Fourth has become in a very short space of time one of the most active districts in the state.

Dr. March in assuming charge of the Sixth faced no serious problems in reorganization work. His district is composed of big enterprising counties, and he is splendidly fitted to look after their interests in the State Society.

These three men will add much to the force of the district council of the State Society.

The fourth new member of Council is Dr. James S. McClellan, of Bellaire, who likewise has been stirring things in the Seventh. We tried to wheedle a photograph out of the doctor, but he feared it would be unfair to his three fellow members of council—intimated, in fact, that they might suffer in comparison with his fatal beauty.



DR. JOHN E. HUNTER, Greenville.



DR. EDGAR J. MARCH, Canton.



DR. CHARLES W. MOOTS, Toledo.



Dr. A. B. Woodmansee, graduate of Homeopathic School of Medicine, Ohio State University, has located in Washington C. H., and will be associated with Dr. G. S. Hodson.

## INDUSTRIAL COMMISSION ANNOUNCES REVISED LIST OF LOCAL MEDICAL EXAMINERS FOR INDUSTRIAL WORK

On July 16 the Industrial Commission of Ohio announced a new list of local medical examiners for 60 of the 88 counties. These examiners will represent the commission in handling the medical features of the industrial accident cases coming within the scope of workmen's compensation law. In some of the counties the former examiners were reappointed, but in a majority new men have been secured. Dr. A. W. Binckley, chief medical examiner, who made the recommendations upon which the appointments were based, endeavored in every instance to consult the wishes of the local profession. It is a significant fact that all but six of the new appointees are members of the Ohio State Medical Association, and three of these six are located in towns where the society is more or less inactive.

The present examiners in special lines will be retained and it is believed that there will be few changes in the list of examiners in the large counties. It is possible that in half a dozen of the larger counties, additional appointments will be announced shortly, covering sections where the present examiners have difficulty in attending their duties owing to geographical location.

The revised list of examiners is as follows:

### The Revised List.

Adams .....	Dr. S. J. Ellison, West Union
Ashland .....	Dr. W. M. McClellan, Ashland
Ashtabula .....	Dr. O. A. Dickson, Jefferson
Athens .....	Dr. John L. Henry, Nelsonville
Auglaize .....	Dr. W. S. Stuckey, Wapakoneta
Belmont .....	Dr. J. O. Howell, Bellaire
Butler .....	Dr. R. H. Wilson, Martins Ferry
Carroll .....	Dr. Corliss Keller, Hamilton
Champaign .....	Dr. John Francis, Hamilton
Clinton .....	Dr. J. R. Williams, Carrollton
Darke .....	Dr. Nelson M. Rhodes, Urbana
Defiance .....	Dr. W. G. Murrell, Wilmington
Delaware .....	Dr. R. H. Spittler, Greenville
Erie .....	Dr. W. S. Powell, Defiance
Fairfield .....	Dr. C. W. Chidester, Delaware
Fulton .....	Dr. P. F. Southwick, Sandusky
Gallia .....	Dr. H. M. Hazelton, Lancaster
Geauga .....	Dr. W. H. Maddox, Wauseon
Guernsey .....	Dr. T. T. Hanson, Gallipolis
Hancock .....	Dr. W. E. Ollyer, Chardon
Hardin .....	Dr. Geo. W. Hixson, Cambridge
Harrison .....	Dr. W. L. MacLacklan, Findlay
Henry .....	Dr. E. A. Stickle, Kenton
Hocking .....	Dr. John S. Campbell, Cadiz
Holmes .....	Dr. F. S. Martin, Napoleon
Huron .....	Dr. E. E. Campbell, Logan
Jackson .....	Dr. D. S. Olmstead, Millersburg
Knox .....	Dr. John A. Sipher, Norwalk
Lake .....	Dr. Everett H. Morgan, Jackson
Logan .....	Dr. C. D. Conard, Mt. Vernon
Lorain .....	Dr. H. E. York, Painesville
Lucas .....	Dr. A. J. McCracken, Bellefontaine
Madison .....	Dr. S. S. Cox, Lorain
Marion .....	Dr. W. M. Todd, Toledo
Medina .....	Dr. W. F. Smeltzer, London
Meigs .....	Dr. F. L. Hedges, Marion
Monroe .....	Dr. E. L. Crum, Lodi
Morgan .....	Dr. L. G. Gribble, Pomeroy
Noble .....	Dr. D. W. Lowe, Woodfield
Paulding .....	Dr. C. E. Northrup, McConnellsville
Pike .....	Dr. G. G. Mallett, Caldwell
Portage .....	Dr. John W. Fauster, Paulding
Putnam .....	Dr. L. E. Willis, Waverly
Sandusky .....	Dr. G. I. Waggonner, Ravenna
	Dr. P. D. Bixell, Pandora
	Dr. S. McKinnie, Fremont

Scioto .....	Dr. O. W. Robe, Portsmouth
Seneca .....	Dr. E. H. Porter, Tiffin
Shelby .....	Dr. Arthur Silver, Sidney
Stark .....	Dr. E. O. Morrow, Canton
Trumbull .....	Dr. S. L. McKenzie, Warren
Tuscarawas .....	Dr. J. M. Smith, New Philadelphia
Union .....	Dr. P. D. Longbrake, Marysville
Van Wert .....	Dr. R. J. Morgan, Van Wert
Vinton .....	Dr. J. M. Swepton, McArthur
Warren .....	Dr. Herschel L. Fisher, Lebanon
Washington .....	Dr. R. W. Athey, Marietta
Wayne .....	Dr. G. W. Ryall, Wooster
Williams .....	Dr. James W. Long, Bryan
Wood .....	Dr. Arthur M. Harrison, Bowling Green
Wyandot .....	Dr. G. W. Sampson, Upper Sandusky

### A. M. A. JOURNAL APPROVES OF PUBLICITY IN LEGISLATION

#### Calls Attention to Our System of Printing Legislative Records.

The Journal of the American Medical Association (July 31) commented editorially on one feature of our legislative work in Ohio, as follows:

"The most valuable reformatory force is publicity. Those who are actuated by unworthy or selfish motives object to having their acts made public. One of the evils connected with legislation has been the ignorance, on the part of the voter, as to the position of his representative on important measures. The public has a notoriously short memory, and often the politician has been able by smooth phrases and glib generalities to explain away his record. In one state at least, however, members of the state legislature will have to stand on their record, at least so far as public health bills are concerned. In a recent issue of The Ohio State Medical Journal appears a tabulation of the vote of all members of the state legislature on six important public health measures before that body during its last session. A glance shows how any member stood on any particular measure. As the facts tabulated are taken from the official record of the house and senate, they cannot be disputed, while the right of the voter to know how his representative has stood on any measure is beyond question. The more the people know about their representatives, the better the chances of good government."

The forty-second annual meeting of the Northern Tri-State Medical Association of Michigan, Ohio and Indiana, was held in Ann Arbor, Mich., July 14. Toledo was selected as the place for the semi-annual meeting in January and the following officers were elected: President, Dr. Frederick Shillito, Kalamazoo, Mich.; vice president, Dr. Julius H. Jacobson, Toledo; secretary, Dr. George W. Spohn, Elkhart, Ind.; and treasurer, Dr. Joseph A. Weitz, Montpelier. Dr. Shillito succeeds Dr. James Duncan, of Toledo.



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 DEATHS IN OHIO  
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**Frank E. Tibbetts, M. D.,** Western Reserve University, School of Medicine, 1888; aged 48; died at his home in Geneva, July 5, of valvular disease of heart. Dr. Tibbetts was born in Geneva. He attended Allegheny College, Meadville, Pa., and Oberlin College, before entering Western Reserve. After graduation he located in Geneva, where he practiced for 25 years. He was a member of the Ashtabula County Medical Society, the O. S. M. A., and the A. M. A. Dr. Tibbetts is survived by a widow, two sons and one daughter; also one brother and one sister.

**John M. Van Dyke, M. D.,** aged 64, Medical College of Ohio, Cincinnati, 1874; died at his home in Mason, Warren county, June 27, from valvular paralysis, after an illness of about six months. Dr. Van Dyke was born near Ross, Butler county. After receiving his degree of medicine, he located in Mason, where he has since practiced. He was a member of the county and Ohio State Medical Associations, and a fellow of the American Medical Association. Dr. Van Dyke is survived by a widow, one son and two daughters.

**Harriet Josephine Sprague, M. D.,** aged 74, died at the home of her niece in Toledo, July 1, after an illness of three days. Dr. Sprague was born in Oswego, N. Y. She practiced medicine at St. John's and Lansing, Mich., for twenty years, but for the past twenty years has made her home in Toledo, having retired from practice.

**Charles W. Evans, M. D.,** Starling Medical College, Columbus, Ohio, 1887; aged 53; a Fellow of the American Medical Association; for fifteen years a practitioner of Russellville, Ohio, but since 1903 a resident of Los Angeles; for nine years physician for the Hollenbeck Home for the Aged, Los Angeles; died at his home June 14, from tuberculosis of the lungs.

**Lorrain Anderson Lemmon, M. D.,** Medical College of Ohio, Cincinnati, 1886; aged 57; a Fellow of the American Medical Association and a well-known practitioner of Columbiana county, Ohio; died at his home in East Liverpool, Ohio, June 29, from cerebral hemorrhage.

**Charles L. Kinnaman, M. D.,** University of Wooster, Medical Department, Cleveland, 1878, died at the home of his daughter in Cleveland, July 25. Dr. Kinnaman was born in Ashland in 1842. After receiving his professional degree he practiced in Wayne county and later returned to Cleveland where he practiced nearly thirty years.

He retired from active practice several years ago. Dr. Kinnaman came from a family of physicians. Five brothers and several nephews are members of the profession. He is survived by two children.

**Allen W. Ashburn, M. D.,** Miami Medical College, Cincinnati, 1872; aged 67; a veteran of the Civil War; for forty-three years a practitioner of Batavia, Ohio; died at his home in that place June 27.

**Ziba D. Walter, M. D.,** aged 73, Homeopathic Medical College of Pennsylvania, Philadelphia, 1866, of Marietta, died July 19, in the Woman's Homeopathic Hospital, Philadelphia, where he had been for the past five weeks, suffering with a complication of diseases. Dr. Walter was born at Kenneth Square, Pa. He located at Marietta in 1866. Some years ago he went to Pueblo, Col., but returned to Marietta in 1907 and since 1909 has been practicing medicine with his daughter, Dr. Helen Curtis. He is survived by a widow, two daughters and a sister.

**George W. Arbuckle, M. D.,** aged 69, Hahnemann Medical College and Hospital, Chicago, 1881, died at his home in Novelty, O., Thursday, July 29. Dr. Arbuckle served as coroner of Cuyahoga county for two terms. He is survived by a widow, two sons and four daughters.

**George W. Reichard, M. D.,** aged 62, Eclectic Medical College, Cincinnati, 1878, died suddenly at his home in Springfield, July 27. Dr. Reichard came to this country from Ireland over 35 years ago. After graduation he located in New Moorefield, where he practiced for several years. He moved to Springfield 18 years ago. Dr. Reichard is survived by a widow, his son-in-law and a granddaughter.

**Columbus Delno Bonner, M. D.,** aged 57, Western Reserve University, School of Medicine, 1888, died at Protestant Hospital, Columbus, July 24, following an operation for appendicitis. After receiving his degree, Dr. Bonner located in Coshoc-ton county. He later moved to Marysville. In January, 1915, he moved to Waldo and took up a joint practice with his son-in-law, Dr. E. J. Marsh. Six physicians from Marysville acted as pall bearers. In addition to his widow and two daughters, Dr. Bonner is survived by his mother, three brothers and two sisters. Dr. O. W. Bonner, of Delaware, is a brother.

The American Association of Obstetricians and Gynecologists will hold its twenty-eighth annual meeting in Pittsburgh, Tuesday, Wednesday and Thursday, September 14, 15 and 16, 1915, at Hotel Schenley, under the presidency of Dr. Chas. L. Bonifield, Cincinnati.

# NEWS OF STATE MEDICAL BOARD

## OFFICIAL BOARD

LEE HUMPHREY, M. D., President, Malta, March 17, 1917  
 J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920  
 S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921  
 LESTER E. SIEMON, M. D., Cleveland, March 17, 1918  
 T. A. McCANN, M. D., Dayton, March 17, 1916  
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919  
 BEN. R. McCLELLAN, M. D., Xenia, March 17, 1922.

GEO. H. MATSON, M. D., Secretary,  
 Office, State House, Columbus.

Examiner in Preliminary Education,  
 K. D. SWARTZEL, M. Sc., Columbus.

The board held a special meeting at Cedar Point on August 3 to work out the details of the administration of the Platt-Ellis law, under which it is authorized to license and regulate practitioners in all branches of non-medical healing.

The problem of dealing with those now in practice in Ohio, who may come under the provisions of exemptions provided by the law, offers many serious difficulties and the board will need the co-operation of the medical profession through the state in placing the new system in successful operation.

The law provides that the board shall examine and register persons desiring to practice in any limited branch of medicine or surgery and "shall establish rules and regulations governing such practice." The law specifically mentions twelve separate cults and provides that others that may now or may hereafter exist shall be likewise licensed. Since the first of August applications have been coming in from every section of the state on the approved application blanks prepared by the board.

At present the board is almost solely concerned in attending to those who have applied for certificates under the exemption clauses—who claim to have practiced five years in Ohio. Every effort is being made to eliminate the crooks and those grossly incompetent and to protect the public as much as possible. Equal care is being taken to investigate those who claim to have practiced one year—and less than five—and who are therefore exempted from all examination or preliminary qualification excepting a quiz in the branch they claim to practice.

Many and varied are the points which must be settled and which were threshed out at the Cedar Point meeting. For instance, there are numerous applicants who claim to have practiced two or more of the limited branches during the past five years and who desire certificates in each branch. Several applicants made affidavit that for years

they have practiced chiropractic, spondylotherapy, psychotherapy and magnetic healing, and have carried chiropody and massage as a "side line."

It would be manifestly impossible to issue licenses covering each of these separate branches. The board, after considerable discussion, has grouped the known cult practices under five division heads and adopted a regulation stipulating that a separate license will be necessary to practice branches included in each division.

The first group is designed to include the various manual adjustments for the diagnosis and cure of disease. The second grouping is based on the systems which allege to treat diseases by mental processes. Massage, Swedish movements, etc., make up the third group while special groupings were given to chiropody and to optometry.

In pursuance with the above ideas, the following grouping was adopted by the board:

Group 1.—Chiropractic, naprapathy, spondylotherapy, neuropathy, mechanotherapy, electrotherapy, hydrotherapy.

Group 2.—Suggestive therapy, psychotherapy, magnetic healing and similar limited branches.

Group 3.—Massage, Swedish movements.

Group 4.—Chiropody.

Group 5.—Optometry.

Under this plan a single applicant may be granted a single license which will permit him to practice chiropractic, spondylotherapy and hydrotherapy—inasmuch as all are included in one group. But in the event the applicant decides to add psychotherapy (Group 2) or chiropody (Group 4) he would be compelled to secure additional licenses for each group entered.

Under this ruling, if a license is granted under Group 1 to practice chiropractic and spondylotherapy, the holder of the license must confine his practice strictly to these two branches and must not enter any other limited field. The different practices will be defined in detail, and the field of each set forth. Violation of this rule will subject the offender to charges.

The board took decisive action in regulating the class of titles that may be used by these limited practitioners. A regulation was adopted declaring that limited practice certificates will not confer the right to use the title "Doctor," "Dr.," "M. D.," "Physician" or "Surgeon." The regulations will provide, however, that licensed practitioners in the limited branches may on their cards, office signs, letter heads, or elsewhere, use the name of the limited branch specified in their certificates and may properly sign themselves as indicated.



Example: "John Doe, Chiropodist," or "John Doe, Electrotherapist."

The general rules and regulations to be adopted will pointedly call the attention of the cult practitioners to Section 1275 of the General Code, which is the recently enacted Hoy bill governing deceptive advertising and other dishonorable practices. The rules will also point out that the law specifically prohibits such practitioners from treating infectious, contagious or venereal diseases, from prescribing or administering drugs in any form or for any purpose, and from performing major surgery. Failure to comply with the rules and regulations established by the board will not only mean the prosecution for illegal practice of medicine but will subject the offender to prosecution for revocation of his limited license.

The state medical board today has more control over all branches of medicine and surgery, limited and otherwise, than ever before. The Hoy bill, enacted this Spring, gives the board greatly increased authority in summoning witnesses and conducting hearings, while the license fee of \$25.00 required for each limited certificate will give it ample funds to carry on prosecution.

**The big problem now facing the board** concerns those who apply for applications under the two classes of exemptions provided in the law.

The amendment to the original measure, forced through by Senator McDermott, forces the board to license without examination all persons who have continuously practiced in Ohio for five years, prior to October 1, 1915, and who make written application before October 1.

Applications filed under this exemption form the most serious problem. An investigation is being made as to the accuracy of the affidavit filed by each applicant, to ascertain whether he has actually practiced in Ohio five years, and to secure a general line on his moral standing. The board in carrying on this work is corresponding with physicians and others in the localities in which the applicant resides and will greatly appreciate information from any source concerning the standing and practices of these applicants.

The second class of exemptions provides that license shall be granted to those who have practiced in Ohio for one year prior to June 1, 1915, after an examination that will include only a review of the subjects in the limited branch in which the applicant desires to secure a certificate. For instance, a chiropractor who has practiced in Ohio more than one year or less than five, and who files his application before October 1, will be examined only in chiropractic—not in the basic medical subjects, such as will be required of those who enter these fields in the future.

This examination in the special branches will be under the direction of the state medical board, the members of which will call to their aid one or more practitioners in each limited branch who will conduct the special examinations. The selec-

tion of these special examiners will be made later.

**When the immediate problem** of registering those who secure certificates under the exemptions is disposed of the board will take up the more intricate problems of registering those who in the future will be compelled to take a thorough examination in general medical subjects.

The law provides that this shall include examination in anatomy, physiology, chemistry, bacteriology, pathology, hygiene, and diagnosis, in addition to an examination in the special subject which the applicant desires to practice. The law gives the board the very important power of determining the standing of schools giving instructions in these subjects, as well as in the limited branches. It is a well known fact that very few, if any, cult schools can meet even the board's minimum requirements.

Under a tentative plan decided upon, special educational requirements will be set forth for each group of practitioners. Those desiring to practice branches in Group 1 or Group 2 will be required, first to submit documentary evidence of preliminary education equal to that required of medical students prior to entering the study of medicine. This means that all applicants must be graduates of a first grade high school which has been approved by the regular entrance examiner of the state board. Second, the applicant must submit documentary evidence of satisfactory completion at a recognized school of a course of study covering a period of at least two years of 32 weeks each, in anatomy, physiology, chemistry, bacteriology, hygiene and diagnosis. This work must be taken in a recognized medical school, as none of the cult schools now in existence can meet the requirements for recognition. The third requirement is a year of study at a recognized school, in preventive medicine, symptomatology, diagnosis, pathology and therapeutics as it relates to the branch which the applicant desires to practice. This means a year at a cult school that has been approved by the board.

After meeting these requirements and having satisfied the board concerning character and moral standing, the applicant will be permitted to take the examination—and if successful will be licensed.

**The requirements for those desiring to practice under Group 3** are not so high. The applicant will be compelled to show proof of completion of two years work in a first grade high school and to complete a course of study in the branch which he desires to practice, in a school recognized by the state medical board, giving a course of practical and theoretical instruction of not less than four months, said course to include an approved amount of anatomy, physiology, chemistry, bacteriology and hygiene. Only a rudimentary knowledge of the latter subjects will be required, as practitioners in this group are not authorized

to examine the patient or to diagnose the case, or to assume responsibility for the care of the patient. He can only administer treatments to those who are referred to him by persons who are authorized to examine and diagnose, or to those who voluntarily seek a special administration of treatment.

Applicants for certificates to practice chiropody (Group 4) will be required to complete two years high school work and to present a diploma from a college of chiropody, recognized by the state medical board. A high-grade institution for this branch is maintained in New York and it is not improbable that a chiropody school will be established in Ohio. The requirements for this branch are not high for the same reasons that apply to Group 3.

Applicants to practice optometry (under Group 5) must meet requirements similar to those who practice chiropody. The Ohio State University now maintains a course of optometry which would undoubtedly be recognized by the board. Its requirements are higher than those which will probably be adopted by the state medical board, inasmuch as the O. S. U. school demands a four-year high school course as a preliminary entrance qualification.

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The general problem of surveying the cult schools and establishing a schedule of minimum requirements was referred to the committee on medical colleges, consisting of Drs. J. H. J. Upham, T. A. McCann, and J. K. Scudder.

The board still faces the task of defining each of these special practices. For instance: What is chiropractic? What is mechanotherapy? What are Swedish movements? This difficult task was assigned to a committee consisting of Drs. Upham, Siemon, and Sherman, who will report at the next meeting.

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The name of Russell Eugene Lightner, College of Medicine, Ohio State University, 1915, was by mistake omitted from the list of graduates who passed the state medical board examination in June. Dr. Lightner is serving as interne at Grant Hospital, Columbus. He is a son of Dr. Lightner, of Kingston.

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The optometrists on July 28 started their legal fight to secure exemption from the provisions of the Platt-Ellis bill by filing a petition in the Franklin County Common Pleas court asking that the state medical board be restrained from attempting to exercise jurisdiction over optometrists. The petition was filed by F. P. Barr, Lancaster, H. P. Lorbach, Circleville, and A. Bauer, Zanesville, practicing optometrists, through their attorneys, Smith W. Bennett, Columbus, and L. G. Silbaugh, of Lancaster.

The usual claims are set forth in the petition, the optometrists asserting that optometry consists in measuring the range of vision by me-

chanical means and that it is not the practice of medicine.

It will be remembered that when the law was before the legislature the State Optical Association, of which the above plaintiffs are active members, favored the Platt-Ellis measure. They experienced a change of heart just before its final passage, and by organizing a large lobby they induced the Senate to eliminate the word "optometry" from the bill. The measure as finally passed, however, still provides for the examination and registration of persons desiring to practice a specified list of limited branches and "such other branches of medicine or surgery as the same are defined in Section 1286 in the General Code that may now or hereafter exist, except midwifery and osteopathy."

Leading attorneys have been practically unanimous in their opinion that the latter clause includes optometry despite the elimination of the word by the senate amendment. It is to secure a final ruling on this point that the optometrists filed their suit. The court has indicated that the petition cannot be given a hearing before September 15. It is probable, therefore, that the case will not be decided before October 1, which is the final period when applicants who have practiced in the state for five years may file their applications for certificates without examination. It will be readily seen, therefore, that the optometrists who follow the directions of the few of their state leaders may lose the exemption rights granted by the bill and may later be forced to take complete examinations in medical subjects. In the event the courts order that the act includes optometrists—as they have held in other states—this will be the predicament which will face the opticians.

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**Nurse Registration.**—At the Cedar Point meeting the board took the necessary preliminary steps to carry out the provisions of the Sprague nurse registration law, which became effective August 3, and places the examination and registration of nurses under the direction of the board.

The following were elected to serve on the nurses state examining committee, which will conduct the examinations and handle the detail work involved: Miss Johnson, visiting nurse at the Springfield district tuberculosis hospital, one year term; Miss Friend, graduate of the Mass. Gen. Hos. Training school and superintendent of nurses at Miami Valley hospital, Dayton, three-year term; Miss Condit, superintendent of the Visiting Nurses Association, Columbus, two-year term. Miss Johnson was designated as chief examiner, and will devote her entire time to the work, with headquarters in the office of the medical board.

The appointments were made from a list of ten nurses certified to the board as acceptable applicants for the position by the Ohio Association of Graduate Nurses, which has been fighting for



registration in Ohio for several years. Nurses of St. Vincent's Charity hospital, Cleveland, filed with the board a formal protest against the list submitted by this association, claiming that they had been selected in an irregular manner.

An effort was made to select a representative from each of the three fields of nursing—social service, hospital, and general.

The law provides that all nurses, graduates of training school hospitals who are now in practice and who apply before January 1, shall be registered without examination. The board has approved a general form upon which these applications are to be made, and which call for definite information concerning the applicants. These blanks inquire as to the number of months of bedside training the nurse has had, in her training school, in the following subjects: Medical, obstetrics, diseases of children, mental and nervous diseases, surgical and gynecological cases, contagious diseases, genito-urinary diseases, and in caring for private patients. They also request information as to the number of weeks experience in and training in invalid cooking, how many weeks the nurse was sent out on private cases during training, and an estimate of the amount of time spent in the operating room during the course of training.

It is pointed out that this information will give the board an excellent line upon the character of the work in the training schools from which the applicants are graduated, and will offer valuable data for the proper classification of these schools. The board, at this meeting, passed a resolution decreeing that only those schools would be recognized which make formal application for such recognition. Blanks for this are now being prepared and will require of the schools detailed information as to the extent of the training afforded pupils. These statements will be reviewed by the board. It will be the first survey of hospital training schools ever conducted in the state.

The law gives the board broad powers in outlining the qualifications for recognition. It is possible but not probable that minimum requirements will be based upon the number of beds in the hospital.

The formation of this list of recognized schools will, of course, be a matter of great interest to the hospitals of the state which have been operating training schools.

**"Farming Out" Babies.**—The attention of the board was directed to the fact that several physicians have been guilty of violating Section 6272 of the General Code, which prohibits the removal of babies under two years from maternity hospitals for adoption without the sanction of the local juvenile court or the approval of a charitable organization recognized by the board of state charities. The law was enacted to prevent

the "farming out" of unwelcome offspring. Mr. C. V. Williams, director of the Child Welfare division of the board of state charities, presented the matter to the medical board. He said that in several cases physicians have been violators, giving names and an outline of the circumstances. The board adopted the following formal resolution in regard to the matter, and members indicated that physicians convicted of violating the law in the future would be charged with gross immorality and subject to revocation of license:

"Whereas, Mr. C. V. Williams, director of the Children's Welfare Department of the Board of State Charities, has brought to the attention of the state medical board the fact that instances have occurred of the disposal of infants through adoption without complying with the recent legislative enactments; be it

"Resolved, That the State Medical Board will co-operate with the Children's Welfare Department for the protection of such children, and urges all physicians to acquaint themselves with the requirements of the law and to exercise all diligence in its observance."

**Osteopaths Attempt to Extend Reciprocity Relations.**—The osteopathic organization of the state has been blocked in its attempt to extend reciprocity to osteopaths licensed by Pennsylvania and Kansas, who seek to come to Ohio. The medical board has ruled that inasmuch as osteopaths are examined in these states by osteopathic boards, and not by medical boards, the qualifications are not as high as in Ohio—where the examining is conducted by the medical board. The osteopaths have protested the decision, but at the meeting on August 3 the medical board reaffirmed its stand.

Since securing license in Ohio the osteopaths have been endeavoring almost continuously to extend their reciprocal relations. To date they have secured reciprocity with but four states—Indiana (where the requirements are even higher than in Ohio), and with Texas, New Jersey and West Virginia, where the requirements are equally high. The Ohio medical board is determined not to make Ohio the dumping ground for osteopaths who are licensed by states where the requirements are not as rigid as in Ohio.

**License Restored.**—At its meeting in Columbus on July 6 the board voted to restore the license of Dr. J. C. Ludwig, of Cincinnati, which was revoked in 1907, after he had been convicted of rape and sentenced to the penitentiary. Dr. Ludwig was pardoned from that institution, and prison officials indorsed his application for restoration, as well as many prominent residents of Cincinnati. He is 77 years of age and the only support of an invalid daughter.

**Charges against Dr. Herbert E. Twitchell,** of Hamilton, were continued indefinitely pending

good behavior, at the meeting of July 6. Dr. Twitchell was cited to appear before the board several months ago, to show cause why his license should not be revoked, after he had plead guilty in the local courts to a charge of violating the state narcotic laws. At the July meeting he acknowledged that he had violated the narcotic laws, and promised to be careful in the future.

**Nine charges of gross immorality** in connection with false claims and assertions made in newspaper advertising, against Dr. C. L. Dolle, formerly of Cincinnati, were continued indefinitely following Dr. Dolle's admission of guilt on all counts and his promise to conduct his practice honorably in the future. He has closed his advertising office, and located in Columbus, where he is engaged in the transfer business. Dolle was formerly one of the most notorious advertising "men's specialists" in the state.

**Reciprocity certificates** were granted, at the Cedar Point meeting, to Dr. Silas F. Roberts, of Wheeling, West Va., who intends to locate at Glenco, Belmont county, and to Dr. Donald E. McPhail, of Michigan, who will locate in Dayton.

**Fee-Splitting.**—The attitude of the board toward this practice, which has been declared illegal in Ohio, was again registered at the last meeting when an application for a reciprocity certificate from a resident of an adjoining state was held up because the evidence indicated that he had been a persistent "fee-splitter." When questioned regarding this practice the applicant attempted to justify the procedure. He was informed that until he changed his views on this subject he would be unwelcome in Ohio.

**Nurses as Anesthetists.**—Dr. F. H. McMechan, of Cincinnati, secretary of the Interstate Association of Anesthetists, filed complaint with the board charging that in several cities of the state nurses are permitted to administer anesthetics—in violation of the state law. He cited one case where a medical anesthetist is in danger of losing his place on a staff because he refuses to train nurses in this work. The board at the Cedar Point meeting voted to direct the secretary to take up the matter with the offenders, and with the hospitals employing them, and to notify physicians who shield nurses in this practice that they will be disciplined by the board. The law provides that only physicians and dentists may administer anesthetics.

**The annual mid-winter examination** of applicants for licenses to practice medicine, osteopathy and midwifery will be held in Columbus December 7, 8 and 9, it was decided on August 3.

**Dr. Matson**, secretary of the board, was confined to his home for three weeks during July, suffering from a tomexic infection following tonsillitis.

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\* **APPLICANTS FOR LICENSES** \*  
\* **UNDER NEW PLATT-ELLIS LAW** \*  
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The following individuals, prior to August 5, filed applications with the State Medical Board for licenses to practice one or more of the "limited branches of medicine and surgery," as provided by the Platt-Ellis law. The measure stipulates that those who have "practiced" one or more of these branches in Ohio for five years prior to October 1, 1915, shall receive his license upon payment of the \$25.00 fee without examination; and that those who have practiced in Ohio one year prior to June 1, 1915, shall be licensed after examination only in the limited branch or branches which he seeks to practice. For this reason the medical board is carefully scrutinizing the affidavits of all applicants as to their length of practice in this state.

We are printing this detailed list of applicants to enable you to intelligently aid the medical board in the important work of detecting fraud in these applications.

The information noted below summarizes the claims of the applicant as to his or her length of practice in Ohio. Check up on those in your locality. If they have not practiced as long as they claim they have, notify the board immediately. If the applicant is a man or woman of low moral standing, likewise notify the board.

It is the duty of every good citizen to co-operate with the board at this time, and endeavor to prevent the registration of those applicants who are either grossly immoral or who attempt to secure exemption licenses through fraud.

Next month we will print additional lists.

**Cleveland.**

William Orian Coffe, 1445 West 84th St., Cleveland. Chiropractic and spondylotherapy. Practiced from March 25, 1913, to date, in Cleveland.

James William Bonnell, 10207 Olive Ave., Cleveland. Chiropractic, mechanotherapy, psychotherapy, electrotherapy, hydrotherapy. Practiced nine years—1903 to 1906, Massillon; 1906 to 1909, Cambridge; 1909 to 1910, Topeka, Kans.; 1910 to date, Cleveland.

Andrew Gregory Flower, 3622 Lorain Ave., Cleveland. Spondylotherapy and chiropractic. Practiced in Cleveland since September, 1913.

Dumitru Albu, 418 Caxton Bldg., Cleveland. Mechanotherapy and hydrotherapy. Practiced 1899 to 1907 in Austria; 1907 to 1909, private practice; 1909 to 1915, with Dr. B. G. Hannum, Cleveland.

Marie Aubrecht, 323 Euclid Ave., Cleveland. Dermatology. Practiced continuously from January, 1902, in Cleveland.

Rose Anna Aubrecht, 2137 East 106th St., Cleveland. Dermatology. Practiced continuously from January 10, 1902, in Cleveland.



Fred Murray Barker, 2830 Prospect Ave., Cleveland. Electrotherapy. Practiced since June, 1908, in Cleveland.

Grant E. Koplin, 3205 Mapledale Ave., Cleveland. Hydrotherapy, electrotherapy, mechanotherapy, medical exercises. Practiced in Cleveland since 1909 and 1910.

Mrs. Maude Whitcomb Brown, 2131 Payne Ave., Cleveland. Chiropody and manicuring. Time of practice, three months, 24 Jaggard Bldg., Altoona, Penn.

Mrs. Hannah Rebecca Fulton, 323 Euclid Ave., Room 604, Cleveland. Chiropody. Practiced since 1900 at Cleveland.

Max S. Harmolin, 30 Taylor Arcade. Chiropody. Practiced in New York City, June 28, to April 12, 1913; Cleveland, April 14, 1913, to date.

#### Columbus.

Orren Orlando Stover, 405 S 22d St., Columbus. Mechanotherapy. Practiced seven years in Columbus—953 Hunter Ave., from July, 1908, to June, 1912; 603 Harrison Bldg., 1912, to present.

James Kelso, 246 West State St., Columbus. Chiropractic, neurology, and electrotherapy. Practiced in Columbus from June 3, 1909, to present time.

George Henry Rinderknecht, 1522 Franklin Ave., Columbus. Massage, Swedish movement, hydrotherapy. Practiced continuously since July 27, 1908, in Columbus.

Ira Wilson Long, 101 N. High St., Columbus. Spondylotherapy, chiropractic, electrotherapy and neurology. Time of practice, from October 28, 1909, to this date, July 31, 1915, at Columbus.

Peter Santurello, 526 East Rich St., Columbus. Chiropody. Practiced ten years, Columbus—four years at Ashbury Park, N. J., 143 S. High St., and 82 N. High St., Columbus. With Dunn-Taft Company.

Charles Spatz, 162 N. High St., Columbus. Chiropody. Practiced in Zanesville, June, 1910, to September, 1914; 162 N. High St., Columbus, October, 1914, to date.

Uriah Elisha Whiteis, 150 E. Broad St., Columbus. Chiropody, hydrotherapy, electrotherapy. Practiced since June 5, 1898, in Columbus, in electrotherapy, hydrotherapy, massage, Swedish movement and chiropody. Chiropody since 1907.

Akron.—Thomas Smith Lorimer, 406 W. Exchange St., Akron. Mechanotherapy, electrotherapy, hydrotherapy, Swedish massage, and movements, and chiropractic. Practiced in Akron since May 25, 1910.

Akron.—Jules Allen Hagstrom, 109 Dodge St., office, 101 Everett Bldg. Swedish massage. Practiced in Youngstown latter half of 1907 at Carlson Sanitarium; same at Akron first half 1908; for self since 1909.

Ashland.—Rebecca Eleanor Faber, Ashland. Electrotherapy, mechanotherapy, chiropractic, spondylotherapy. Practiced since fall of 1908 in Ashland.

Ashland.—William Nelson France, Ashland. Electrotherapy, optometry, mechanotherapy, chiropractic, spondylotherapy. Practiced since the spring of 1908 in Ashland.

Bowling Green.—Chester Bates Williams, So. Prospect, Bowling Green. Intended residence, Bowling Green. Hydrotherapy, mechanotherapy and massage. Practiced at Bowling Green from 1904 to 1907, and from 1909 to date of this application.

Canton.—William Albert Coles, 1512 W. Tuscarawas St., Canton. Optometry. Practiced nine years in Canton from the spring of 1906 to the present time. In own office since August, 1908.

Canton.—Frank R. Siple, 921 Shorb Ave., Canton. Psychotherapy, magnetic healing and massage. Practiced since August, 1898, in Canton.

Cincinnati.—Arthur John Thorman, 104 West Fourth St. Chiropody. Practiced since September, 1909, Neave Bldg.

Cincinnati.—William Scott Powers, 3716 Drake Ave., Cincinnati. Mechanotherapy. Time of practice, about six years in Cincinnati.

Conneaut.—Nathaniel Barsky, Cor. Main and Broad Sts., Conneaut. Chiropractic and mechanotherapy. Practiced November, 1909, to date, Conneaut.

Cuyahoga Falls.—Fred Shaw, 218 Trout St., Cuyahoga Falls. Electrotherapy. Practiced at Ravenna, Ohio, five years; Chicago Junction, two years; Cuyahoga Falls, two years; Bradford, Pa., a year.

Forest.—Isaac Herbert Ewing, Forest. Mechanotherapy, hydrotherapy, electrotherapy, suggestive therapy and chiropractic. Practiced from May, 1909, to September, 1910, at Mount Corey, Ohio, and from September, 1910, to the present time at Forest, Hardin county.

Gallipolis.—C. G. Arthur, 846 Second Ave., Gallipolis. Optician.

Gallipolis.—Bertha Gertrude Alcorn, Gallipolis. Optometry. Intended residence, Gallipolis. Practiced for five years in Gallipolis.

Marion.—Leonard Kuhlwein, 116½ S. Main St., Marion. Chiropody. Practiced seven continuous years at Marion.

Newark.—Clayton E. Stauffer, 219 W. Locust St., Newark. Naturopathy, chiropractic and neuro-magnetic. Practiced six years or more—one year at Erie, Pa., one year at Columbus, four years or more at Newark. (Graduate of school of osteopathy, but not licensed.)

Niles.—Joseph Garstick, 22 Maple St., Niles. Chiropractic. Practiced from September 26, 1913, to present time at Niles.

New Philadelphia.—Alfred Dearden, East High St., New Philadelphia. Chiropractic. Practiced at Bay City, Mich., May 20, 1910, to August 1, 1912; and New Philadelphia, Ohio, from August 8, 1912, to present time.

Toledo.—Gustav Adolph Muhme, 415 Summit St., Toledo. Chiropody. Practiced Toledo, 415 Summit St., 1891 to 1915.

**Toledo.**—Walter A. Neis, 710 National Union Bldg., Toledo. Chiropractor and mechanotherapy. Practiced at Grand Junction, Colo., October 1, 1913, to January 1, 1914; at Toledo, June 26, 1914, to present time.

**Upper Sandusky.**—Mrs. Josephine G. Hawkins, North Fifth St., Upper Sandusky. Chiropody. Practiced since May, 1908, in Wyandot, Crawford, Seneca and Marion counties, Ohio. (Upper Sandusky only—just patients in other counties.)

**Urbana.**—Edward V. Wagner, Scioto St., Urbana. Chiropody. Practiced at Urbana from June 16, 1909, to present time at 121 Scioto St., Urbana.

**Urbana.**—Sally W. Wagner, Scioto St., Urbana. Chiropody. Practiced in Urbana from September 25, 1909, to present date.

**Zanesville.**—Conrad Thormahlen, 420 Market St., Zanesville. Massage. Practiced for 26 years—Dayton 1900 to 1902; Hillsboro, 1903 to 1905; Zanesville, 1906 to 1915.

#### UNCLE SAM STARTS CRUSADE

##### ON OHIO PATENT MEDICINES

**Cincinnati and Springfield Concerns First to be Prosecuted—Others Will Follow.**

Federal chemists charged with the enforcement of the pure food and drug act have filed in the United States District Court at Cincinnati suits charging misbranding and general violations of the act against the Cincinnati Drug and Chemical Company, which manufactures a proprietary called "Gooch's Mexican Syrup of Wild Cherry Tar," which was represented to be a remedy for consumption, and against the Herb Medicine Company of Springfield, manufacturers of "Lightning Hot Drops," which were purported to be a cure for diphtheria, la grippe and inflammatory rheumatism.

The suits are declared to mark the beginning of a crusade against fraudulent patent medicines. We sincerely trust that the government agents will not neglect some of the more widely exploited proprietaries that come under this classification.

Dr. Shelby Mumaugh, of Lima, was seriously injured, and Mrs. Mumaugh was instantly killed Sunday, August 1, when their automobile was struck by a Pennsylvania train, two and a half miles west of Lima. Their automobile, a coupe, was lifted into the air and hurled a distance of 50 feet. Dr. Mumaugh escaped with a compound fracture of the right leg and several cuts. The doctor was returning from a professional call and on approaching the crossing and not seeing the train, he turned on full speed in order to mount the grade at the approach to the crossing.

## ACTIVITIES OF OHIO CITIES

### IN PUBLIC HEALTH WORK

### HOW ABOUT YOUR CITY?

Medical supervision of school children of Canton will be started this year. Open air classes and a dental clinic will also be inaugurated.

A number of Ohio speakers are on the program of the section on Industrial Hygiene of the annual meeting of the American Public Health Association, which meets in Rochester, N. Y., September 7 to 10. Dr. E. R. Haynurst, chief of the division of occupational diseases of the state board of health, is secretary of the section. Wallace D. Yapple, chairman of the Ohio Industrial Commission, Dr. C. D. Selby, of Toledo, R. C. Routsong, of the National Cash Register Company, Dayton, and Victor T. Noonan, of the safety bureau of the Ohio Industrial Commission, are scheduled for papers.

Youngstown board of education is planning to add two nurses and a physician to its corps of public school inspectors.

The Ohio Society for the Prevention of Tuberculosis has assigned its traveling public health nurse, Miss Elizabeth Davison, to general field work in Northeastern Ohio. She plans to organize local public health leagues and to interest communities in the employment of local visiting nurses.

The establishment of a free tuberculosis dispensary and baby clinic is planned by the Zanesville Welfare Association, and will be opened early in the fall. The same organization plans to open later a day nursery.

A number of physicians and social workers from Ohio will attend the Mississippi Valley Conference on Tuberculosis in Indianapolis, September 29 and 30, and October 1. Dr. Victor C. Vaughan, of Ann Arbor, Sherman Kingsley, of Chicago, and Ella Phillips Crandall, of New York, are on the program. Indianapolis will observe "Disease Prevention Day" October 1, and the public health agencies of the city are planning a splendid pageant.

County medical societies, in planning their winter program, should give an important place to public health problems. Survey the needs of your county, inaugurate some needed reform, and let the community know that the medical profession is sincerely interested in its welfare.



# TOLEDO HEALTH DEPARTMENT ADOPTS A "MOSQUITO CODE"

**Its Enforcement is Designated to Eliminate Breeding Places of the Dangerous Pests.**

Owing to the heavy rains this has been a fine year for mosquitoes. The state agricultural commission reports for July show that the dangerous insects have appeared in unusually large numbers in all sections of the state. Toledo health department is giving this problem considerable attention. Dr. Carrol Fox, Surgeon U. S. P. H. S., who conducted a "mosquito survey" of Toledo, cooperated with the department in drafting the following general order—which is in effect a "mosquito code"—and which might be copied with profit by health departments in small as well as large cities. It was adopted in Toledo July 23, and is as follows:

Section 1. It shall be unlawful to maintain any vacant lot or other premises within the municipality of Toledo on which rubbish is allowed to accumulate, weeds or long grass is allowed to grow, or any water is allowed to collect and lie stagnant, in which mosquitoes breed or are likely to breed, and any such premises or vacant lot on which such rubbish, weeds, long grass or stagnant water is allowed to remain is hereby declared a nuisance and dangerous to the health of the people of the city of Toledo.

Section 2. The collections of water referred to in Section 1 of this order and regulation shall be held to be those contained in ditches, ponds, pools, excavations, holes, depressions, open cess-pools, privy vaults, fountains, cisterns, tanks, shallow wells, barrels, troughs (except horse troughs in frequent use) eaves troughs, urns, cans, boxes, bottles, tubs, buckets, or other similar containers.

Section 3. The methods of treatment of the collections of water referred to in Section 2, so as to prevent breeding of mosquitoes, shall be any one or more of the following:

(a) Screening with wire netting of at least 16 meshes to the inch each way, or any other material which will prevent the ingress or egress of mosquitoes.

(b) Complete emptying every seven days of the unscreened containers.

(c) Using a larvacide approved by and applied under the direction of the health department.

(d) Covering completely once every seven days the surface of the water with kerosene, petroleum or paraffine oil in sufficient quantities to remain covered at least 12 hours each time.

(e) Cleaning and keeping sufficiently free of vegetable growth and other obstructions, and stocking with mosquito destroying fish, absence of half-grown or larger mosquito larvae to be evidence of compliance with this measure.

(f) Filling or draining to the satisfaction of the health department.

(g) The removal of tin cans, tin boxes, broken or empty bottles and similar articles likely to hold water, at least once every seven days. If not removed they must be so completely destroyed as not to be able to hold water.

Section 4. The natural presence of mosquito larvae in standing or running water shall be evidence that mosquitoes are breeding there, and failure to prevent such breeding within five days

after notice by the health department shall be deemed a violation of this order and regulation.

Section 5. Should the person or persons responsible for conditions giving rise to the breeding of mosquitoes fail or refuse to take necessary measures to prevent the same within five days after due notice has been served, the health department is authorized to do so, and all necessary costs incurred by the health department shall be a charge against the property owner or other person offending as the case may be.

Section 6. The health officer shall enforce the provisions of this order and regulation and for this purpose may at all reasonable times enter in and upon any premises within his jurisdiction; and any person or persons charged with any of the duties imposed by this order and regulation failing within the time stated in the notice of the health department, as the case may be, to perform such duties, shall be deemed guilty of a violation of this order and regulation and each day after the expiration of this time that said person fails to comply with this order and regulation shall be deemed a separate violation of this order and regulation.

Section 7. The owner of the premises, and in his absence the agent of the owner, shall be held under this order and regulation to be responsible for the prevention or correction of conditions giving rise to or likely to give rise to breeding of mosquitoes, provided, any tenant, trespasser or other person causing said condition without the consent of the owner or agent shall be held responsible.

**Newspapers of Ohio are gradually awakening to the danger of throwing open their columns to the patent medicine fakir and the traveling quack. One by one they are dealing these frauds a death blow by refusing entry into their advertising columns. Recently the Uhrichsville Evening Chronicle announced that it would refuse such business in the future, and in an editorial the action was explained in the following terms:**

"Doubtless some medicines sold in this way (by itinerant 'doctors') are good for some ailments, and very likely there are men doing this kind of business who are as honest as men in other lines of business. But it is certain that people are often imposed upon. They are induced to buy and take medicine of which they know nothing except what the seller tells them. They do not know him, and must take his medicine on faith. It is not wise for any person to put into his stomach drugs of whose effects he knows absolutely nothing except what the seller tells him. It is too risky. The strange thing about it is that anybody could be induced to do anything of the sort. Hereafter, without intending reflection on anybody, The Chronicle will not, while under its present management, accept advertising from traveling physicians or traveling medicine outfits of any kind."

The better class of newspapers are rapidly taking this view of the situation and we predict that within a very few years the medical fakirs will have trouble in reaching the ignorant of Ohio through newspaper publicity.

## NORTHWESTERN OHIO MEETING WILL OFFER A SPLENDID PROGRAM

Symposium on Cancer Will Be One of the Interesting Features.

The preliminary program for the meeting of the Northwestern Ohio Medical Association, at Kenton, October 13 and 14, offers many features of unusual interest. On the first day there will be papers by Charles Lukens, Louis Miller, H. J. Morgan, of Toledo; A. F. Basinger and O. S. Steiner, of Lima; and W. W. Hamer, of Bellefontaine, and addresses by President W. E. Lower, of the State Society, and by Dr. C. W. Moots and Dr. D. O. Weeks, the councilors of the two districts. Following dinner in the evening, there will be three addresses: Obstetrics, by Dr. E. G. Zinke, of Cincinnati; Surgery, by Dr. George W. Crile, of Cleveland, and Medicine, by Dr. C. O. Probst, of Columbus.

At the session on October 14 a symposium on the prevention of cancer mortality will be conducted, with Dr. Joseph G. Bloodgood, of Baltimore, as a representative of the American Society for the Control of Cancer. Various phases of the cancer subject will be handled by M. V. Replogle, of Williams county, J. U. Fauster, of Paulding, H. J. Huntley, of Lima, and T. L. Ramsey, of Toledo. Other papers on the October 14 program will be by J. G. Hartman, Findlay, J. M. Frick and L. F. Smead, of Toledo. The details of the program will be announced next month.

Dr. R. R. Henderschott, of Tiffin, is president, and Dr. S. D. Foster, of Toledo, is secretary of the society. They are trying to insure an attendance of 400.

### DISTRICT MEETING DATES.

The following meetings of the district societies have been announced:

Second District meeting at Dayton, Thursday, October 26.

Third-Fourth District society, known as the Northwestern Ohio Medical Association, meets in Kenton October 13 and 14.

Sixth District society meeting in Youngstown on November 9.

Seventh District annual meeting at Steubenville, October 28.

Eighth District annual meeting at McConnelsville, September 22.

Ninth District annual meeting at Gallipolis, October 7, at the Ohio Hospital for Epileptics.

Tenth District annual meeting at Chillicothe on September 17.

The date of and arrangements for the First District meeting have not been announced. The Fifth has no district society.

## LIST OF GRADUATES OF OHIO MEDICAL COLLEGES

Medical colleges of the state held graduating exercises during June.

June 12, Ohio-Miami Medical College, University of Cincinnati, graduated a class of 19. The following is the list, together with a notation as to internship appointments: Samuel Crawford Clark, Larry R. Gale, Nettie Luella Gerish, Frank George Kreft, Wade Wright Oliver. Cincinnati General—William Louis Freyhof, Elizabeth Ingram Adamson, Hiram Bertram Weiss, William Henry Bruns, Frank Curry Metzger, Benjamin Harrison Lamb, Benjamin Norris, Clarence W. Betzner. Good Samaritan—Albert Peter Hofmann, Harley Bruse Fisk, Russell Homer Paden, Charles LaMont Miller. German Deaconess—Henry H. Lowe, Hazelett Andrew Moore.

### Western Reserve University.

At the seventy-second commencement of the School of Medicine, Western Reserve University, on Thursday, June 17, the degree of Doctor of Medicine was conferred upon the following: Ernest John Aten, A. B., Everett Nathaniel Bennett, A. B., Leonard Julius Bernstein, B. Sc., Stephen William Boesel, A. B., Charles Wason Burhans, A. B., Samuel Eng-kiu Chiu, A. B., M. D., Russell Johnson Collins, A. B., William Wilson Donaldson, A. B., Roy Parsons Forbes, A. B., Benjamin Harrison Gillespie, A. B., Richard Andrew Gregg, B. S., James Clinton Hawkins, A. B., James Gerard Kramer, B. S., Wilbert Wight Lawrence, A. B., William Markus, A. B., Emerson Megrail, A. B. Patrick Sylvester Murphy, A. B., Howard Samuel Myers, Ph. B., William Schmidlapp Nichols, A. B., Harry Vincent Paryzek, A. B., Harry Doremus Piercy, A. B., Lew Wallace Potts, B. S., Rudolph Samuel Reich, A. B., James Leonard Reyecraft, A. B., Manley Harrison Shipley, B. S., Stanley Joseph Spotanski, A. B., Arthur Rudolph Timme, A. B., Francis Carrillo Tyng, A. B., Thomas Edward Walker, A. B., Herbert Vance Weihrauch, A. B., James Hubert West, B. S., George Eliot Wilson, A. B., Harry Ernest Woodbury, A. B., Nicholas Leo Zinner, A. B.

### Ohio State University.

On June 16 the following were graduated by the College of Medicine, Ohio State University, Columbus: Jesse Clarence Bohl, Sardinia; Carl Clinton Borden, Franklin; Clarence George Bozman, Beckett; Arthur King Buell, South Bloomfield; Harry Webster Burnett, Dayton; Kurt Carl Becker, Toledo; Charles Homer Clovis, Burton, W. Va.; Mabel Roe Coddington, Findlay; Allan Greenleaf Crow, Jacksontown; Virgil Harrison Danford, Cambridge; Ray Louis Davis, Paulding; Joseph Mitchell Dunn, Columbus; Jesse Clifton Edward, Columbus; Loren Lee Frick, Greentown; John Tipton Gibbons, New Plymouth; John Sam-



uel Hattery, Celina; Cullen Ward Irish, Barberton; Peter Everett Kern, Bellaire; James Griffith Lemmon, Harrisville; Daniel James Leithauser, Defiance; Russell Eugene Lightner, Kingston; Thomas George McCormick, Mt. Vernon; Harry Andrew Minthorn, Columbus; William Franklin Millhon, Senecaville; Joseph Benedick Metzger, Toledo; James Irwin Nisbet, West Alexandria; Glen Nisley, Seldon; Zachary Talmage Penhorwood, Killbuck; Philip John Reel, Columbus; Joseph Hill Rinehart, Billings, Mont.; Charles Frederick Ruleman, Minster; James Clyde Sargent, Troy; Ray Schutte, Kenton; Austin Henry Seeds, Hilliards; Aldo Vernon Sibert, Columbus; Frederic Moses Stanton, Columbus; Lenoard Ellsworth Stutsman, Dayton; Adam Edward Szczytkowski, Cleveland; Wyndham Clyde Sparling, Marietta; William Neily Taylor, Columbus; Jay Ira Thompson, Mingo Junction; Creswell Seth Toops, Mt. Sterling; James Halford Warren, Columbus; Ferdinand Wiehe, St. Marys.

**Faculty Changes at School of Medicine, Western Reserve University.**—William Henry Humiston, M. D., associate professor of gynecology, to be clinical professor of gynecology with seat and vote in the faculty; David Marine, A. M., M. D., assistant professor of experimental medicine, to be associate professor of experimental medicine; John James Thomas, A. M., M. D., associate in obstetrics, to be assistant professor of obstetrics; William Hawksley Weir, M. D., associate in gynecology, to be assistant professor in gynecology; George Bourne Farnsworth, A. B., M. D., instructor in obstetrics, to be associate in obstetrics; Paul John Hanzlik, Ph. C., A. M., M. D., instructor in pharmacology, to be associate in pharmacology; Roy Gentry Pearce, A. B., M. D., instructor in physiology, to be associate in physiology; Harold Oliver Ruh, A. B., M. D., instructor in pediatrics, to be associate in pediatrics; Oscar Theodore Thomas, M. D., instructor in gynecology, to be associate in gynecology; Harry Roswell Wahl, A. M., M. D., instructor in pathology, to be associate in pathology; Howard Ditricks, M. D., demonstrator of gynecology, to be instructor in gynecology; William Craw Gill, A. B., M. D., demonstrator of dermatology, to be associate visiting dermatologist of Lakeside Hospital; George Franklin Thomas, A. B., M. D., demonstrator of roentgenology, to be instructor in roentgenology, and George Eric Simpson, B. S., demonstrator of organic biochemistry, to be instructor in biochemistry.

The following instructors and graduates of Western Reserve University have recently been called to other posts: Dr. Howard D. Haskins, '95, former associate professor of biochemistry, has been made professor of biochemistry in the University of Oregon, Portland; Dr. James Douglas Pilcher, '05, former assistant professor of

pharmacology, has been made professor of pharmacology in the College of Medicine of the University of Nebraska, Omaha; Dr. Harold B. Myers, '11, formerly instructor in pharmacology at Bellevue Hospital Medical College, New York City, has been appointed professor of pharmacology in the Medical School of the University of Oregon, Portland; Dr. Aldis A. Johnson, '12, has been appointed assistant professor of clinical pathology in the College of Medicine of the University of Nebraska, Omaha, and Dr. Oscar Theodore Schultz, formerly assistant professor of pathology, has been appointed professor of pathology and bacteriology in the University of Nebraska College of Medicine, Omaha.

**Western Reserve News Notes.**—Prof. George N. Stewart of the H. K. Cushing Laboratory for Experimental Medicine, has sailed for Europe. Dr. David Marine, associate professor of experimental medicine, sailed for France, July 3. He will be associated with Dr. Alexis Carrel at Compaigne during the summer in the study of wound infections. Dr. Maurice L. Richardson, Hanna research fellow in pathology, has gone to Harvard for the summer for laboratory work. Dr. Roland E. Skeel, associate clinical professor of gynecology, has had conferred on him the honorary degree of master of arts by the University of Michigan and Ohio Wesleyan University.

**An Editorial View of The Doctor.**—The following is from the Cincinnati Post, an evening newspaper of wide circulation:

"From a purely commercial standpoint, doctors are the most improvident human beings we know of. Grocers, bakers, butchers, lawyers, dry goods merchants, manufacturers and editors are doing all they can to stimulate their trades and industries.

"Doctors, on the contrary, are doing all in their power to destroy the need for their own services. Thus there is great rejoicing in medical circles when it is announced that somebody or other has discovered a means of preventing some disease that in the past has kept doctors busy and made money for them.

"Once upon a time a prolific source of a Cincinnati doctor's income was the Ohio river and its typhoid germs. But doctors started the demand for pure water, so that now typhoid is a rare disease in Cincinnati, while doctors are losing about 1000 cases a year thereby.

"We notice that most of the papers read during the state medical convention, held in Cincinnati have related, to a large extent, to means of doing away with profitable diseases.

"In recent years there has been a great revival of the feeling for 'service.' In our opinion most of our doctors present to mankind the best examples of self-sacrificing service that we can think of.

*The one hundred percent idea still holds good. Every county must be a hundred percent county. Most of those still on the wrong side need just one to put them over. Ashtabula needs one. Champaign, Geauga, Green, Jackson, Lawrence, Noble, Portage and Wayne, all need one. Then there is Hamilton with just one to go.*

*When the one hundred percent page was closed, July 31, our association had 4090 members. This is 439 in excess of the number we had on the same date last year, 182 ahead of last year's record at the close of December, and 178 beyond the famous year of 1908.*

*If your county isn't in line, yet, delay no longer!*

## NEWS NOTES OF OHIO

Dr. S. W. Mattox and family, of Marion, left for California early in August.

Dr. and Mrs. D. W. Brickley, Marion, left July 7 on an extended western trip.

Dr. J. M. Gelb has located in Steubenville, and will specialize in eye, ear, nose and throat.

Dr. H. J. McLaughlin has located in Steubenville, and will specialize in eye, ear, nose and throat work.

Dr. C. C. Smith has given up general practice in Steubenville and in the future will devote all his time to surgery.

The fourth convocation of the American College of Surgeons will be held at Symphony Hall, Boston, on the evening of October 29.

Dr. K. R. Teachnor, Leesburg, Ohio, returned August 11 from New York City, where he spent six weeks in post-graduate work at Polyclinic Hospital.

Dr. E. A. Martin, first assistant physician, Mt. Vernon State Sanatorium, is taking a month's post-graduate work at the Chicago Post-Graduate Medical School.

Dr. H. S. Rhu, of Marion, spent July in Boston doing post-graduate work. Dr. F. V. Murphy, Marion, has also returned from post-graduate work in Boston.

Dr. R. H. Bishop, Jr., Cleveland, has resumed his duties as chief of the bureau of tuberculosis, Cleveland department of health, after an absence of several months.

Dr. F. Van Orsdall, of LaRue, Marion county,

has moved with his family to New Mexico. Fellow physicians were guests at a farewell dinner given by Dr. Don Shira on July 30.

The Clark County Medical Society will conduct a "better babies contest" in conjunction with the county fair, during the latter part of August. Here is a tip for other county medical societies.

### SIXTH DISTRICT SOCIETY

#### MEETS AT YOUNGSTOWN

The one hundred and sixty-sixth session of the Union Medical Association of the Sixth Councilor District was held in Youngstown, Tuesday, August 10. Clinics were conducted during the morning at St. Elizabeth's and the City hospitals. In the afternoon the following program was presented in the rooms of the Mahoning County Medical Society: "Ancient Medicine and Surgery," Dr. J. G. Grant, Akron; "Hay Fever-Etiology and Therapeutics," Dr. F. J. Bierkamp, Youngstown; "The Atypical Appendix," Dr. N. Stone Scott, Cleveland; report of case, "Xeroderma Pigmentosum," Dr. M. P. Jones, Youngstown; "Consideration of Arterio-Sclerosis," Dr. George F. Zinniger, Canton; "Local Anesthesia in Rectal and Intestinal Surgery," illustrated by lantern slides, Dr. Louis J. Hirschman, Detroit, Mich., Professor of Proctology, Detroit School of Medicine.

Dr. J. H. Seiler, the secretary of the organization, has promised The Journal a more complete report of this meeting for our next number.

### PAPER ON WORK THERAPY.

Dr. Carl W. Sawyer, of White Oaks Sanitarium, Marion, in the August number of Modern Hospital, presents an interesting paper dealing with occupation for mental patients during institutional care. The Sawyer Sanitarium for several years has developed work-therapy. Dr. Sawyer advises extreme care in prescribing the class of work for each patient, holding that much harm may be done unless the task is new to the patient and will supply him with new ideas. He advises a system somewhat similar to the Montessori system of teaching defective children, wherein the patient is permitted to select the occupation and to follow it only as long as it is interesting.



## ANESTHETISTS DEMAND FAIR FEES FOR INDUSTRIAL COMMISSION WORK

Pass Resolutions at Cincinnati Requesting Abolition of Present Flat Rate.

During the business session of the Interstate Association of Anesthetists, at the recent Ohio State meeting, Dr. Charles K. Teter, of Cleveland, Ohio, presented the following resolutions regarding anesthesia, anesthetics and the workmen's compensation law:

"Whereas, The Industrial Commission of Ohio under the Workmen's Compensation Law, has established the anesthetists fee at five dollars (\$5.00) irrespective of the inherent hazard of the case, the duration of the anesthesia and the method of administration involved; and

"Whereas, It is generally understood that in 80 per cent of all operative cases, anesthesia presents a greater immediate risk of life than the operative procedure itself; and

"Whereas, Under present fee conditions the surgeon must use the cheapest method of anesthesia as well as employ the least experienced administrator, regardless of "safety-first"; and

"Whereas, This condition of affairs practically prohibits the employment of expert anesthetists and certain methods of anesthesia, notably nitrous-oxid and oxygen; and

"Whereas, Such expert service and life-saving methods of anesthesia would reduce the liability of the loss of life to a minimum; therefore be it

"Resolved, That the Interstate Association of Anesthetists, in convention assembled, urge the Industrial Commission of the state of Ohio to amend its ruling regarding the anesthetist's fee, so that in all cases involving an inherent hazard of life from the anesthetic, operative procedure, or time of administration, a minimum fee of ten dollars (\$10.00), and a maximum fee of twenty-five dollars (\$25.00), be established for the administration of ether or chloroform; and that a rate of twenty dollars (\$20.00) an hour or fraction thereof be established for the administration of nitrous oxid-oxygen anesthesia; be it

"Resolved, further, That 'fees covering services rendered by an assistant or an anesthetist shall not be paid out of the Workmen's Compensation Fund, unless such services are rendered by a legally qualified medical or dental anesthetist, as determined by Section 1287 of the Ohio State Code.'"

This is the beginning of a concerted movement on the part of anesthetists throughout the entire United States to secure adequate fees for service under the workmen's compensation laws in the various states.

Our advertisers are learning that our members more and more appreciate the fact that the patronizing of those who advertise in The Journal is the proper thing to do. Most of our members throw circulars in the waste basket and refer to the advertising pages of The Journal for needed information.

A number of the Ohio members of the medical reserve corps of the United States Army participated in an eight-day encampment of field hospital and ambulance corps of the O. N. G., at Sparta, Wis., early in July.

## COMMERCIAL ANNOUNCEMENTS

Rates for announcements in this department: Fifty words or less, one time, \$1.00; 3 times, \$2.50; 6 times, \$5.00.

**FORD CAR OWNERS.**—Betz Tire Savers and Flexible Riders save more than their price on one set of tires and make your car as easy riding as a Pearce-Arrow or a Packard. Write today. Address Betz Tire Saver, Hammond, Indiana.

**FOR SALE.**—If you have a practice for sale, or an auto, or need an assistant—use this column. It will be a regular feature of The Journal in the future. Address Business Manager, 25 Ruggery Bldg., Columbus.

**First Castor Oil Mill Was Established Near Dresden.**—In an article in the publications of the Ohio Archaeological and Historical Society, Dr. Edmund C. Brush, of Zanesville, brings out the fact that the first mill for making castor oil, established west of the Allegheny mountains, was located at Dresden, Ohio. The proprietors were Dr. Nathan Webb, and his son, of the same name, who was also a physician. These physicians came to the banks of the Waukatomiky, as the little stream flowing into the Muskingum near Dresden was called, in 1821, with confidence in the future of Ohio, and the efficacy of the castor oil bean.

They brought with them several bushels of the seed of the bean, and planted extensively. A mill was built on the "Little Prairie" near by and operations begun with the harvesting of the first crop. Two lodges of the Shawanese Indians still stood at the place, and the Indians watched the development of this first movement of civilization with interest. Tradition says that when the proprietor doctors prescribed their oil for suffering Indians they did not hesitate to express their preference for their own "Medicine Men."

The medical profession of Ohio will await with great interest the outcome of the suit now pending in the Franklin county courts to determine the status of optometrists. They have attempted to enjoin the state medical board from classifying them as "limited practitioners of medicine and surgery" under the new Platt-Ellis law—where they belong.

Attorney General Edward C. Turner will represent the medical board in this action, as its official legal advisor. Much, therefore, depends on Mr. Turner and his capable staff. An able presentation of the case will mean the permanent settlement, for all time, of the class who presume to treat eye diseases, and who persistently refuse to qualify by education for that important field of the healing art.

The best wishes of eight thousand Ohio physicians are with you Mr. Turner. You can do the citizens of this state a great public service by winning this important case!

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 \* NEWS OF INTEREST \*  
 \* FROM OHIO HOSPITALS \*  
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St. Vincent's Hospital, Toledo, has opened a general dispensary, the first in that city.

Dr. Charles F. Sanborn, former superintendent of Cincinnati General Hospital, has been elected superintendent of Green Point Hospital, Brooklyn.

George H. Marsh, of Van Wert, will, at his own expense, convert a school building into a hospital of 36 rooms, which he will turn over to Van Wert county.

Dr. Walter G. Stern, Cleveland, has been appointed counseling orthopedic surgeon to the recently opened Gates Hospital for Crippled and Deformed Children, at Elyria.

Dr. A. R. Warner, superintendent of Lakeside Hospital, Cleveland, was elected third vice president of the American Hospital Association at its seventeenth annual conference in San Francisco on July 22.

Dr. Joseph Lake, veterinarian, has resigned as director of public safety of Portsmouth following friction which developed over his management of the Portsmouth City Hospital. Prior to his resignation the entire corps of student nurses resigned.

Dr. Paul B. Espy, of Port William, Clinton county, has purchased the hospital and residence in Xenia of Dr. C. S. Whitehead. The property was formerly owned by Dr. S. S. Wilson, who has located in Ozone, Florida. Dr. Whitehead plans to locate in Illinois.

Dr. C. F. Drury, late assistant professor of bacteriology in Ohio State University, has been appointed pathologist and roentgenologist to the Akron Peoples Hospital. Dr. J. G. Blower has been appointed trustee of the same institution, succeeding the late M. D. Stevenson, who died in May.

The report of the Akron City Hospital shows that from December 31, 1913, to December 31, 1914, 2715 patients were treated, 1347 operations were performed, 208 deaths occurred. Receipts were \$82,092.80, expenditures \$79,591.76. Akron now possesses five hospitals, The Children's, City, Home, Peoples, and Summit County.

A district tuberculosis hospital is to be located in South-central Ohio, probably at Chillicothe. It

will be built and operated by the county commissioners of Ross, Fayette, Pike, Scioto, Highland and Jackson counties. The initial levy will provide for about \$28,000. It will be built on the unit plan and will be enlarged to meet conditions.

The division of tuberculosis, state board of health, which has taken the lead in the campaign to erect district tuberculosis hospitals, will shortly turn its attention to the extreme northeastern section of the state. An effort will be made to interest the citizens of Lake, Ashtabula, Geauga and Trumbull counties in a plan to erect a district sanatorium.

Dr. F. E. Bunts, Cleveland, has resigned from the commission appointed to erect a state hospital for deformed and crippled children. Mr. Harry Timkin, owner of the Canton News, succeeds him. The last legislature appropriated \$1,000 for the expenses of this commission and authorized it to select a site for the home. It is understood that several cities will again offer free building sites. Dr. W. D. Haines, Cincinnati, and Prof. John A. McDowell, Ashland, are other members of the committee.

The State Board of Administration is preparing to conduct a survey to ascertain the number of crippled children in the state in order to determine definitely what hospital facilities are needed. The information will be placed at the disposal of the commission which was empowered by the last legislature to select a site for the proposed institution. An effort will be made to have this institution located on the Ohio State University campus and operated in connection with the medical school maintained by the university—a plan that has been successfully worked out in other states.

The whirlwind campaign to raise \$100,000 for a General Hospital for Mansfield in six days was a complete surprise to every one. At the closing banquet the amount pledged was found to be \$150,150.76, and all voted Mr. Andrews, the campaign promoter, a complete success. One new thought originating in this campaign, "The Tiny Tim" bed, will be carried out in all Mr. Andrews' hospital campaigns in the future. Just before leaving to carry on a campaign to raise \$100,000 for Temple College, Philadelphia, Mr. Andrews gave \$500 in his own and his wife's name, as a start for an endowment fund for the bed. Pledges have been coming in since the campaign closed amounting to a very nice sum. It is interesting to know that these pledges came from all over the country and even from over the sea. This campaign brought Mansfield people together as nothing ever did in its previous history.—J. Lillian McBride, M. D.



## COMMUNICATIONS IN REGARD TO DR. PRITCHETT'S REPORT

Editor, The Journal.—A few weeks ago there was published in a local newspaper what was described as a report by the "Head of the Carnegie Institute," on medical affairs in Ohio.

In this report Dr. Pritchett describes how the Ohio State University came to take over the medical college at Columbus and to make it an integral part of the State University. This was done largely through the influence of the Council on Medical Education of the American Medical Association. The Council on Medical Education has, as you know, set certain standards for medical colleges in the United States, which are not the standards set by the Carnegie Foundation. Here lies the rub for Dr. Pritchett.

There are at present three standards by which are regulated the requirements for admission to the study of medicine. One of these is fixed by the statute of the State of Ohio, which requires a candidate to be a graduate of a recognized high school or to have had a preliminary education equivalent thereto. If the student possesses this qualification he is given a certificate by the State Medical Board of Ohio which permits him to enter the study of medicine. The Council on Education of the American Medical Association holds that in addition to the high school education the student should have acquired a premedical training of one year in the natural sciences and modern languages, and makes this requirement for those medical colleges which it will regard as acceptable. The force back of this requirement is medical public opinion as represented by the great national association. The third requirement is that of the Carnegie Foundation which requires that the candidate for the study of medicine must have pursued a premedical course of two years in the natural sciences and modern languages; this it enforces by requiring it of its accepted institutions. The force back of this requirement is the power, very great indeed, which comes from the distribution of three-quarters of a million dollars in pensions to its accepted institutions.

Now, what has been the practical result? With the best motives in the world the result has been that many of the best medical institutions have been almost emptied of their student body and the future physicians of the community are being educated by the ill-equipped institutions. They have set standards for premedical education which cannot be enforced either by public opinion or by statute and thereby they have been placed in unfair competition with inferior institutions. The result is that the University of Cincinnati, supported by public taxation, was able both last year and this year to supply but seven internes out of the necessary fourteen to the Cin-

cinnati Hospital. The result is that all the hospitals of Cincinnati are without an adequate resident medical staff; that the welfare and at times the lives of the patients in our hospitals are thereby jeopardized; that there is no prospect that the student body at the University Medical College can be enlarged under present conditions so that this danger may be averted; that even though every student at present in the University Medical College goes on to graduation and accepts a place as interne, there will not be enough of them to supply the hospitals of Cincinnati.

In his report Dr. Pritchett had something to say about the practitioners of medicine in Ohio and their training. Let me say that these practitioners were educated as best they could be, by devoted medical men, who taught without reward or hope of Carnegie pensions. They furnished the people of Ohio with physicians, many of whom were great men; men whom the nation has been proud to honor; men who believed in scientific freedom, uncontrolled by money; men who are willing to uphold the best traditions in medicine and to protect the lives of the people in Ohio even though they run counter to the foundations of Carnegie, Rockefeller et al. The Medical College of Ohio served the people and served it well before the student body was driven from its halls by some of the prospective Carnegie pensioners with whom we have been honored. There are names on its faculty rolls of men who served, and served well without salary or pension; who devoted their time, their energy, money and brains to the service of the college and the people of Ohio years before the Carnegie Foundation was holding out its bundle of hay before the grasping "academic donkey."

Permit me to remind your readers that a medical school does not consist of marble halls, reverberating echoes, and "prigmatic" pensioners. The first necessity for a medical school is a student body; the second a self-respecting faculty which can take the student body offered by the community and qualified by the state, and by leading it on kindly and persistently without regard to the clamor of pedants or the lucubrations of self-appointed lay censors, make of these students serviceable physicians who can attend to the medical needs of the people.

Our paper standards may be mountain high, but if thereby we drive away students qualified by the state, we are wasting our opportunities, our endowments, as well as the money handed over to us by the people from taxation. The time has come, sir, to set before us our true goal, service to the people who support us and not the stringed pensions of the Carnegie Foundation. I am, sir, very sincerely yours,

S. P. Kramer,

Professor of Clinical Surgery, University of Cincinnati.

Cincinnati, O., July 22, 1915.

# THE STATE AND THE MEDICAL COLLEGE.

Editor, The Journal.—The extracts from Dr. Pritchett's report, with the comments thereon, in The Journal for July opens up a vast field for speculation.

In view of what I have in mind anent this thing I want to say right here that I am not in the least tinctured with homeopathy or any other pathy or heresy, nor am I raising that worn-out old cry about a "square deal," which always sounds to me like calling the other fellow a crook. On the contrary I am a conservative in almost all the concerns of life and for that very reason I am alarmed at the way in which I see some of our most valued institutions handled, and endangered by what I believe to be short-sighted, unthinking men.

The Ohio State University, as its governing board admits, is an institution maintained at the state's expense for the higher education of all the citizens of the state, or as many of them as are desirous and able to avail themselves of the instruction there afforded. Now it seems to me that the University, being a popular of common establishment maintained at the common charge, should meet all the popular or common demands made upon it. To take the specific case of the medical colleges; if, as is supposedly the case, the general assembly fairly represents the people of Ohio, there was about as much demand for one kind of college as the other. I have no statistics at hand and I suppose none are obtainable at this time, but I am inclined to think that there are as many osteopaths in the state as there are homeopaths—that they have as large a clientele and do as much good. We have a school of ceramics at the university, why not a school of chiropractics? Are there not about as many chiropractors as potters in the State of Ohio? How are we going to dispose of the good old principle of "no taxation without representation" if we tax all the "pathists" and use their money to support only a "regular" medical college at the university?

If we enjoy a popular government, who but the people shall say what shall be taught in the university? It is useless for us of the regular school to say that we have all the knowledge there is and that it is improper or unwise for any to study or practice healing by any other than our methods and it is unjust and subversive of our system of government to tax others for our exclusive benefit. There are too many "regular" failures and funerals to claim perfection for our system. It is useless to run that old drivel about protecting the people; with all the legislation regulating the practice of medicine and telling the "people" whom the state considers fit to treat their ailments, the "people" go wandering after strange cults as much as ever. It is worse than useless to try to juggle with the facts. No matter how much we may be tempted by the specious argument that we are acting for the good of the

## TO SECRETARIES!

Please forward immediately to the Secretary-Treasurer of the State Society the one dollar per capital assessment levied by the House of Delegates at the Cincinnati meeting. It was due August 1.

Over one-fourth of the extra assessment was paid previous to August 1. The following table shows how the counties stood on that date. Since then quite a number have paid but they were too late for this issue of The Journal:

Clinton .....	10
Fairfield .....	23
Franklin .....	309
Geauga .....	7
Hamilton .....	450
Hancock .....	15
Huron .....	1
Lucas .....	214
Mahoning .....	95
Marion .....	29
Ottawa .....	9
Portage .....	27
Seneca .....	7
Tuscarawas .....	42
Williams .....	32

people at large (too many are still at large), the end will never justify the means and it is foolhardy for any medical, religious or any other such school or cult to undertake to arrogate to itself the power to dictate to the people of a republic or commonwealth what teaching or method they shall follow in any matters except those which are founded upon truths which are self evident—axiomatic. This will bring us down to the "three R's" or the more advanced studies which are founded upon them and can be reduced to their fundamental axioms.

The people of Ohio will not be shorn of their liberty; they will not be governed by any governor, legislature or board which does not derive its powers from the consent of the governed. I do not suppose that exact statistics as to the number and location of irregular practioners are available, and my personal observations do not extend far beyond the field of my own practice, but I believe that it is safe to assume that our own little city and its surrounding country are an epitome of the State of Ohio; assuming that this approximates the truth sufficiently, it seems to me that there is trouble ahead for the Ohio State University and all others like it) or else for our popular government. We have in our city a medical fraternity (regular) which is second to none. We have men here who can do all that can be done in medicine and surgery, and who are constantly abreast of the times; but while we have here ten regular practitioners we have six irregulars, besides at least two or three Christian Science "healers." Now what my observations lead me to believe to be a fact is this: If we could make a complete canvass of this city and



vicinity we would find as many "cures" credited to these irregulars, per centum, as to the regular profession. I think we would or could further learn by such a plebiscite that there are as many people opposed to an exclusively regular school of medicine supported by the state as there are favoring it, and in all candor can you blame them?

As I write, a good and useful woman of our city is lying dead as the result of an operation for gall stones, done by a skilful and conscientious surgeon; to the layman it would seem that a Christian Science healer could at least have done as well. No matter how scientific we are, surgery is not a science, nor a medicine, and with many of us it is not even a profession but only a trade or a business. It looks to me as if we were running amuck with our educational affairs generally and especially in trying to "personally conduct the people through life by means of fatuous legislation.

Let us examine for a moment the foundation upon which our educational system is built. Is there any axiomatic truth for it to rest upon or by which any of our educational doings may be tried? I think there is. I think every one will agree with me that the state has a right to exist. Some will say that it is a duty and some will even say that its existence is compelled by the order of the universe. However, beginning with the idea that the state at least has a right to exist, which I take to be granted, then the state has a right and duty to perform in taking adequate measures for its preservation and continuance. Now I also take for granted that every one, or nearly every one, will admit that it is necessary for the preservation of the state that all the citizens thereof should be taught to read and write the recognized and official language of the people and to make the arithmetical calculations necessary in common dealings with one another. Thus far we have necessity or duty. How much further, if any, our necessity or duty extends has not yet been determined and I fancy cannot be determined for some time to come for the reason that popular or general "higher education" is not yet here and whether it is necessary or able to "save the state" remains to be shown.

All our schools of engineering, electricity, mining, etc., are impossible without the fundamental axioms of arithmetic; they are the outgrowths of that radical science. History and literature in all its lofty branches and ramifications rest primarily upon the simple art of reading and writing, therefore it would seem not improper or unwise for the state to maintain, at the common charge, schools where such advanced studies may be pursued. But, while anatomy is sufficiently exact, it is in itself worthless. Physiology depends upon observation, probability of conjecture and experimentation, which no matter how scientifically done, still leave us very far short of the possession of a science. Therapeutics depends upon

physiology and chemistry, the uncertainties of the former we have noted, and the latter is confessedly founded upon a theory which one may say is demonstrably imperfect, and upon observations which are well known to be surrounded by conditions which may cause the keenest observer to grossly err in his conclusions. Surgery is empiricism itself. So it would seem to be not only arrogant but a menace to our most cherished institutions for the regular profession to demand that the state support our school to the exclusion of all others. Possibly and perhaps probably it is within the powers of the state to maintain a regular medical school and no other if the people so order; it may even be wise so to do, but, if our assumption in regard to the fundamental "three Rs" is correct, I fear that our university is already top heavy and some day a popular blast may cause the perpendicular of the center of gravity to fall outside the base and there will be a wreck, a wreck which would equally involve good, bad and indifferent in ruin.

Our profession is our own; it is not common property and is not in any way answerable to the whims and vagaries of politicians or populace and our college has no proper place in the State University, at least not at this time. When the knowledge of our work covers the earth, or the state, as the waters cover the sea, then and then only will we come into our own; but at present the board of trustees can dismiss our best man from the University Medical College faculty for teaching what they, in their ignorance, believe to be heresy—or for any other reason. I do not intend by this to cast any aspersions upon the trustees, but it is almost impossible for them to be competent to judge of medical teaching. If they are good trustees generally, they should be men of affairs and such men are seldom, if ever, capable of judging in professional matters.

Let us rather stand on our feet, let us rather jealously guard our great profession. Let there be careful sifting and thorough training of the neophytes. Let us remember that ours is not a trade to be learned nor a business to engage in, but a life of study, work and devotion to ideals. And, just let me add this and I am done—the most of our troubles—social, commercial and professional unrest, afflictions and distress of "mind, body and estate"—come from our loss or lack of ideals; not *ideas*, we have them a plenty! Myriads of ideas, in endless variety about everything in heaven and earth and the waters under the earth! But we have no ideals, or very low ones at least, consequently no sense of values or proportion and no progress toward anything definite. Like Chillingly's grasshoppers, we hop and hop continually and think we are making progress until we die of the exhaustion brought on by the unremitting hopping or inadvertently hop into the brook and are gobbled up, prematurely by some monster. Jos. Blickensdorfer, M. D.

New Philadelphia, O., July 19, 1915.

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Practical problems affecting the health of citizens of Northern Ohio were discussed July 13 and 14 at the forty-second conference of the state board of health with representatives of local boards. Nearly 350 village and township health officers were present. The conference probably was the most interesting ever held.

Dr. H. T. Sutton, of Zanesville, president of the board, in his opening address on July 13 reviewed the present work of the health department and outlined plans for the future. He strongly urged a campaign of education in every village to impress upon the people of the state the need of proper health protection.

W. H. Dittoe, director of the division of sanitary engineering, read a practical paper on water supplies for villages and rural districts in which he dealt with many points of interest to the rural health officer.

R. G. Paterson, director of the division of public health education and tuberculosis, told of the advances in the public health nursing service and explained the provision of the new law which permits county commissioners to employ visiting nurses.

L. H. Van Buskirk, acting director of the division of laboratories, described the method of procedure in making a sanitary survey and told of the recent work of the board in Stark county.

At the evening session, Dr. E. F. McSherry, assistant bacteriologist, discussed the question of rabies from the standpoint of diagnosis and prevention. He reviewed the laws upon the subject and outlined the best methods of handling outbreaks.

Dr. W. E. Obetz, assistant epidemiologist, discussed the responsibility of the health officer in controlling epidemics. He described several recent epidemics in Ohio which were directly traceable to the inactivity of the local health officials in taking prompt measures when initial cases developed. He gave much practical information regarding fumigation, quarantine, etc.

G. B. L. Arner, statistician, discussed the value of morbidity statistics and described the new system of collecting this data which was instituted by the board last February. He stated that physicians throughout the state are cooperating generally with the movement and that the new and more complicated plan has already justified itself.

The session on Wednesday was devoted to a round table conducted by James E. Bauman, assistant secretary, who dealt with the legal points, and Dr. F. G. Boudreau, who discussed medical phases of the health officer's problems.

The interest manifested throughout the conference was marked. Those who attended were impressed with the value of the discussions.

Among the medical men of Northern Ohio who attended the conference were: Drs. H. C. Linder-smith, Sherwood; W. A. Deerhake, St. Marys; J. G. Noland, Berea; J. W. Shank, Windham; M. E. Wilson, Bettsville; J. H. Schurrenberger, West Austin; C. H. Sawyer, Mineral City; W. A. Mansfield, Barborton; C. A. Day, Ashley; W. T. Gudgel, Berlin Center; J. B. McConnel, Strongsville; B. D. Osborn, Waldo; Wm. Strong, Castalia; J. M. Day, Waynesville; O. W. Bonner, Delaware; D. K. Jones, Canal Fulton; D. R. Barr, Grand Rapids; R. L. Waters, Lakeside; J. N. Heischman, Columbus Grove; H. H. Brundage, Bloomville; E. Wilson, Haskins; P. B. Long, Copley; W. H. Lemmon, Cadiz; C. R. Sheckler, Bucyrus; Charles Smith, Elida; H. C. Coolman, Hudson; H. J. Shatte, Colebrook; J. W. Jolley, Morral; O. J. Marsh, Waldo;



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#### **SOCIAL SERVICE "FOLLOW UP" IS BEING INSTITUTED BY THE BOARD**

##### **Home Conditions of Discharged Tuberculosis Patients will be Investigated by Nurses.**

R. G. Paterson, director of the division of public health education and tuberculosis, has been working out the details of the hospital follow-up covering patients in state, district and county tuberculosis sanatoria. The last legislature made a small appropriation for the establishment of a bureau of hospital admissions and discharges under the state board of health.

Under the new plan the state will keep in close touch, through visiting nurses, with all tuberculosis patients who are admitted to any of the public institutions. The superintendents of the institutions will notify the state board of health of the admittance of the patient, giving complete personal data. Two weeks prior to the discharge of the patient the superintendent will again notify the state board. The board, through a local visiting nurse or through one of the nurses maintained at state headquarters, will investigate the home conditions to which the patient is to return.

This work will be largely educational. The nurse will endeavor to impress upon the family of the patient the absolute necessity of proper care after his return from the hospital. In the past, many patients from the tuberculosis hospitals who had shown improvement when dismissed, were permitted to return to insanitary homes where the value gained from the hospital treatment was quickly lost.

The follow-up system at this time is made effective by the cooperation of the Ohio Society for the Prevention of Tuberculosis, which places two traveling nurses at the disposal of the board, and of the local organizations which maintain visiting nurses. At the present time, public health nurses are located in about sixty communities.

Dr. McCampbell has instituted a popular service of immense value to the people of the state in supplying all inquirers with definite information regarding the sanitary condition of all summer resorts located in the state. Representatives of the division of sanitary engineering keep in close touch with the conditions in these resorts. The number of calls received indicates the increasing interest of the laity regarding sanitary conditions in the resorts where they expect to spend their vacations. It will eventually mean a decrease in the amount of fever contracted at these resorts.

J. S. McCune, B. Ph., has been retained by the state board of health as chemist. He was formerly employed in the government food laboratories in St. Louis. Orson W. Buck, M. E., and Charles R. Parkinson, M. A., both of Columbus, have been retained as assistant chemists. They will be used in the new drug and food analytical work, which has been transferred to the board from the state agricultural commission.

The July meeting of the state board of health was held at Cedar Point, Monday, July 12. The August meeting was held at the Neil House, Columbus, on Thursday, August 12.

At the meeting of the board on July 12, plans for the proposed improved water purification plant for East Liverpool were formally approved. Plans for a proposed water supply for Mt. Blanchard, to be installed prior to June 1, 1916, were approved. Plans for an improved water purification plant for Napoleon, to be installed by July 5, 1916, were likewise approved. Plans for a water supply for Zanesville, to be obtained from drilled wells located north of the city, were approved.

Dr. McCampbell is now investigating measures taken by other states relative to the sterilization of utensils used at soda fountains. The board is considering the issuance of a general order to the effect that all such goods shall be dispensed only in sterile containers. A tentative set of regulations governing the control of soda fountains has been drafted by Dr. Howell, member from Dayton, and is now under consideration by the board.

The board has approved the appointment of the following physicians as health officers in their respective communities: Dr. W. E. Thomson, Antioch; C. W. Henderson, Corwin; and E. E. Furnas, Englewood.

R. G. Paterson, chief of the division of public health education, addressed the newly organized public health league at Greenville on July 28.

## NEWS NOTES OF OHIO

Dr. W. S. Mecklem, of Mansfield, is in California attending the Exposition.

A son was born to Dr. and Mrs. W. A. Parks, of Akron, on July 26.

Dr. Harry W. Wertz, Montpelier, has located in Edon, Williams county.

Dr. Maurice Loebel, formerly of Hammond, Ind., has located at Sonora, Ohio.

G. M. Campbell has moved from Navarre, O., to 7 East Exchange street, Akron.

Dr. and Mrs. J. M. Frame, Highland, Ohio, announce the birth of a daughter on July 30.

Dr. and Mrs. George Gill, of Elyria, have returned from an extensive automobile tour of the East.

Dr. J. S. Cherrington, Logan, has returned from Boston where he spent six weeks in post-graduate work.

Thirty members of the Dayton Academy of Medicine participated in a picnic on July 23 at Englewood.

Dr. William B. Fenker, of Columbus, has been appointed third assistant physician at the Sandusky Soldier's Home.

Dr. C. H. Smith, Valparaiso, Ind., has located at 102 Station street, Ashtabula. He practiced in Ashtabula nine years ago.

Dr. P. F. Eagle, Troy, has been appointed as medical examiner for federal prisoners incarcerated in Miami county jail.

Dr. Charles H. Scott, of Rupert, Idaho, formerly of McConnelsville, was killed recently when his automobile was struck by a train.

Dr. and Mrs. J. E. Brown and Dr. and Mrs. J. H. J. Upham, Columbus, have returned from their vacation spent at Rye Beach, N. H.

Dr. C. G. Axline, of Lancaster, has been appointed major and Drs. C. H. Hamilton and James W. Lantz, of Lancaster, have been appointed first lieutenants in the O. N. G.

The following have been appointed district physicians for the poor by the safety director of To-

ledo: Drs. C. C. Dreyer, E. J. Vetter, J. W. Baldwin, A. Krieger, D. D. Delzell and F. W. Garand.

Eclectic Medical College, Cincinnati, held its seventieth annual commencement May 10. The degree of Doctor of Medicine was conferred upon twenty-six.

Dr. W. C. Leeper, president of the Eighth District Medical Society, has announced that the annual meeting of the organization will be held at McConnelsville on Wednesday, September 22. Details of the program will be announced in the next number of The Journal.

Ohio quacks and patent medicine fakirs are receiving considerable attention from the Journal of the American Medical Association. The latest expose deals with the M. I. S. T. Company of Toledo, which exploits "Murray's Infallible System Tonic," which is characterized by its exploiters as the only scrofula, catarrh, blood, liver and kidney medicine on earth. The blatant newspaper advertising methods of this "remedy" are familiar to the people of Ohio. The Journal A. M. A. declares its advertising is so palpably fraudulent that it belongs to the past decade of medical swindles.

## MARRIAGES

Charles Edward Gilbert, Cleveland, and Mabelle S. Watson, M. D., Ashtabula. They will reside in Cleveland. Dr. Watson has practiced in Ashtabula the past twelve years.

Jacob Casper Hutzelman, M. D., Crestview, Ohio, to Miss Marie D. Glassmeyer, of Cincinnati, June 16.

B. F. Lowry, M. D., resident surgeon of City hospital, Cleveland, and Miss Jean M. Shafer, Akron, married July 13.

Joseph M. Gallen, M. D., and Miss Mary Elizabeth Brown, both of Columbus, married July 12.

Frank Goldenburg, M. D., and Miss Ester Jacobs, both of Cincinnati, married July 19.

Arnold Frotcham Furrer, M. D., to Helen Hempstead, M. D., both of Cleveland, at Meadville, Pa., June 29.

Dan Feuert Gray, M. D., Ironton, to Miss Florence L. Fraser, Columbus, July 15.

Walter Corwin Taylor, M. D., to Miss Rena Louise Snyder, both of Springfield, July 27.



# EVERY COUNTY A ONE HUNDRED PERCENT COUNTY

## Put your County on the RIGHT SIDE

### The Minus One Hundred Percent Side

#### These Must Hurry

	Members 1914	Members 1915
Ashtabula .....	28	27
Athens .....	57	51
Carroll .....	..	..
Champaign .....	29	28
Crawford .....	31	28
Defiance .....	11	6
Erie .....	27	24
Fulton .....	25	22
Geauga .....	8	7
Greene .....	32	31
Hamilton .....	451	450
Hocking .....	14	11
Jackson .....	22	21
Lake .....	10	8
Lawrence .....	18	17
Licking .....	41	35
Madison .....	16	9
Medina .....	23	21
Noble .....	9	8
Perry .....	23	17
Portage .....	28	27
Union .....	15	13
Washington .....	41	35
Wayne .....	26	25
Total .....	960	899

### One Hundred Percent Side

		1914	1915
1 Paulding .....	Dec. 23	14	23
2 Muskingum .....	" 23	22	38
3 Hardin .....	Jan. 7	23	29
4 Gallia .....	" 13	25	31
5 Pike .....	" 20	13	13
6 Morgan .....	" 26	12	14
7 Vinton .....	Feb. 3	9	9
8 Belmont .....	" 10	44	52
9 Ottawa .....	" 10	13	15
10 Morrow .....	" 11	13	15
11 Mercer .....	" 13	27	28
12 Holmes .....	" 25	7	8
13 Clermont .....	" 25	12	15
14 Highland .....	" 26	18	22
15 Seneca .....	Mar. 1	30	37
16 Logan .....	" 1	23	36
17 Hancock .....	" 3	37	37
18 Summit .....	" 4	130	158
19 Allen .....	" 4	75	80
20 Fairfield .....	" 4	39	42
21 Harrison .....	" 5	6	13
22 Scioto .....	" 5	48	48
23 Ross .....	" 5	19	21
24 Putnam .....	" 5	18	30
28 Stark .....	" 5	119	125
26 Shelby .....	" 5	16	18

#### Additional One Hundred Per Cent Counties

27 Darke .....	Mar. 16	50	56
28 Meigs .....	" 23	11	11
29 Miami .....	" 23	45	46
30 Coshocton .....	" 24	17	21
31 Clarke .....	" 26	59	64
32 Wyandot .....	" 29	10	16
33 Richland .....	" 31	29	30
34 Jefferson .....	" 31	36	38
35 Guernsey .....	Apr. 1	27	29
36 Butler .....	" 3	51	56
37 Mahoning .....	" 5	93	95
38 Montgomery .....	" 6	158	167
39 Henry .....	" 6	2	4
40 Pickaway .....	" 7	21	22
41 Knox .....	" 9	31	33
42 Fayette .....	" 16	18	18
43 Huron .....	" 17	9	10
44 Clinton .....	" 19	24	24
45 Ashland .....	" 19	18	19
46 Delaware .....	" 21	26	26
47 Marion .....	" 23	27	29
48 Adams .....	" 23	23	23
49 Sandusky .....	" 26	21	21
50 Columbiana .....	" 26	37	39
51 Williams .....	" 28	31	33
52 Warren .....	May 1	30	32
53 Preble .....	" 1	5	5
54 Franklin .....	" 1	305	310
55 Cuyahoga .....	" 1	484	495

#### Annual Meeting May 4, 5, 6

56 Wood .....	May 11	12	28
57 Tuscarawas .....	" 16	41	43
58 Auglaize .....	" 29	22	23
59 Van Wert .....	" 31	24	24
60 Lucas .....	June 10	213	214
61 Lorain .....	" 26	46	47
62 Brown .....	July 2	15	17
63 Monroe .....	" 6	12	13
64 Trumbull .....	" 12	28	28
65 Fulton .....	" 19	25	25

Total ..... 2948 3191

	1908	1913	1914	1915
Total members	3912	3559	3908	4090
On July 31		2949	3651	4090

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## COUNTY SOCIETIES

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### FIRST DISTRICT.

**Warren County.**—Dr. C. H. Breidenbach, of Dayton, read a paper on "Modern Treatment of Typhoid Fever," at the July meeting of the Warren County Medical Society. Dr. M. L. Heidingsfeld, of Cincinnati, illustrated his paper on "Salvarsan in Diagnosis and Treatment," with 75 lantern slides.

Hershel Fisher, Correspondent.

**Butler County.**—Dr. D. W. McQueen, of Camden, presented a paper on "Melanotic Sarcoma" at the meeting in Hamilton on July 15. Dr. H. L. Good presented a case for diagnosis from the Cabot charts.

Those recently unanimously elected to membership in the society are as follows: Dr. E. C. Sill, Dr. H. L. Wilkinson, Dr. W. F. Weikal, Dr. Wm. S. Reed, Dr. Jas. G. Graff, Dr. F. M. Barden, Dr. H. D. Williamson, Dr. A. B. Wilke and Dr. Mabel Gardner.

It is in the air that a pathological club is to be formed. The idea is to study diseased tissue from a macroscopical and microscopical standpoint. These studies will be especially valuable as adjuncts in arriving at accurate diagnoses before or after operation for removal of tumors.

W. E. Griffith, Correspondent.

### SECOND DISTRICT.

**Darke County.**—On July 8 the Darke County Medical Society met in regular session at Memorial Hall. The president, Dr. P. W. Byers, of Arcanum, called the meeting to order promptly at one o'clock. After reading of the minutes of the last meeting by the secretary, Dr. Sarver, the society unanimously elected to membership Dr. Walter J. Smith, of Arcanum.

Dr. E. H. Breidenbach, of Dayton, presented a very unique paper on "The Modern Management of Typhoid Cases." Every one fortunate enough to be present felt that he had listened to a presentation of this important subject by a thoroughly practical physician in a most charming and fascinating manner. Dr. Breidenbach has discarded all coal-tar disinfectants, using only copperas. He is an ardent advocate of liberal feeding; ice to head, heart and abdomen; no cold bath; enough morphia hypodermically to remove nervous tremor; and perfect rest. Accept only rectal temperature. Never chase a fly from a typhoid room. Pen him up and destroy him. The climax of the paper was a most fascinating recital of personal experiences in the interpretation of the need of individual patients, impressing upon the audience the great importance of treating the individual and not the disease.

Discussion was opened by Dr. Poling, of Ansonia. There was an attendance of twenty-six, including two visitors.

B. F. Metcalfe, Correspondent.

### THIRD DISTRICT.

**Hancock County.**—The Hancock County Medical Society met at the Findlay Country Club, July 7. The society had as guests Dr. Bertha Van Hoosen, of Chicago; Dr. H. B. Gibbon, president-elect of the Ohio State Medical Association; Dr. Iva Lickly and Miss Rettlesdorf, of Lima; Drs. Reddin and Powell, with wives, of North Baltimore; Drs. Hatfield and N. C. Miller, and wives, of Fostoria; Drs. Majors, Hendershott and Chamberlin, of Tiffin; Miss Roma Lambert, superintendent of Findlay Hospital, and her assistant, Miss Stewart; the graduate nurses, Miss Pepple, Miss Swisher and Mrs. Arnold; the wives of a number of the members; and for the lecture a number of club women from Findlay were interested listeners.

A six o'clock dinner was served to about forty and an hour of social pleasure followed. Miss Martha Wilson and Miss Alta Carrothers furnished delightful piano and violin music. At 8 p. m., Dr. Bertha Van Hoosen gave her lecture on Twilight Sleep, demonstrating the method she has adopted by using miniature apparatus and patient. Dr. Van Hoosen is a successful, busy surgeon, and is often asked why she bothers with obstetrics. Her answer is that she considers her Twilight Sleep research and practice as her fun and her entertainment.

The doctors of Hancock county and their guests congratulated themselves upon hearing Dr. Van Hoosen and felt repaid for weathering the severe storm which continued throughout the day and evening.

The lecture must be heard to be appreciated, but this is Dr. Van Hoosen's startling assertion: "We have no blue babies." She also stated that all abnormal conditions are more easily cared for with fewer accidents than under any other anæsthetic or without an anæsthetic. An article from Dr. Van Hoosen in the Journal would surely be appreciated.

Nelia B. Kennedy, Correspondent.

**Seneca County.**—The regular monthly session of the Seneca County Medical Society was held in the parlors of the Hotel Shawhan, Thursday evening, July 15, at 8 o'clock. Those present were President M. W. Ueberoth, Secretary G. W. Willard, Treasurer G. L. Lambright, H. B. Gibbon, J. D. Howe, C. M. Comer, E. H. Porter, Bryce Miller and R. C. Chamberlain.

E. H. Porter was appointed a committee of one to confer with the medical fraternity of Port Clinton, with regard to making the necessary arrangements for a mutual participation in the regular annual fish dinner, which will be given in Port Clinton in the near future.

In lieu of the regular monthly program, Presi-



dent Uberroth read a very interesting editorial from the pen of Editor C. F. Taylor, in the July issue of *The Medical World*, on the question, "The Retail Druggists and State Medical Legislation." The general discussion which followed the reading of the editorial was both thorough and interesting, but the effort, although very commendable, proved to be but another very noticeable failure, simply because nothing tangible was effected. When the time comes when physicians will act more in genuine sympathy with the uplift of the fraternity, and talk less in-harmony and lack of real co-operation among the members of the profession, then some real good can be accomplished. There is woefully lacking in the medical brotherhood the unanimity of concord that characterizes the organization of druggists, who usually get what they are after simply because they are a thoroughly classified unit, and because they never cease nor tire in their efforts.

Who would censure the druggist for desiring all he is able to obtain legitimately? Surely no one; but the crux of the mooted question is that he usually takes more than is justly and legally his. Should he decide to limit his business wholly to that of an honest, conscientious druggist and leave the physician's field of endeavor to those who have been especially prepared for such labor, the antagonistic spirit that has been engendered between the druggist and physician would naturally give way to the more commendable spirit of mutual helpfulness and good will. This question of the druggist's and the physician's rights before the law will undoubtedly be finally settled within the next few years, and then the druggist will know that the physician's work consists in the writing of a prescription and that his work consists in the compounding of it only. Just as long as the druggist insists upon prescribing and compounding for every applicant for a remedy for any disease, just that long will the antagonism between the druggist and the physician continue. The day is not far distant when the physician will write his prescriptions and the druggist will compound them, and the physician will be well pleased with the change. The continually increasing prices of drugs will have a great influence in bringing about the change for the physician cannot afford to carry the necessary amount of remedies. It would indeed be wise for druggist and physician to get together.

The program for August will consist of papers by R. R. Hendershott, "The Use of Pituitrin"; G. L. Hoege, "Reminiscences"; W. H. Benner, "The Serum Treatment of Gonorrhoea." This will no doubt prove to be one of the very best programs of the year. Every member should be present.

B. R. Miller, Correspondent.

**Auglaize County.**—The Auglaize County Medical Society met on June 24, in regular session with R. A. Rulmann in the chair, at Minster, Ohio.

Dr. C. A. Howell, of Columbus, Ohio, gave an extremely interesting lecture on "Anoci Association" to the assembled physicians. The enormous importance of a proper anoci association has been more and more recognized, and Dr. Howell's discourse was therefore not only of an unusual interest but of great importance. He frequently referred to Dr. Crile's work, especially to his animal experiments which proved the destructive effect of fear and pain on the brain.

Explaining that in shock the heart was empty and the blood contained in the veins, due to affection of the vasomotor center, he decried the custom of some doctors, due to their ignorance of the pathology of shock, to give strychnine and even vasomotors—thereby aggravating the condition. He referred to a case of extreme shock where he had by the aid of a syringe with a long needle, filled the ventricle with normal saline solution thereby almost immediately restoring the heart action.

He emphasized that shock was the thing most dreaded by surgeons and that many deaths after operations are due to it; that three things are mainly responsible for producing shock, namely, fright, a long narcosis, and a clumsy surgeon; and that it is the aim of a proper anoci-association to avoid these harmful influences.

He embodied the requirements for a perfect anoci-association in three cardinal points:

1. To reduce the toxic action of the general anesthetic, which can be done by the partial or total employment of nitrous-oxide gas.

2. To eliminate as far as possible the traumatic factors which necessarily are present in all operations. Therefore a perfect technique and rapid operating should be a required asset of every surgeon.

3. To minimize the psychic effects of the anticipated operation, especially fear. To carry out a technique requires the careful training of the surgeon, the nurses and everyone connected with the hospital who comes in contact with the patient, also thoroughness and care with which each step of the anoci-association is performed by everyone from the clerk who admits the patient to the nurse who attends the patient through convalescence.

Dr. Howell expressed the conviction that the time would come soon when every reputable surgeon would insist on a perfect anoci-association as he insists now on a scrupulously executed asepsis; that probably some time would elapse until a generally recognized technique is developed—pointing to the fact that it had required a long time to change antiseptic methods to aseptic methods and to standardize the present recognized technique of surgical asepsis.

In his closing remarks he emphasized that no patient should be allowed to suffer pain after operation as morphine, even in large doses could in most cases be given without danger; that it is rather beneficial to the patient, as it rests the

brain; that the relieving of pain was a very important factor in successful surgery; and that a surgeon who does not believe in anoci-association is a cripple-hearted man.

The following discussion brought out the fact that some surgeons who had done operations for Auglaize county physicians had let the patients suffer excruciating pains without even trying to relieve them, due to their cold-heartedness. It seemed to be the general consensus of opinion that surgeons who have lost all sympathy and pity for human suffering should not be supported by the general practitioner. No matter how efficient they are in their surgery if their heart is petrified they are not the best men to entrust patients to. It was brought out that there are many brilliant surgeons who have not lost all human feelings and whose aim is not only to make a successful operation but also to comfort the patient and to relieve them of all pain possible. The most prominent surgeons aim to eliminate fear and pain, and the surgeon who has forgotten that the most noble duty of our profession is to relieve pain should be forced by public opinion, and by loss of patronage, to change his methods.

The lecture of Dr. Howell was received with immense enthusiasm and probably no paper ever read before this society has aroused such general interest. A vote of thanks has never been tendered with greater appreciation than that for this paper.

As this lecture had taken up the greater part of the evening it was decided to postpone the papers of Drs. Stuckey and McKee until next meeting, which was held in St. Mary's on July 15th.

After the meeting the assembled physicians retired to Hotel Sommer, where an excellent meal held them together for a long time in informal social intercourse.

C. L. Mueller, Correspondent.

**Mercer County.**—The members of the Mercer County Medical Society with their families held their annual picnic at Edgewater Park, Celina, on July 27. The occasion was enlivened with music by the Fishbaugh brothers and toasts by J. P. Symons, D. H. Richardson, Mrs. W. C. Stubbs and Mrs. W. R. Taylor, Dr. W. R. Taylor acting as toastmaster. The feast was followed by informal social intercourse and a smoker and short business session of the doctors. Dr. W. A. Lieser, of Fort Recovery, was elected to membership. Forty-three plates were spread with a sumptuous repast. All present enjoyed themselves to the utmost.

D. H. Richardson, Correspondent.

**Marion County.**—At a business meeting held in Marion on July 6 the revised society fee bill was adopted. Two applications for membership were received.

Jas. W. McMurray, Correspondent.

**Logan County.**—The Logan County Medical Society held the second of its out of town summer meetings in the office of Dr. H. A. Skidmore in West Mansfield, Friday afternoon, July 2. At this meeting another of the "boys" who has left us for active practice in other parts of the state was the honor guest and special essayist of the day—Dr. Charles Lukens, of Toledo, who was born and raised in this neighborhood.

His subject was "Infections from the Nose and Throat." The doctor treated his subject in such a way that it was intensely interesting and practical for the general practitioner. He gave no set essay but rather discussed the subject in a general and informal manner. He laid great stress upon the dangers resulting from diseased tonsils and adenoids, from common colds, acute coryzas and from irritation due to dusts; and he pointed out how inflammations of the nose and throat could and do extend to the accessory sinuses and thereby cause a train of symptoms that often puzzle the doctor and also cause the patient a great deal of pain and suffering. It was certainly a pleasure as well as privilege to have Dr. Lukens with us again, and we trust he will return.

Dr. W. W. Hamer was the second essayist. Subject, "The Myth of Indigestion." The doctor did not deny that a person never has indigestion, but his paper was rather along the line that not every person who complains of his stomach has indigestion, but rather that many of the so-called cases of indigestion are simply the result of more serious disease in some other organ of the body, and the stomach disturbance is purely reflex. He emphasized the necessity of thorough and complete examination of every patient complaining of any stomach disturbance, to know positively whether it is the primary trouble or secondary to a diseased condition of some other organ of the body.

There were twelve members and five visitors present at the meeting. All who missed the West Mansfield meeting missed a good meeting, one of the best we have had.

The next meeting will be at DeGraf, August 6, at which time we will have another of the "boys" as the special essayist, and it will be another meeting you cannot afford to miss.

A. J. McCracken, Correspondent.

#### FOURTH DISTRICT.

**Wood County.**—The Wood County Medical Society—which has taken a new lease on life and is booming—held a splendid meeting at Perrysburg on July 7. Thirty members were present at the afternoon session and two or three additional arrived for the dinner in the evening. Enthusiasm manifest indicates that Wood county is to become one of the strongest organizations in the state.

The society met at 2 p. m. in the rooms of the Perrysburg Civic Association, with F. D. Halleck,



president, in the chair. A paper on points of treatment in cholera infantum was presented by Dr. H. E. Ward, of Pemberville, and was discussed by Drs. M. A. McKendree, of Bowling Green, I. S. Bowers, of Perrysburg, and others. The second paper on the program by Dr. H. J. Powell, of Bowling Green, on "Diabetes," was postponed for lack of time.

Dr. C. W. Moots, of Toledo, delivered a brief talk upon the possibilities of medical organization and the need of a united profession in Ohio. Dr. C. D. Selby, of Toledo, secretary-treasurer of the State Society, followed with a splendid talk on the value of medical organization to the profession and to the community at large. Mr. Sheridan, of Columbus, news editor of *The Journal*, briefly outlined some of the work undertaken by the State Society during the past two years.

While the program was being presented, the ladies of the party were entertained at tea at the home of Dr. and Mrs. W. H. Rheinfrank. At 4 o'clock the entire party embarked on a trip down the beautiful Maumee. At 6 o'clock a splendid dinner was served.

The evening was rendered especially pleasant by after-dinner talks in which several of the pioneer practitioners of the county told of earlier experiences and of the hardships they encountered. These talks were by Drs. F. M. Cook, of Bays, J. C. Lincoln and W. M. Tuller, of Bowling Green, and I. S. Bowers, of Perrysburg.

The society voted unanimously to hold monthly meetings, and enlisted several new members. On Wednesday, August 4, the annual picnic was held at Volmer Park, near Haskins.

News Editor.

**Paulding County.**—The Paulding County Academy of Medicine met in regular session Wednesday evening, July 21, in the Armory. A goodly number of the county physicians were present, together with several visitors from the Defiance County Medical Association and a large number of the representative citizens of the city of Paulding as invited guests.

Dr. C. E. Barnett, of Ft. Wayne, was present and gave an illustrated lecture on diseases of the male genito-urinary tract, dwelling especially on diseases of the prostate. He exhibited twenty-four lantern slides, mostly made from his personal dissections, which were excellent. One of the most important points to be emphasized in surgery of the prostate is the pre-operative and post-operative treatment. Another point emphasized is that one out of every four cases operated upon for prostatic trouble is malignant. Dr. Barnett stated that it had never before been his privilege to address a county society in which every physician in the county was a member of the society. At the close of his address a hearty vote of thanks was extended him by the society.

C. E. Huston, Correspondent.

**Williams County.**—The Williams County Medical Society met in regular session at Edgerton, July 22. There were present 18 members and one visitor. A resolution was adopted providing for monthly meetings of the society in the future. Another resolution authorized the secretary-treasurer to pay one dollar per member out of our treasury to the State Society to meet our share of the necessary expense of continuing the *State Journal* through the current year.

Dr. Held presented a splendid paper on myocarditis, which was ably discussed by Dr. Solier, who emphasized the necessity of careful examination of the heart muscle and that valvular disease was of far less importance than the general muscular condition of the heart. The paper was of great interest and was discussed by a number of others.

Dr. Reynolds presented a paper on diabetes insipidus, calling careful attention to the importance of differentiating between diabetes insipidus and polyuria. This paper was also discussed at length.

After the meeting we were invited to the pleasant home of Dr. Emanuel, where light refreshments were served by the ladies and wives of the profession of Edgerton, which was certainly a pleasant occasion for all present. One new member was added to our list. The next meeting will be held at Montpelier, August 26.

M. V. Replogle, Correspondent.

#### FIFTH DISTRICT.

**Lorain County.**—The Lorain County Medical Society convened in regular monthly meeting in the St. Joseph Hospital, Lorain, Tuesday, June 8. The meeting proved to be an interesting one and had a good attendance. Luncheon was served by the hospital authorities. Following this were two instructive scientific papers by Dr. Waite Adair and by Dr. S. V. Burley, both of Lorain, and an interesting report by Dr. S. S. Cox, Lorain, of the Ohio State Medical Association's meeting in Cincinnati.

Dr. Adair's paper was on "The Psychic Equivalent of Epilepsy." He said in this that epileptic convulsions are absent. It is a marked epilepsy as a rule accompanied by profound disturbance of the consciousness, and more or less amnesia of the periods of duration of the attack. Some of the equivalents are:

1. Mere interruption in the continuity of consciousness associated with partial muscular spasm. These may be limited to momentary grimaces, twisting of the head or the limbs or stuttering of incoherent words.

2. The same disturbance of consciousness with simultaneous automatic dreamy impulsive acts; for example, urinating, collecting objects that are near at hand running blindly etc.

It is probable that paroxysmal sweating occurring without cause, and especially without muscular exertion, with or without vertigo, and

with reduction of motor innervation and trembling, are to be interpreted as attacks of an epileptic neurosis.

The wild stage, where patients run amuck, striking and assaulting indiscriminately every one in their range—the characteristic epileptic furor—is a nerve storm which may justly be considered an equivalent. These sudden impulses to violence and even homicide render epileptics especially dangerous. Criminal acts are sometimes committed with a certain appearance of free will, and yet the person committing such acts have no recollection afterwards of committing the acts. In some cases he remembers and can give an account of an occurrence immediately after it has happened, yet, a short time afterward he has no further recollection of it.

In cases of this kind who have never suffered from epilepsy the diagnosis of an epileptic equivalent is difficult. In such cases it is necessary to direct our attention to three facts that often escape observation: (a) Epilepsy, criminality or alcoholism in the family. (b) Well marked epileptic character. (c) Alcoholism, syphilis, some doubtful injuries, intestinal intoxications.

Paper was discussed by Drs. Cox, Mead, Metcalf, Hubbell, Smith, Monosmith, Maynard. Dr. Adair closed the discussion.

Dr. Burley's paper was on "Complications of Antrum Troubles." He spoke of the importance of the drain of the antrum of Highmore and that pain is due to the retention of pus or secretion, varying in accordance to the secretion or retention. The cause of cough following influenza is often due to pus secretion running into nasopharynx if antrum of Highmore has any inflammatory condition terminating usually with protrusion of polypi.

Paper was discussed by Dr. Gill, Elyria. Dr. Gill said that we seldom if ever find tuberculosis of the accessory sinuses of the nose. Dr. Monosmith said that the sinuses are involved more or less in all cases of acute coryza and influenza. Cases smelling own breath and no one else noticing it, is almost pathognomic of antrum trouble. Dr. Burley closed the discussion.

Dr. Burley was appointed as chairman of committee to arrange for a picnic. This picnic was held on July 16, and the society had as its guests the dentists and druggists of the county.

It was voted to discontinue our meetings during the months of July and August, as usual.

C. R. Meek, Correspondent.

**Cuyahoga County.**—The one hundred and twenty-first regular meeting of the Academy of Medicine was held Friday, June 18, 1915, at the Cleveland Medical Library, the president, Dr. C. F. Hoover, in the chair. Program: 1. The Sanitary Survey of Cleveland's Industries, E. H. Cox, M. D. Discussion by Drs. F. E. Bunts, C. F. Hoover, G. W. Crile and Dr. W. M. Gregory, of Berea, who added very much to the discussion by

an account of his findings in numerous post-mortems on patients dying from stone-cutters' phthisis. 2. Report of Personal Surgical Experiences in Peculiar Phases of Ductless Gland Disease, Allen B. Kanavel, M. D., Assist. Prof. of Surgery, Northwestern University. Dr. Kanavel confined himself to the presentation upon the screen of X-ray and other photographs, accompanied by a running presentation of the salient facts in each case or subject presented, pointing out what conclusions or inferences might be drawn and entirely avoiding any theorizing. The subjects presented were of extraordinary and practical interest, and based in main upon Dr. Kanavel's own experimental and clinical findings. Discussion followed by Drs. G. W. Crile, David Marine and C. F. Hoover. Closed by Dr. Kanavel.

Adjourned at 10 p. m. Attendance, 67.

J. E. Tuckerman, Correspondent.

**Ashtabula County.**—The Ashtabula County Medical Society held its 103d meeting at the Ashtabula General Hospital, Tuesday evening, July 6, with President M. M. Battels in the chair.

The principal paper of the evening was "Some Practical Points in the Study of a Cancer," by John Foreman, Columbus, O. Dr. Foreman gave a very interesting talk on the subject, especially from the research and chemical point of view. In all cases he advocated early removal of all growth. He exhibited photographs taken in the laboratory and clinics.

The next paper was a report on the biological clinic at Detroit, by P. Collander, which was well enjoyed. Both papers were well discussed in general.

The president appointed a committee consisting of A. W. Hopkins, B. C. Eades and O. A. Dickson to draw up resolutions on the death of F. E. Tibbits, whose death occurred on the fifth of July.

A luncheon and cigars were served, which all enjoyed. The attendance was large. A vote of thanks was extended to Dr. Foreman.

J. J. Hogan, Correspondent.

**Medina County.**—The Medina County Medical Society held a regular meeting at Medina, July 21. Medical and dental inspection of schools was the principal subject for discussion. Several members gave case reports which were entertaining and well discussed.

R. G. Strong, Correspondent.

**Geauga County.**—After a period of some nine months during which no meetings have been held, the members of the Geauga County Medical Society met at Burton on Thursday, July 22, with Drs. Clyde E. Ford and C. L. Cummer, of Cleveland, as guests. Dr. Cummer's address on the subject of pathology and treatment of syphilis was both practical and instructive, while Dr. Ford answered all questions on health matters and brought forth more or less lively discussion.



which made the meeting a very interesting one. The special assessment was met by all members. Plans were made for an August meeting.

Isa Teed-Cramton, Correspondent.

#### SIXTH DISTRICT.

**Summit County.**—During the first six months of 1915 the Summit County Medical Society held six regular meetings with a total attendance of 350 and an average of 59. Members and visitors attended from Akron, Barberton, Canton, Cuyahoga Falls, Copley, Cincinnati, Kenmore, Peninsula, Wadsworth and Ann Arbor, Mich., Washington, D. C., Richmond, Indiana, and Toronto, Ontario. The program consisted of six papers, four lectures, three cases presented, one symposium, one specimen presented and one vaudeville sketch given by nine members and seven visitors.

Six applications for membership will be presented in September when meetings will be resumed. The program for that month will be, "The Eternal Why," given by J. F. Baldwin, M. D., F. A. C. S., of Columbus.

Four members have left the county but the membership is 165, the largest in the history of the society, and all are paid up. Repeating the record of 1914, not one member has been lost for non-payment of dues. Two have died, Edwin Brown Harper, of Clinton, and Mark Delimon Stevenson, of Akron. Twelve have been ill, four suffered bereavements, two were arrested (automobile cases), six were married and in the families of five, children were born.

For the remainder of the year a fine series of programs have been arranged. Thirteen members have been admitted this year.

A. S. McCormick, Correspondent.

**Ashland County.**—The regular quarterly meeting of the Ashland County Medical Society was held in Loudonville, Tuesday, July 13. An excellent paper on appendicitis was read by Dr. J. L. Stevens, of Mansfield.

**Richland County.**—The Richland County Medical Society held an interesting meeting in Mansfield, July 21, although only one paper was presented—one essayist being excused. Dr. Edward Remy's paper on "Anesthesia and the Selection of the Anesthetic," brought out many questions for him to answer in closing the discussion. Dr. Frank McCullough, was a guest. We hope he will join us soon as a member.

J. Lillian McBride, Correspondent.

**Portage County.**—The regular monthly meeting of the Portage County Medical Society was held at the residence of Dr. E. H. Knowlton in Mantua, July 8. Dr. and Mrs. Crile drove down from

Cleveland, and Dr. Crile gave an exceedingly interesting talk on the European war. The doctor has many good pictures taken on his recent trip and while in charge of the University Unit of the hospital. They give a much better idea of the conditions there than could be had in any other way.

Following the address a business session was held. It was decided to hold the annual outing at Sandy Beach on August 11. The fee bill adopted some time ago has been printed on heavy paper and is now in the hands of the physicians of the county.

John F. Hill, Correspondent.

**Stark County.**—The Stark County Medical Society met in Canton, Tuesday, July 20. The program was as follows: Dr. J. F. Wilson, of Lima, "Summer Diarrhoeas"; "Facial Development and its Relation to Breathing from a Practical Standpoint," Dr. Byron Metzenbaum, of Cleveland; "A General Discussion of the Harrison Federal Narcotic Law," Dr. G. L. King, president.

#### SEVENTH DISTRICT.

**Tuscarawas County.**—The Tuscarawas County Medical Society met in the Vail Theater in Uhrichsville, July 6, at 3:15 p. m., with the president, Dr. Fred Larrimore, presiding.

The only business transacted was the reading of a communication from the State Medical Association treasurer serving notice that the assessment of one dollar called for by the House of Delegates at the last meeting was due, and the secretary of our society was instructed to collect the amount from each member and forward the same to the state treasurer.

Dr. Charles F. Bowen, of Columbus, discussed the subject of X-ray in diagnosis and treatment, illustrating the same with lantern slides. He showed a great many views of malignant growths before and after treatment and also a number of foreign bodies discovered by the use of the X-ray. The discussion that followed was of great interest to all present.

The next meeting will be held at Newcomers-town the first Tuesday in August.

James A. McCollam, Correspondent.

**Jefferson County.**—The meeting of the Jefferson County Medical Society was held on Tuesday, July 13, 1915, at 2 o'clock in the I. O. O. F. Building, Steubenville, with the following program: Reports from the meeting from the A. M. A., by Drs. Floyd and Podlewski; "An Unusual and Interesting Post-mortem Finding," by Dr. Enoch Pearce.

The remainder of the time of the meeting was taken up by clinical cases and clinical reports.

J. R. Mossgrove, Correspondent.

**Harrison County.**—The July meeting of the Harrison County Medical Society was postponed to meet August 3 in Jewett. The subject of the August meeting is medical inspection of public school children.

S. B. McGavran, Correspondent.

**Monroe County.**—The Monroe County Medical Society held its regular monthly meeting on Wednesday, July 7, in Woodsfield, in the office of Dr. A. H. Korner. Dr. John A. Riebel, of Columbus, read a paper on tuberculosis of the kidney, illustrating his points with several interesting radiographs. Dr. Riebel followed this with a demonstration of the use of the cystoscope. At the close of his address, he was accorded a vote of thanks and was elected an honorary member of the society.

Two new members were added—Drs. J. H. Pugh, of Woodsfield, and C. E. Edwards, of Jolley, increasing last year's membership by four. The August meeting was held in the court house at Woodsfield on August 11.

#### EIGHTH DISTRICT.

**Fairfield County.**—Drs. A. A. Bradford and C. M. Brown entertained the Fairfield County Medical Society, Tuesday afternoon, July 20, at the home of Dr. Bradford in Bremen. Twenty-one members and four visitors were present. The visitors were Dr. Crosby, of Junction City, Dr. Bradford, of Cambridge, and Dr. Fishel, of Thurston.

In the absence of President C. G. Axline, Vice President Geo. W. Beery called the meeting to order. A number of very interesting clinical cases were reported by Drs. Beery, Bounds, Plum, Roller, Hazelton and Boerstler. Dr. Geo. W. Roller read a very instructive paper on acute gastritis, which brought forth considerable discussion.

At the close of the meeting all adjourned to the dining room, where an elaborate dinner was served. All agreed that this was the most successful meeting of the year and a vote of thanks was tendered Drs. Bradford and Brown for the splendid manner in which they had entertained the society. Arrangements are being made to hold the August meeting at Crystal Springs, near Sugar Grove. Every member in the county is urged to be present.

James M. Lantz, Correspondent.

**Muskingum County.**—The regular meeting of the Muskingum Academy of Medicine was held in the Chamber of Commerce rooms, Zanesville, July 14. Vice President Long opened the meeting and gave us an illustrated talk on "Some Complications of Mastoid." Dr. Long's talk was very instructive and brought forth considerable discussion. Dr. W. C. Bateman read a paper on "Blind-

ness," which showed careful preparation and was very interesting. Both subjects were discussed by Drs. Crossland, Warburton, Allen Soebell, Bainter, Dustheimer, Long and Bateman. Dr. Soebell, of Sonora, was a guest of the Academy. Edmund R. Brush, Correspondent.

#### TENTH DISTRICT.

**Knox County.**—The monthly meeting of the Knox County Medical Association, held at Gambier, Wednesday, July 14, resolved itself into a purely social affair, the wives and families of the different doctors enjoying the afternoon. Fifty were present. Luncheon was served at noon at Harcourt Place Seminary by Mrs. Francis W. Blake. In the afternoon, Dr. William Foster Peirce, president of Kenyon College, delivered an address to the Association on the European war. The remarks of Dr. Pierce were greatly appreciated, coming from one who has made a close study of the conditions surrounding the present conflict.

#### CLEVELAND IS PROVIDING

##### 760 NEW HOSPITAL BEDS

#### Extensive Bulding Will Relieve Present Overcrowded Conditions.

Cleveland newspapers say that \$1,250,000 is now being spent on hospitals in that city, and that overcrowded conditions will be relieved by next summer by the addition of 760 beds.

At German hospital, an addition to provide 85 to 100 beds, doubling the present capacity, is being completed. Cost, without equipment, \$35,000.

An addition to Charity hospital will increase the capacity from 135 to 265 patients. Estimated cost, \$250,000.

The new Mt. Sinai hospital will provide 225 additional beds. Estimated cost, \$600,000.

St. John's hospital will have a capacity of 250. Estimated cost, \$250,000.

The new Lakewood hospital will have a capacity of 55 beds and will cost \$100,000.

Mt. Sinai hospital will be completed and ready for occupancy next July. St. John's new hospital and the additions to German and Charity hospitals, it is expected, will be ready for use this fall. Efforts are also being made to complete the Lakewood hospital before cold weather.

Regarding the special assessment of one dollar levied by the State Society the Bulletin of the Butler County society comments: "The O. S. M. A. has been doing good and effective work for doctors all over the state. The funds have not been sufficient to continue, hence the assessment. Let the work continue by lending a hand."



AMERICAN PROCTOLOGIC SOCIETY  
MEETING IN SAN FRANCISCO

Ohio Members Take Active Part in Splendid  
Program.

The American Proctologic Society held its seventeenth annual meeting at San Francisco, June 21 and 22, under the presidency of Dr. Louis J. Krouse, of Cincinnati. Dr. T. Chittenden Hill, of Boston, was elected president for the ensuing year. Dr. Krouse and Dr. George B. Evans, of Dayton, were elected to membership on the executive council. Dr. Wells Teachnor, of Columbus, was one of the three elected to associate fellowship.

In his inaugural address, Dr. Krouse deplored the fact that medical schools are slow in establishing the chair of proctology such as has been done in all the important post graduate schools of the country. He advocated that there be a ward set aside in all teaching hospitals where the student will be able to acquire a better knowledge of this specialty and will be better prepared to treat such cases intelligently.

Dr. Walter I. LeFevre, Cleveland, reported a case of carcinoma of the sigmoid. Patient, male, age 55 years. Suffered with abdominal pain in the left iliac fossa for one and a half years. Complained of constipation, becoming gradually worse until a natural passage was impossible. Use of enemas resorted to but difficult to retain. Stero-roentgenogram made by injecting Barium Sulphate emulsion consisting of Barium Sulphate 6 oz., Pulv. Gum Tragacanth, 2 drams, Aqua, 40 oz.) This would start to be expelled when about 10 oz. was injected, but by repeated efforts 30 oz. was finally injected and retained long enough to get the pictures. Some of the emulsion passed to the upper end of the ascending colon; the transverse colon was filled; the descending partially filled; the sigmoid and rectum entirely filled. The pictures show the sigmoid loop bound down in the pelvis and almost occluded. Operation confirmed the findings. Condition hopeless. Patient died.

Dr. Evans presented a paper on "Emetin Hydrochloride in the Treatment of Amebic Dysentery." Amebic dysentery is epidemic in tropical regions. It may become endemic by importation. Although various authors have contributed to a very comprehensive knowledge of the disease, there still exists considerable confusion in the interpretation of those symptoms and signs which make for accurate diagnosis and prognosis. Dysentery may persist for months or years after the amebic ulcerations have been healed, without amebiasis being present. It may exist in a mild or severe form. A positive diagnosis can only be made by

the aid of the microscope. The smears should be taken preferably from the ulcerations on the free border of the rectal valves. The author believes that treatment by irrigation is a thing of the past. It has been supplanted by emetine hydrochloride hypodermically. Diet and rest are very important in treatment. The conclusions are that what quinine is to malaria, and mercury to syphilis, emetine hydrochlorine, hypodermically, is to amebiasis.

Dr. Samuel T. Earl, of Baltimore, briefly reviewed recent proctologic literature. Other papers were presented as follows: Dr. William M. Beach, Pittsburgh, "Rectal Prolapse and Its Mechanics"; Dr. Rollin H. Barnes, St. Louis, "Cause of Dissatisfaction with Hemorrhoidal Operations"; Dr. Louis J. Hirschman, Detroit, "The Present Status of Local Anesthesia in the Surgery of the Lower Bowel"; Dr. William H. Kiger, Los Angeles, "Which is the Best Anesthesia to be Used in Anal and Rectal Surgery"; Dr. Dwight H. Murray, Syracuse, "Further Observations on the Treatment of Pruritus Ani by Autogenous Vaccines"; Dr. James A. MacMillan, Detroit, "Peritoneal Adhesions and Intestinal Stasis"; Dr. Lewis H. Alder, Philadelphia, "Constipation with Special Reference to its Treatment"; Dr. William H. Axtel, Bellingham, Wash., "The Ultimate Nervous Results of Acute Angulation of the Sigmoid and the Consequent Fecal Stasis"; Dr. J. Rawson, Pennington, Chicago, "Notes on Rectal Fistula"; Dr. Alfred J. Zobel, San Francisco, "Fecal Abscess in Pouch of Douglas, Following Typhoid; Report of Case." "Ischiorectal Abscess in Nine-day-old Infant; Report of Case."

The man who advertises is not a philanthropist seeking for opportunities to give away his money; he is a business man attempting to enlarge his list of acquaintances and customers. If a journal is to obtain and keep the best grade of advertising, the advertiser must have some evidence that his "announcements are being read." This Journal belongs to the State Medical Society, and every member owns a share in it and is interested in its financial success. Why not help things along by looking over the advertising pages when you are in need of surgical or medical or orthopedic or automobile supplies of any kind to see who is anxious to supply your wants? And when you write to inquire about anything mention The Journal, your Journal.

Xenia physicians delivered popular talks on infant care each afternoon during "Better Babies" week, conducted under the auspices of the Xenia Social Service League. The lecturers were Drs. W. A. Galloway, Harold Messenger, R. H. Grube, C. J. McPherson and A. C. Messenger.

## STATE HOSPITAL SITUATION SOMEWHAT RELIEVED BY LEGISLATURE; JUVENILE RESEARCH BUREAU LOSES

Despite the fact that Governor Willis vetoed sections of the general appropriation bill eliminating large amounts which the legislature had set aside for additional state hospital facilities, a careful analysis of the measure shows that the eighty-first general assembly, which adjourned June 1, was far more liberal in dealing with these state institutions than any legislature in recent years.

The following additional buildings will be started within the next two years as a result of the legislature's generosity:

**Cleveland State Hospital**—Tuberculosis shacks, \$10,000, 1915; for remodeling old laundry building into patients' cottage, \$10,000, available in 1916.

**Columbus State Hospital**—One patients' cottage, \$70,000.

**Massillon State Hospital**—Two cottages, \$70,000 each. These will care for about 200 additional patients and when completed will be used to house the overflow from the Cleveland State Hospital.

**Epileptic Hospital, Gallipolis**—Two cottages, \$140,000. An additional cottage is now in course of construction and will be ready shortly. When these three new buildings are complete the serious epileptic situation will be somewhat relieved. For two years the institution has been practically closed to new patients and probate judges throughout the state report long waiting lists.

**State Hospital for Feeble Minded, Columbus**—Patients' cottage, \$75,000; hospital building at the custodial farm at Morgan Station, \$25,000. At this institution another new cottage will soon be ready for occupancy and this, with the building allowed, will somewhat relieve the situation at this institution which has been very similar to the Gallipolis problem. The hospital building at the custodial farm was seriously needed.

**State Tuberculosis Sanatorium, Mt. Vernon**—In 1916 an appropriation of \$50,000 will be available for the erection of a hospital building. The institution is built on a cottage plan and at present has no facilities for the care of patients who are in need of hospital care. This appropriation meets probably the most serious need in the state.

Governor Willis, after the appropriation bill had passed both houses, materially reduced the legislative appropriation.

The most serious effect of his veto was the elimination of an appropriation for a receiving cottage at Massillon State Hospital, to cost \$40,000. The state board of administration planned to develop at this institution a modern psychopathic receiving ward for the more intelligent placing of the insane. After numerous conferences with the finance committees of the house and

senate, the need of such an innovation was thoroughly impressed upon the legislators. Governor Willis offered no explanation for his veto, except the need of economy in state government.

The governor also vetoed an appropriation of \$40,000 for an additional hospital building at Dayton State Hospital, which is overcrowded. He vetoed an appropriation for two cottages at the Columbus State Hospital, where for some months patients have been crowded into small rooms and have been sleeping in the corridors and in the attics. He permitted to stand an appropriation for one additional cottage at this institution. He also vetoed an appropriation of \$16,500 for additional farm land needed by Toledo State Hospital.

Although the money was appropriated by the legislature, the present overcrowded condition will not be immediately affected. It requires nearly two years to erect the patients' cottages. The first money was not available until July 1, and much of it will not be available until July 1, 1916. A recent investigation by the state board of administration shows that there are now 4,400 more patients in the state hospitals than these institutions were built to provide for.

In other words, the legislature appropriated approximately one-half million dollars for additional facilities. A low estimate by the board's experts places the amount needed to accommodate the patients now housed in the institutions at \$4,500,000.

\* \* \*

The most serious defection of the legislature from an institutional standpoint was its failure to appropriate money to establish on an effective basis the new Bureau of Juvenile Research, which was provided by law two years ago. When the bureau was established it was recognized by all that it could not be operated effectively without a central institution with proper buildings to be used as a receiving ward for all juveniles committed to state institutions. Two years ago the legislature appropriated about \$9,000 to inaugurate the department. This provided for the employment of a psychologist, a diagnostician, two field workers and a small laboratory and office staff. At that time it was announced that the 1915 legislature would provide the necessary institutional home.

The temporary staff, under the direction of Dr. Thomas H. Haines, has been working for some time, and has clearly demonstrated the need of such a central laboratory. After reviewing the proposition, the state board of administration asked the legislature for \$250,000 for this purpose. The estimates were finally cut to \$210,000. The



finance committees of both house and senate refused to give serious consideration to the proposition, however. The newspapers of the state took up the matter and strongly urged the importance of this intelligent method of handling the juvenile delinquency problem. The legislature continued to refuse consideration, and finally adjourned after appropriating only enough money to maintain the present temporary staff.

This means for the next two years a movement which was conceded by all experts to be the most practicable plan ever devised to deal with the state's juvenile delinquency, will have to proceed under a prohibitive handicap—in the name of economy.

**Splendid Work.**—The committee of American physicians for aid of the Belgium profession reports that it has collected to date \$6,933.50 and disbursed a like amount. This committee is doing great work and we are very glad to note that a number of Ohio physicians and a number of county medical societies in this state are listed among the contributors. For instance, under the most recent financial statement, the Knox County Medical Society is credited with a donation of ten dollars.

It is hard for us who live in Ohio to realize the terrible conditions that make necessary a relief movement such as this. The committee has made public, however, an extract from a letter from Dr. George W. Crile, who has recently returned from the war zone and who expressed the matter very well in the following paragraph:

"When I was in Belgium I received first-hand information from a number of Belgian physicians concerning their plight. They are indeed in dire need and there seems to be no way by which this need can be overcome until their land is restored to them again. The free masonry of the medical profession so binds all medical men together that it seems to me that no appeal to doctors for the aid of their associates in Belgium can be in vain. We should all realize also that no single appeal can satisfy what is going to be a long continued need, that we must give now, later again, still later and so answer repeated appeals until later conditions may restore to the Belgians the wherewithal to aid themselves."

#### VON WALDEN INDICTED.

R. Von Walden, head of the widely advertised Von Walden Institute, Cincinnati, has been indicted by the Scioto county grand jury on the charge of practicing medicine without a license. Von Walden is charged with visiting a patient at Portsmouth, making a diagnosis of heart disease and guaranteeing a cure for \$150—payable in advance. He poses as a diet specialist and in this case left a written diet list with the patient. Later he sent medicines.

## LETTERS TO THE EDITOR ON TIMELY TOPICS

### MORE ON FEE-SPLITTING.

Editor, The Journal.—I have been greatly interested and entertained by a careful perusal of Dr. Millikin's letter in the issue of The Journal for June. I am interested for two reasons. The first is because of a paper which I read at a meeting of the Cleveland Academy of Medicine several years ago on the subject of "The Ethics of Specialism," this at a time when even mentioning the subject of fee-splitting in Northern Ohio was "bad form." Two surgeons by actual count attended the meeting, and neither discussed the paper which was devoted to the ethics of fee-splitting. My attention had been called to this by the fact that while my practice was not at all extensive it included patients from many general practitioners, and it was noticeable that from some few of them, with whom I was on the best of personal terms, the referred patients always were poverty stricken or else the victims of advanced or recurrent malignant disease; cases of last resort and either without the ability or willingness to pay when a permanent cure was improbable. It seemed passing strange that these few men with good practices never had a pay patient or one with simple goitre, gall stones, appendicitis, or fibroids. A little quiet investigation showed that such patients invariably went to certain of my colleagues—one of whom, it was rumored, regularly refunded 40 per cent to the referring physician.

Again, I noticed that one of my elders in the profession, a most competent and trustworthy man, was losing his business to a younger man who had been rather definitely associated with him. Although my friend did not mention his loss of business it certainly puzzled him, and I could have cleared up the puzzle had he requested it because I knew of the younger man's tender of one-third for all business sent to him.

Another sample was the elderly physician who asked me to see with him an obstetrical complication and on the way to the patient's residence he remarked that one of a number of surgeons would never operate for him again. He said, "You know doctor, I always employ Dr. So and So to do my surgical work, but in his absence I was obliged to call so and so for an emergency case and would you believe it! He never gave me a single dollar."

I presume these instances all come under Dr. Milliken's caption of Class A, but they stimulated my interest as did the one coming under Class C, in which the attending surgeon gave the referring physician a hundred dollars from his fee for assisting him by remaining in the patient's

room until the latter recovered from the anesthetic.

The second reason for my interest lay in Dr. Milliken's attitude in belaboring something which does not exist, viz., an objection to the assistant or attending physician having a full and proper fee for his work, whether paid by the patient or the surgeon. But the declaration against fee-splitting of the American College of Surgeons and its legal restraint by means of the Hoy bill are directed against **secret fee-splitting**, not an open payment of just fees to all concerned. An obscure disease in a patient of moderate means may demand the cooperation of several specialists, all of whom are entitled to remuneration, but if the patient hands the fee to one of these he should know how it is divided and not be led to believe that one is a great man entitled to all the money while the remainder are his puppets, or that one is a shark collecting all the fee, while the others are donating their services.

The efficacy of legislation against the evil may be questionable, but the moral result of knowing that such an abuse exists, and to an extent demanding laws against it, will awaken the public to an inquiry as to whether it is being bought and sold by certain physicians and specialists.

I may modestly disclaim being an objector who is one of "the leading surgeons of the state" "who are not operating as of yore," first because I am far from a leading surgeon and second because without purchasing my business I still have about the same amount of nerve-racking, sleep-destroying work as ever, referred by men who dare to collect their own fees or who have a sufficient amount of common honesty to tell me that they cannot and wish that I would, openly and above board. I venture the assertion that the state board will never attempt the revocation of a license except or unless there has been a **secret** division of fees whose object has been the secret sale of a patient by one party and the secret purchase by another. Even in that event conviction will be hard to obtain because both have equally good reasons for keeping "mum," and it is safe to say that the moral result of the law will be much greater than its legal aspect.

As I have remarked elsewhere, the profession should have taken this matter up before it became an object of public legislation, but as a profession we are too busy telling others what to do to give our own faults the airing which they sometimes deserve. As individuals in the profession we also are too busy striving to make our own financial ends meet to give attention to proper ways and means for securing adequate compensation for the overworked, underpaid, general practitioner, but there are better ways of doing this than inducing him to become an unethical "bad form" salesman of a patient's health and life.

Yours very truly,

R. E. Skeel, M. D.

Cleveland, Ohio, June 28, 1915.

## SECTION ON OBSTETRICS.

Editor, The Journal.—On page 423 of the July issue of our Journal is a statement regarding the preference of members attending the Cincinnati session of the State Society for the various sections.

It seems to me that such cards must be of little use and not of enough value to justify their printing. My reason for saying this is the following:

Before this meeting Dr. Rogers and I thought that it would be interesting to know as nearly as possible just how many attended our section on obstetrics. We had registration cards printed for our section and although many did not take the trouble to sign, we have in our possession over 200 signed cards. There were 200 chairs in our section meeting room and there were many who stood throughout the entire program. In addition to this, many came to hear certain papers and then left to attend other sections. Seems like your figures are not very accurate, even if "figgers don't lie."

In 1914 this section was relegated to a small room and as a result many were turned away because of lack of space. In 1915, I fortunately arrived in Cincinnati in time to demand and get nearly as much room as we needed. It is to be hoped that the Cleveland committee will open their eyes to the growing importance of this section and not try to stow us away in some little corner with 25 chairs. The medical profession is awakening to the fact that the public is demanding better obstetrics and are anxious to hear the papers of those who are in position to help them. Again let me impress upon you that the Obstetric and Pediatric Section is not merely a section, but is one of the most largely attended and important sections of the Ohio State Medical Society.

Yours, for better obstetrics,

Sylvester J. Goodman, M. D.

Columbus, Ohio, July 17, 1915.

## NEW CLUB AT CUYAHOGA FALLS.

The Cuyahoga Falls Medical Association has been organized with officers as follows: Honorary president, W. S. Hough; president, J. W. Caines; vice president, F. D. Smith; secretary, D. C. Keller; treasurer, B. T. Keller. This organization is the fifth in Summit county, the others being the Summit County Medical Society, 104 members; Summit County Clinical Society, 17 members (Homeopathic); Celsus Club, 16 members, and the Barberton Medical Association, 10 members.

The members of all these organizations are members of the Summit County Medical Society, except one member of the Cuyahoga Falls and three of the Clinical Society.

Dr. Burton R. Miller, Tiffin, has been appointed coroner of Seneca county to fill an unexpired term.



## OHIO STATE UNIVERSITY OFFERS COURSE IN PUBLIC HEALTH, COOPERATING WITH STATE BOARD OF HEALTH

Trustees of Ohio State University at their August meeting, established a department of public health and sanitation. The course is offered under the administration of the graduate school of the university and in cooperation with the state board of health. The principal object of this course is to prepare young men and women for public health work, in Ohio and elsewhere, and to fit them to occupy administrative and executive positions as health officers, members of boards of health, etc. It is planned to provide the scientific ground work or sanitary knowledge which underlies efficient health administration. The cooperation of the state board of health and the Columbus city board of health offers exceptional opportunities for practical study.

Graduates in medicine of recognized medical schools will be admitted to the course and registered as candidates for the degree of Master of Science. Bachelors of Art, or those possessing equivalent degrees from any recognized institution, will be admitted providing one year's preliminary training has been taken in their collegiate courses in each of the following subjects: Chemistry, physics, zoology, comparative anatomy, physiology and pathogenic bacteriology.

Special students, not candidates for the degree, who desire to fit themselves for some special field, will be admitted to the course on approval of the graduate council.

The personnel of the teaching corps of the school is drawn from the staff of the state board of health. E. F. McCampbell, S. B., Ph. B., M. D., professor of preventive medicine, is head of the department. Robert G. Paterson, A. B., A. M., Ph. D., chief of the division of public health education and tuberculosis, will be assistant professor of public health. Emery R. Hayhurst, A. B., A. M., M. D., head of the division of industrial hygiene, is assistant professor of public health. William H. Dittoe, Cer. Eng., chief engineer of the board, is instructor in public health engineering. Frank G. Boudreau, M. D., C. M., director of the division of communicable diseases, is instructor in public health education. L. H. Van Buskirk, B. S., director of the division of hygienic laboratories, is instructor in public health laboratory methods.

The outline of the course has been announced by the university authorities, as follows:

### Courses in Public Health.

**Hygiene.**—Two credit hours per week. First semester. Exercise, fatigue, rest, bathing, clothing, diet, operation and care of the human mechanism.

**Hygiene.**—Special. Two credit hours per week. Second semester. **Industrial hygiene**, including occupational accidents, industrial poisonings, health hazards in connection with various industries. Inspection trips. **Mental hygiene**, prophylaxis, relation of acute infectious diseases, alcoholism, mental tests. Inspection trips.

**Preventive Medicine.**—Two credit hours per week. Second semester. **General course** to give a broad view of the important facts and principles in preventive medicine and the sociological aspects and methods of public health. **Special problems:** Venereal prophylaxis, ocular hygiene, oral prophylaxis, diseases of the ear and nose.

**Public Health Administration and Public Health Problems.**—Two credit hours per week. First semester. Efficiency of public health measures, organization of national, state and local health departments, sanitary law and legal powers and responsibilities of health officers. Current problems in hygiene and sanitation.

**Vital and Sanitary Statistics.**—Two credit hours per week. First semester. Vital, social and sanitary statistics.

**Social Service and Public Health Nursing.**—Two credit hours per week. Second semester. Preventable diseases discussed from their social aspects. Relation between social science and preventive medicine. Existing agencies and principles involved in dealing with medio-sociological problems. History of nursing, organization and principles underlying public health nursing with particular reference to Ohio.

**Communicable Diseases.**—Three credit hours per week. The year. Clinical study and administrative control of the more common communicable diseases. Visits to the hospitals and laboratories.

**Public Health Engineering.**—Four credit hours per week. The year. Principles of sanitary engineering and municipal sanitation. Public water supplies and water purification, pollution of streams, methods of sewage and garbage disposal, street cleaning, hygienic housing, plumbing, ventilation and the effect of insanitary conditions on the public health. Inspection trips.

**Public Health Laboratory and Inspection Methods.**—Three credit hours per week. The year. Methods and examinations employed in diagnosis of communicable diseases, water, food and drug analyses and inspection of meat, milk and food products.

**Seminar and Thesis.**—One credit hour per week. Second semester. Public sanitation problems.

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We haven't the slightest doubt that the following editorial paragraph from the Lima Daily News of August 12 was highly amusing to some of "the older physicians" of the Northwestern Ohio metropolis:

"Since the passage of the state law requiring certificates from an examining board for all practitioners, the old School of Medicine has slipped one across. We don't know whether Governor Willis or the Attorney General approves of it, but what right has a medical examining board to place on an application blank this paragraph: 'And the applicant hereby promises not to advertise.' Doctors do not believe in advertising, 'tis true; but they are exceeding their rights and violating the ethics of true citizenship when they endeavor to compel competitors not to advertise. The Medical Trust has long controlled the younger generation, barring it from advertising, with the result that in all cities like Lima, the older physicians have incomes of \$10,000 a year or more; while the young fellows starve a few years while fifty per cent of them drop into oblivion, and the other fifty per cent await the deaths of the older physicians so that they may have their inning. It is a great game and the Government seems to fall for the bull year after year."

The "editorial," of course, was captioned: "The Medical Trust."

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Whooping cough, a disease too often but lightly regarded, causes more deaths in children under one year of age than any other of the diseases commonly recognized as infectious, according to a recent bulletin of the state board of health. The deaths from this disease in the registration area of the United States, for 1913 numbered 6,332,

representing a death rate of 10.0 per 100,000 inhabitants. Of these deaths 3,442, or 54 per cent, were of children under the age of one year, and 6,007 or 95 per cent under the age of five years. In Ohio the number of deaths in 1913 from whooping cough was 668 or 13.45 per 100,000 population.

The seasonal incidence of whooping cough is not so well defined as in many other diseases, but a large majority of the cases and deaths occur in the spring and summer months. But great as is the number of deaths directly caused by this disease, there is no way of computing the number of deaths from other causes, particularly tuberculosis, which owe their origin to the undermining influences of whooping cough. Yet practically nothing is being done to check the ravages of this disease. In many cities whooping cough is not even quarantined, and even where the local regulations do require quarantine, a large proportion of cases are never reported to the health department. In 1913 the total number of cases reported throughout the state of Ohio was only 10,064, which would indicate a case fatality rate of 66 in every 1,000 cases. This rate is obviously far too high, as it is very doubtful if the true case fatality rate for a state would exceed 20 per 1,000. Assuming, however, a case fatality of 22 for 1913, it is evident that only one-third of the cases were reported, and that consequently quarantine measures enforced against this one-third would be very ineffective in controlling the disease.

The first essential in a campaign against whooping cough is then to obtain reports of all cases. As the bacillus has but slight vitality outside the human body the disease could easily be controlled by efficient health departments if all cases could be immediately located.





There will be medical quacks, we suppose, until the end of time. Years ago, up in Marysville a long-haired, gimlet-eyed, slippery-fingered gent, who adopted the title of "Dr. Cirro," used to make annual visits. He pitched his tent on the old Spring lot, set his stage for a nightly blood and thunder melodrama and invariably signalled his entry by hiring a span of four white horses and the town's only open carriage, and parading the length of Main street. His real master stroke, however, was the collection of several quarts of small coins, mixed with an occasional bit of silver, and rising majestically from the rear seat, scattering it with a brave gesture, over the heads of the crowd that followed his carriage.

This insured his success. Every night following the melodrama, the good "doctor" would make his usual set speech depicting the horrors of the tape worm and the dangers of every conceivable symptom under the shining sun. He would then condescend to offer relief to suffering humanity through the medium of Dr. Cirro's World Famed Blood Purifier, at the small price of one dollar a bottle. After the first night he would invariably have from two to a dozen living examples of "wonderful cures" on the stage—neuresthenics, who in the excitement of the moment would forget their usual ailments.

When the doctor would leave Marysville, after a seven-nights' stand, there would not be enough loose change in the village to purchase a sandwich for the traditional jaybird.

But those times are changed. The public has, after expensive experimentation, learned the truth about the old-time bally-hoo. His bottle of tape worms and his cans of rubber tumors no longer pull the coin.

The advertisement reproduced on the opposite page, from a recent issue of the Cleveland Plain Dealer, shows a newer method of getting the money.

It is a full page, scare-head-type, announcement of the Electro-Medic Institute of Ohio, which has recently opened an imposing suite of offices in the down-town Euclid avenue section, and whose destinies are presided over by one Dr. Gorslene, a registered physician.

Gorslene's methods are unique. He is not a "piker." He resorts instead to smashing methods—full page advertisements in leading newspapers, offices fitted with imposing furniture, and a sufficient number of electrical contraptions to operate a small interurban system.

His operations have become more bold with the support of two of Cleveland's newspapers, which support is bought over the counter of the advertising department. Gorslene has branched out. Probably no advertising medical office ever lo-

cated in Ohio compares with his. His versatility is indicated by the recent addition of a "dental department," advertised by scareheads: "We are Teeth Savers," and offering gold crowns and rubber plates at three dollars per.

While in Cleveland on business recently, a representative of The Journal paid Dr. Gorslene a call. It was purely out of curiosity.

On leaving the elevator we entered a reception room, probably 100 feet square, fitted with a large quantity of ultra-showy furniture. Every chair was filled with waiting patients. Several of them had in their pockets copies of one or two of the two Cleveland newspapers which carry his advertisements, and which the day before had offered as a special inducement a "regular \$10.00 X-Ray Examination, together with microscopical tests and chemical analyses, for \$1.00."

The good doctor seemed exceedingly busy, dodging out of his private office every few minutes to hand money to the young woman assistant who presided over a set of fat books. Patients left this room by the side door as others entered. It was a constant stream.

However, on receiving our card, the good doctor held up proceedings long enough to greet us effusively, and to insist that he was delighted to have his plant honored by our inspection. He further insisted on showing us through the entire suite, which included a large number of small treatment rooms each equipped with conspicuous electrical apparatus.

On calling his attention to the fact that in his advertisement of August 8 he had mentioned "my big staff of recognized physicians," we timidly expressed a desire to meet a few of the staff. The doctor hemmed a bit and replied that they were out. We also expressed a desire to meet some of his "trained attendants," but they likewise were out, he was exceedingly sorry to inform us.

On commenting on the presence in his waiting room of a large number of patients, the doctor assured us that this was really a slack day and that the best time would be in the evening—"after the shops close down."

Gorslene's "success" may be chiefly attributed to two agencies—the Cleveland Plain Dealer and the Cleveland Leader. Were he denied entrance to the advertising columns of these two newspapers, such wholesale operations would not be profitable.

The actions of these two newspapers in flaunting these frequent full-page nightmares is not, we believe, serving to increase their popularity in Cleveland. Even the laity can understand the moral status of such a newspaper. Business men are coming gradually to realize that journals which sell their space for such a project have lessened their value as mediums for honest advertising.

The Cleveland Plain Dealer and the Cleveland



Leader are undoubtedly profiting in a large way by Dr. Gorslens's "enterprise," but we doubt if they will win by such methods in the long run.

We forgot to mention that in Marysville, after the good Doctor Cirro left, each year, many of his most ardent admirers and best dollar-a-bottle customers, were the following winter as usual unable to pay the rent, or meet the grocery bills, or buy decent food or warm clothing for their families. Instead, they were again on the charity lists of the local physicians. Finally the community came to realize that entertaining the loquacious doctor every year was rather unprofitable business; they liked his melodrama and they were enthralled by his oratory, and they even like to hear about their "symptoms," but in time they came to know that the money that was paid for doc's patent dope could have been spent much more profitably for food and clothing. The good doctor doesn't come to Marysville any more.

We have rambled a bit. But we believe you get the point: methods change, but we will always have this class with us.

The amazing thing is that reputable newspaper will, for money, help them get away with it.

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Governor Willis has clearly indicated that he will support the state medical board in its efforts to free the medical profession of the state through revocation of the licenses of those who seek to use their certificates as a cloak for vicious practices. Dr. Louis F. Preston, whose license was revoked on February 9, recently appealed to the Governor for reinstatement under the clause of the old medical practice act which gives the Governor and the Attorney General power to review the decisions of the state board. Preston, it will be remembered, had advertised in Cincinnati that he would cure tuberculosis (for a stipulated amount). Testimony at a special hearing in Cincinnati developed the fact that he even took patients from the free tuberculosis clinics in Cincinnati, induced them to raise money by various means, and treated them until the money was exhausted.

In compliance with the law, Governor Willis and Attorney General Turner, through Mr. Ballard, his assistant, gave Preston a special hearing. He was represented by an attorney but offered no new testimony. Dr. Matson, secretary of the medical board, briefly reviewed the evidence that had been submitted. The Governor and the Attorney General were convinced that the board had acted in the interests of the public good, and in denying Preston's appeal urged the board to continue its effort to protect the public.

Under the new law the right of appeal to the Governor and Attorney General is revoked. Instead, appeal may be taken to the courts.

District medical societies will hold their meetings during the next two months. Arrange to attend yours. If you have been a regular attendant in the past you know that they are usually well worth while, both from a scientific standpoint and from the standpoint of meeting your colleagues in adjoining counties and renewing our acquaintances. It is a splendid thing, occasionally, to get away from the daily grind and the meetings of your district society offer a splendid opportunity.

Several of the district meetings this year offer pretentious scientific programs. This is particularly true of the Northwestern Ohio Society which meets at Kenton. The Journal urges every member to make an effort to attend at least one of these meetings and to contribute toward making it a success.

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It has been suggested that the usual plan of devoting three days to section work at our annual meetings be changed and that the Thursday morning session, usually devoted to the orations, be set aside this year for clinical work in hospitals of the city in which the society meets. It is pointed out that the oration in medicine and the oration in surgery might be delivered at one of the evening sessions which are usually devoted entirely to social affairs.

Many of our members feel that the clinical features of our State Society meetings have been under-developed. The fact that the 1916 meeting will be held in Cleveland gives a splendid opportunity for trying out this suggested plan. Cleveland's numerous well-equipped hospitals could undoubtedly offer a program for the Thursday morning session that would be of great interest to practically all of those in attendance.

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**Stomach Carcinoma.**—Bloodgood in the Journal A. M. A. of June 19, presents some interesting observations in regard to gastric cancer. He records 184 cases in the Surgical Pathological Laboratory of the Johns Hopkins Hospital; of these 49 were capable of resection, and the remainder, 135, were inoperable. Chronologically, the cases embrace the period from 1890 to 1915, but since over three-fourths occurred since 1915, he sets the last decade as the real opening of the modern, earnest surgical campaign against this condition.

He comments on the fact that quite generally those clinics showing a larger total number of gastric cancer than gastric ulcer show also a higher percentage of inoperable cases of cancer and a smaller percentage of cures among the cases in which resection of the stomach was possible, than those clinics in which the number of ulcers of the stomach exceeded that of cancer. In the above-named laboratory the former conditions existed according to the records, but in the last five years there has been an increase in the

number of ulcer cases over those of cancer, and a corresponding increase in the percentage of operable cases. He reserves comment on the possible relationship of ulcer and cancer, but one obvious explanation would appear that in the oft-time difficulty in differentiating some cases of ulcer and early cancer, cases referred to the surgeon as ulcer are found to be malignant and figure in the pathological records as operable cancer.

Another interesting point is the variation in the length of period of time given as the duration of the disease from two months to over five years; this period is subject to error, but Bloodgood has taken for it the period of continuous symptoms, chiefly abdominal discomfort aggravated by eating. There is no progressive change in percentage of inoperable cases among those of a short duration of a few months as in those of two to five years. There is no known explanation of this save the recognized fact that cancer varies greatly in its rapidity of growth in different individuals.

While Bloodgood finds in the last decade a marked increase in the number of cases referred to the surgeon—a more favorable indication of the trend of events—the still deplorable number of inoperable cases presented to the surgeon leads him to impress upon the medical profession the necessity of greater diligence in the earlier recognition of cancer and also the education of the laity to the need in all cases of persistent gastric symptoms for often repeated physical examinations, frequent gastric analyses, roentgenograms, or whatever clinical measures may throw light on the subject.

To this may, of course, be added the more frequent employment of surgical interference in cases diagnosed as ulcer.—J. H. J. U.

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This Journal will in the future publish the monthly bulletins of the Council on Pharmacy and Chemistry of the American Medical Association, which will outline the new medical substances which have been examined by the Council and found to comply with its rules. In this connection we urge every member of the State Society to keep in his office the current edition of "New and Non-Official Remedies" which is issued annually by the Council. This may be secured by application to the A. M. A. at 50 cents per copy.

This Council is performing a splendid service and the members of the profession should take advantage of its work. Medicinal substances including proprietary articles and simple non-proprietary and unofficial substances are analyzed in its Chicago laboratories and the result is presented annually to the profession in this volume, in tabulated and easily available form. While the Council specifically states that physicians should understand that acceptance of an article does not

necessarily mean a recommendation, it has been found for practical work that the reports are an invaluable guide to physicians in estimating the value of various substances which are brought to their attention.

Council is composed of men of high standing and has a splendid staff of corresponding members and clinical consultants. Its chemical laboratories are under the direction of Dr. W. A. Puckner. Dr. Torald Sollman, of Cleveland, is a member of the Council, and Dr. C. F. Hoover, Cleveland, is on the consulting staff.

Definite rules have been drafted and each product must conform to these standards. The manufacturers are compelled to submit to the Council the exact composition of the article and those which are exploited by direct and indirect advertising, or for which unwarranted therapeutic claims are made, are summarily rejected. The Council also rejects articles which are marketed under objectionable names and which are improperly labeled, etc. In other words, the Council makes a thorough examination to determine whether the article offered merits the support of physicians generally. The work of the Council has been the greatest single factor in the campaign against unscrupulous proprietaries. It is a terror to the promoters of fraudulent and deceptive concoctions.

More than a year ago the Publication Committee adopted a ruling that it would not accept in its advertising columns the advertising of any product not sanctioned by the Council. You, in your practice, to properly protect your patients, can well afford to adopt a similar rule.

The Journal urges you to first secure a copy of "New and Non-Official Remedies." We will do our part in keeping this volume up to date by printing, every month, a list of the additions and changes.

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Damage suits for alleged malpractice based on alleged neglect in obstetrical cases are increasing throughout the country. The attorney for the California State Medical Association urges the members of the society to exercise unusual care in each case of confinement in the examination of the placenta. See that it is examined in the presence of some other person and that a record is made in your notes of the fact that this was done, including the name of the nurse or other person who witnessed the examination. The attorney, who has had much experience with these cases, says:

"We have had from time to time the same point urged as a basis for suit, and while there is no doubt at all that every physician does make such examination thoroughly as a matter of course, nevertheless to have it appear clearly from the testimony of a nurse or some other person that such examination was made would perhaps keep patients from basing suits on such ground."



**Closing the Schools.**—We desire to call your particular attention to the brief article in this issue by Dr. Boudreau, epidemiologist of the state board of health, in which he advises against the closing of schools in an effort to prevent the spread of contagious diseases. His article is a strong argument for medical supervision of school children, as he points out that children of school age can be better supervised during an epidemic in a properly managed school where medical inspection is in force, than where permitted to roam at large.

The general public is rapidly coming to recognize the value of school inspection. Two years ago when an attempt was made in the Ohio legislature to enact a statute providing medical supervision, it received very little support and much violent opposition. Since that time, however, practically all the cities and many of the small communities of the state have voluntarily taken up medical supervision of school children.

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**Certainly Not!**—The Journal-Lancet, the official organ of the Minnesota State Medical Association and for the Dakotas, comments on our recent raise of dues as follows:

"Of course, the Ohio Association will not permit so excellent a journal as its official organ to cease publication; but it will awaken to the fact that a journal worthy of the profession of that great state cannot be published at one dollar a year."

**Either the state plan of compensation is becoming more satisfactory to the physicians of Ohio or they are neglecting to file their complaints with the Commission.** A representative of The Journal is informed by Dr. Binckley that the medical awards made during the past few months have been followed by "kicks" relating to reduced fees in less than one per cent of the cases handled by the department.

It is an undoubted fact that physicians are becoming more familiar with the workings of the law and with the necessity of complete reports as to their cases. This has meant increased payments for medical services in a large number of instances.

There are, and always will be complaints. In some of these which have been investigated by The Journal, the physician making the complaint is at fault. In one case recently brought to our attention, the attending surgeon attempted to charge a fee that was entirely out of reason. The patient was a working man and in private practice it would have been a charity case. The surgeon's fee was over \$200.00, which was promptly cut to about \$50.00. Other surgeons who reviewed the facts in the case unanimously agreed that the \$50.00 fee was entirely fair—and probably \$50.00 more than the operator would have received had it not been for the workmen's compensation law.

Let us be fair in this matter. We are demanding fair treatment of the state.

## SECRETARIES

¶ The immediate collection of the Per Capita Assessment of one dollar is imperative!

¶ Every member must pay if the Association, and particularly *The Journal*, is to continue its activities during the remainder of 1915.

¶ Send your assessment, please, to C. D. Selby, Secretary-Treasurer, Spitzer Building, Toledo.

## Original Articles

### The Thymus Gland\*

GEORGE DOCK, M. D., ST. LOUIS, MO.

(Professor of Medicine, Washington University Medical School)

THE thymus gland is one of the conspicuous examples of the present era in medicine, an era that was introduced by the combined and cumulative work of clinicians and experimental physiologists and one that has as its most striking features the discoveries in myxedema and sporadic cretinism, in acromegaly and other forms of dyspituitarism. This era has been characterized by an interest in organs long looked upon as without function or importance. As a side-product of Darwinism, it was not only natural, but gave an air of learning, to speak of some organs as remnants, relics or vestigial. The revelations of surgery in the pathology of the vermiform appendix should have made clear the fact that vestigial character and obscure or unknown function do not indicate immunity from severe and far-reaching disease, but it took many more lessons to elucidate also the importance of the thyroid, the hypophysis, and other organs not necessary to name, including even some, the parathyroids, previously overlooked by thousands of anatomists.

As the work goes on it becomes increasingly difficult to arrive at final conclusions, because the interrelations, both normal and pathological, become more numerous and more complicated. In the case of all organs of internal secretion, despite the enormous amount of research hitherto devoted to them, much work has still to be done. Tireless and well-informed clinicians, keen and observant practitioners, clever prosecutors and trained experimenters must continue to seize every opportunity for enlarging knowledge by clinical or anatomical observations on well studied cases after operations. Since it is easier to see things if we have some knowledge, even if only theoretical, regarding the phenomena to be seen, it is essential to keep near the front of the advancing knowledge. But contributions on all the many phases of ductless gland functions are too scattered, if not indeed too numerous, for many to read them. It is therefore worth while, I think, to have some sort of *resume* drawn up from time to time, stating the present situation as regards facts and theories, the possible practical bearings, the field in which experimental research or therapeutic endeavor may be prosecuted.

The thymus is now the focus of great literary activity. Besides numerous special contributions, several comprehensive articles of great

value have recently appeared. Before speaking of them it is worth while pointing out some of the chief landmarks in our knowledge of the gland. Of ancient history there is so little that the origin of the name is uncertain. Some of the most celebrated anatomists soon after the revival of learning turned their attention to the organ. Vesalius mentioned the thymus, and thought it might serve to fill in an otherwise empty space. Wharton noted the lobular structure, "like the pancreas," a resemblance that is illustrated by the widespread practice of considering the two organs as equivalent from the standpoint of the kitchen,—the true or "throat sweetbread" and the "abdominal sweetbread." As an evidence of the superficial knowledge of many ancient authorities, it is interesting to see that a supposititious duct was attributed to the gland by several famous anatomists from de Graaf to Ruysch. Equally widespread was the idea of a central cavity, also held by de Graaf, Bartholin (1673), and many after them. It was left to Koelliker, who began his contributions to thymus histology in 1852 and continued them until 1879, to put the anatomy of the thymus on a rational basis.

The physiology of the gland was also the subject of many diverse views. While some comparatively early students (Cuvier) thought the function of the thymus similar to that of the thyroid, others, like Haller and Hewson, believed in a relationship to the lymph nodes. Hewson thought both thymus and lymph nodes form the "solid inner part" of the red blood corpuscles. It is interesting that the man whose name is most permanently connected with the thymus, Hassall, added nothing to the knowledge of the subject. Johannes Müller, in the middle of the 19th century, gave the modern turn to thymus study by asserting that it was related to two groups of organs—the lymph nodes and the "blood glands" or "blood vascular glands," the organs now known as the glands of internal secretion.

About the same time appeared a work years in advance of the age, the book on "Die Physiologie der Thymusdrüse in Gesundheit und Krankheit, von Standpunkte experimenteller Forschung und klinischer Erfahrung. Ein Beitrag zur Lebensgeschichte der Kindheit," by Alexander Friedleben, Frankfurt, 1858. Friedleben's historic and literary investigations were exhaustive and critical, his experimental work extensive, but useless on account of the faulty technic of the period. Of his 33 conclusions, several are

\* The Oration in Medicine, delivered before the General Session of the Ohio State Medical Association at its sixty-ninth annual meeting in Cincinnati on May 6, 1916.



interesting even now. Thus, he held that the thymus "(4) secretes a cellular fluid"; "(6) that Hassall's corpuscles are the remains of broken-down follicles"; "(7) that the gland grows to the time of puberty, but less rapidly than the rest of the body from birth on"; "(12) that it can be absent in normally developed embryos and children"; "(21) that there are variations in size in every age"; "(29) that it can be extirpated without affecting the general conditions"; "(33) that it has an influence on the bones."

It is suggestive that recent work on the thymus has been due not so much to the efforts of anatomists and physiologists to diminish ignorance concerning an interesting organ, as to the inquisitiveness of surgeons. In recent times several extensive studies have been made, the most noteworthy being the anatomical researches of Hammar\* and the systematic work of Klose.\*\*

#### Embryology and Morphology.

The embryology of the thymus is of clinical interest, since it is related to certain abnormalities. Not all the steps in development are known. According to Hammar, "In the human the thymus is chiefly entodermal in origin. The two lobes are at first represented by two tubes formed from the third branchial clefts, and pushing caudally. From their lower ends buds form, the tubes eventually getting below the thyroid. The upper end remains in close contact with the thyroid, and the lower ends continue to grow downward until they get at low as the pericardium. (Tourneux et Verdun)." Hammar views the process as a caudal displacement of the third branchial cleft. As the thymus grows downwards, fragments of the cephalic end remain in the neighborhood of the lower end of the thyroid (Verdun and Kohn, 1898), or in the thyroid gland itself. This would "seem to show that even if all the intrathoracic thymus be removed the cervical part can not be extirpated without at the same time removing the thyroid and parathyroid (Klose)," a fact of extreme importance in experimental work. In the development of the thymus a pair of ducts passing from the pharynx to the thymus (thymo-pharyngeal ducts) become atrophied though traces of them sometimes remain in the form of more or less complete fistulae. The writer has seen a father and two daughters illustrating this anomaly. In father and one daughter there were fistulae, in the other daughter a pair of minute pockets in the lower part of the neck. Morphologically, all recent writers describe the thymus as bilobed, but this includes shapes roughly corresponding to the capital letters H, X, Y and U. The lower ends are often hookshaped and bent backward.

The histology of the gland is not yet free from

contradictions and uncertainties. According to Kölliker, Tourneux, Prenant, Maurer and Beard, the thymus is an epithelial organ which has become transformed into lymphoid tissue, but remains an epithelial organ. His, Stieda and Dohrn believe in an "infiltration of mesodermal elements, and the gradual substitution of the epithelial layer by lymphocytes. Hassall's bodies represent the remains of the epithelial anlage, that is they are balls of epithelial cells in various stages of degeneration and transformation. According to this 'Substitution theory' the thymus is a compound organ, chiefly of mesodermal origin" (Klose). Ver Eecke, von Ebner and Schaffer have established the existence of a cortex and medulla, and give the former a mesodermal, the latter an entodermal origin. Klose inclines to the view favored by Hammar, viz., that the thymus is an epithelial organ infiltrated ("durchsetzt") with lymphocytes. All recent investigators agree that the small thymus cells, that look like lymphocytes, are really epithelial. The trend of opinion on the whole, and regarding the organ as a whole, is away from the lymphoid and toward the epithelial, i. e., glandular nature of the thymus. Stöhr has emphasized the structural differences between thymus and lymph nodes. Schridde and also Maximow would take away all hematopoietic function, the former even from the fetal stage. Ivan Bang has shown a chemical difference, expressed chiefly in the greater quantity of nucleinates—3.15 per cent in the thymus compared to 0.69 per cent in lymph nodes.

#### Involution.

The involution of the thymus has been supposed to be known for a long time, but the work of Waldeyer, in 1890, showed how much had been assumed previously without sufficient evidence. Friedleben, whose views on this part of the subject were carefully elaborated, fell into an error difficult to eradicate. He thought the thymus disappeared completely at a period after childhood, varying in different individuals. Some others held that disappearance was the rule, but that exceptions occurred, even in advanced age. Sappey, with few followers, believed in the existence of remnants in advanced age in almost all cases. According to Waldeyer the thymus, both in form and texture, remains throughout life as a retrosternal or thymic fat-body with diffuse or disseminated parenchymatous remnants. He differentiates in various ages epithelial, lymphoid and fatty stages. Two important types of involution are accepted by Hammar—an accidental and a senile. The former may result from malnutrition from various causes at any age. Physicians, as well as butchers, have long recognized exhausting disease or overexertion as important factors in involution. Söderlund and Bachmann could reduce the rabbit's thymus to one-tenth the original weight by a few days' starvation. Dustin

\* Fünfzig Jahre Thymusforschung, von J. Aug. Hammar, Upsala, Ergebnisse der Anatomie und Entwicklungsgeschichte. XIX Band, 1909, pp. 1-274.

\*\* Chirurgie der Thymusdrüse, von Dr. Heinrich Klose, (in) Neue Deutsche Chirurgie, 1912.

points out that all conditions that lessen chromatin cause atrophy of the thymus, e. g., fasting, infections, suppuration and growth; while on the contrary, all conditions that increase chromatin, such as overfeeding, intraperitoneal injection of yolk of egg, castration, cause hypertrophy of the thymus. Senile involution begins about the second year and becomes more distinct in the fifteenth year in the human species, and affects both cortex and medulla. Spaces lined by epithelial cells and containing debris and cells appear. But with these atrophic changes mitotic cell formation goes on, preventing complete atrophy. At any time, accidental causes of involution may alter the picture for a given period of life. Fulci, and Bompiano working under his direction, have pointed out some interesting details of thymus involution. According to these observers, pregnancy induces involution of the thymus, which is restored after parturition. There is a loss of parenchyma, edema or thickening of connective tissue, sometimes vascular changes. If suckling occurs, restitution does not occur, but if suckling is interrupted, the process goes on. In other words, suckling is a factor which influences the restitution of the thymus after a certain kind of physiological involution.

If the normal period of involution is postponed, persistent thymus has often been spoken of, or "rejuvenation," though such terms are obviously incorrect. As all recent observers point out, the thymus never wholly disappears, and in the words of Hammar and Klose, it would be as incorrect to speak of an ovarian or mammary persistence. If the true conditions are understood, however, there seems no objection to using the old terms in a quantitative sense, or with as little harm as the more accurate but pedantic expressions of Hammar—"supranormal" and "subnormal." As for rejuvenation, a pathological condition that may be so-called is accepted.

The weight of the thymus at different ages varies much according to different observers, and some, as Sahli, have inclined to a belief in geographic influences. Low weights in the newborn are given by some writers, e. g., Sappey (1877), 2 to 3 grams; Testut (1894), 5 grams. Some early and later writers gave higher figures, viz., Haller (1766), 9.7 to 10.9 grams; Friedleben (1858), 13.99; Ruhräh (1903), 13.26. Others give weights between these extremes. The difference can best be explained by realizing that in many cases glands that had suffered accidental involution from various causes were taken as normal. We must accept with Hammar the rule that so-called normal thymuses must be taken only from the bodies of well-nourished individuals who have died suddenly, by accident, suicide or otherwise. Hammar, in 1906, analyzed 126 such cases in the literature and through correspondence. Though obviously incomplete, the figures have considerable value.

	Thymus	Parenchyma	Cortex	Medulla
Newborn . . . .	13.26	12.32	9.69	2.63
1-5 years . . . .	22.98	19.26	13.63	5.63
6-10 " . . . .	26.10	22.08	12.71	9.37
11-15 " . . . .	37.52	25.18	11.63	12.08
16-20 " . . . .	25.58	12.71	2.12	10.46
21-25 " . . . .	24.73	4.95	0.74	4.20
26-35 " . . . .	19.87	3.87	0.89	2.98
36-45 " . . . .	16.27	2.89	1.55	1.33
46-55 " . . . .	12.85	1.48	(Cortex and medulla not distinct)	
56-65 " . . . .	16.08	0.73		
66-75 " . . . .	6.00	0.03		

From this it appears the largest weight is found at puberty, not only as regards the thymus as a whole, but also both medulla and cortex separately.

In proportion to body weight the maximum is found in the newborn, 4.2 per 1000. It then falls rapidly to 2.2 at 1-5 years; 1.2 at 6-10; 0.9 at 11-15; 0.5 at 16-20; 0.4 at 21-25; and about 0.3 after that up to extreme old age.

The figures of Hammar have not been unchallenged, and Bartel thinks cases of lymphatism have been included, a view shared by Hart. It is most desirable that the data on the subject be properly increased by the publication of appropriate cases, with careful attention to all clinical and anatomic details.

Wharton and Cowper among older writers, Bartel among moderns, state that in females the thymus is larger than in males. Hammar could not recognize the difference, but he points out that further records, with data regarding the genital glands, are needed.

Hammar has shown that the organ has a closed lymph-vascular system. Its secretion is poured into the blood, while the leucocytes wander through the perivascular spaces and so eventually into the blood vessels.

#### Topography.

The thymus lies usually in the upper anterior part of the mediastinum. When enlarged it may extend as low as the diaphragm. Its connective tissue capsule is loosely attached to the sternum and closely with the pericardium, the right auricle and great vessels. The capsule forms a sac, in which the thymus lies loosely. In crying children the thymus rises in the pretracheal space, and if enlarged can readily be seen. Pressure is most likely to occur at the upper part of the gland, at the thoracic aperture, about the origin of the anonyma, and such pressure may be aggravated by the bending back of the head.

#### Experimental Studies of Thymus Function.

Although a good deal of experimental work has been done on the thymus from the time of Restelli (1845) and Friedleben, there were so many technical and other errors that practically all of it had to be repeated. The results of this work are very extensive but at present are far from carrying conviction on even a few of the points covered. The investigations of Basch, begun twelve years ago, were the first in which technical exactness, sound criticism and careful attention to biological features were fully met. Klose and Vogt followed closely upon this work,



and Matti, in 1912, reported, independently, a series of careful investigations as well as an exhaustive study of the literature. Instead of attempting a resume of investigation, it seems better to restrict my remarks to a rather brief review of some of the chief topics. Among them the bones take a conspicuous place.

All experimenters have found changes in the bones in young animals deprived of all or most of the thymus, but they do not agree in regard to the interpretation of the changes. The resemblance to the bone disease in rickets is so close as to suggest identity, but the more the work is followed, the clearer does it seem that it is not warranted to assume that rickets is a thymus disease, especially a disease of lowered thymus function. In animals the picture of rickets can be set up by many various conditions, but all have this in common, that they cause lowered nutrition, metabolic disorders and weakness (Hart). And as Matti points out, the normal course of ossification is not the exclusive function of one organ, but "depends upon the harmonious correlation of all glands of internal secretion—i. e., the thyroid, thymus, parathyroids, pituitary, ovaries, adrenals, genital glands." Klose and Vogt emphasize the fact that the bones in thymectomized animals are not merely soft and flexible as in rickets, but are in fact brittle. Cysts in the marrow occur, and these often determine the sites of spontaneous fractures. The condition resembles closely that in osteomalacia and reminds one of the suggestion often made regarding the identity of rickets and osteomalacia. The explanation of the change may lie in the diminution of lime in the bones. This in turn may be due to an acid intoxication, which Klose and Vogt look upon as actually present.

The beginning that has been made in the biochemical study of the thymus has considerable bearing on the bone changes in thymectomy. Bang and Lilienfeld have found a large proportion of phosphorus in organic combination especially in a nucleo-proteid and a nucleo-histon. It is the nucleic acid that contains the phosphorus, which in the nucleo-histon amounts to 3.25 per cent. Besides these compounds, the thymus contains an enzyme. As Klose points out, the high phosphorous content of the thymus is interesting because the activity of the gland occurs just at the time when phosphate metabolism is especially active, and reminds one of the relation of the neighboring thyroid to iodine metabolism.

From the standpoint of internal secretion diseases the most interesting work has been that of Klose and Vogt, who produced in very young dogs a condition resembling in many respects certain spontaneous cases of human disease in which the thyroid or pituitary or both are involved, or certain examples of experimental disease following operations on these glands in

young animals. They operated upon puppies from the tenth to the twentieth day, preferably from the tenth to the fourteenth. A complete extirpation was aimed at, and by developing a good technic, details of which may be read with advantage by those who intend similar operations, the authors were able to complete the operation in ten minutes. The animals were allowed to run freely, and to take full diet, especially rich in calcium. After a latent stage of ten weeks the animals became flabby, feeble, easily fatigued, and breathed rapidly upon effort. The joints were loose, the appetite abnormally great, the choice of food not always a good one though without perversions. The expression was often dull and apathetic. The resemblance of the thymectomized animals to children with so-called exudative or lymphatic constitution is obvious.

Following the stage just described, and which the authors term the fatty stage—with some reason, for the animals have an excess of fat throughout the body—comes a stage of more severe cachexia. At first slowly, then rapidly, weight is lost. General weakness, and especially weakness of bones and muscles appears. Growth stops and the animals remain dwarfs. Dentition is delayed. The legs become so weak the animals can hardly stand. Fractures occur on slight provocation. Coarse spasms, quite different from tetany, are frequent. The animals eat all sorts of material, the coat becomes more and more rough, corneal ulcers appear, the animals are idiotic. This stage of athymic or thymoprive cachexia is followed by a comatose one.

The authors look upon the early stage with increased weight as corresponding to normal thymus involution. Owing to the differences between complete extirpation and processes that leave intact even a slight amount of thymus tissue, we cannot expect to see, in many clinical cases, the counterparts of Klose and Vogt's dogs. But the clinical picture suggested by those animals must be looked upon as quite as important as of those pituitary insufficiency produced by Cushing, and which have so much advanced the clinical study of pituitary disease. One should not, however, assume that these operations at once clear up this chapter of medicine. Superficial resemblances are too numerous in ductless gland pathology to permit rapid conclusions, and many other series of experiments must still be made.

#### Relations of Thymus to Other Glands.

There are some interesting facts regarding the relations of the thymus to other organs, and some of these may be noted here. It has been remarked by surgeons that the thymus is enlarged after bilateral extirpation of the testes. Schridde saw a thymus double the normal size in a boy with hypoplasia of the testes. It has been shown by several experimenters that castration in rabbits, dogs, guinea pigs and cats causes a

slowing of the involution of the thymus (Calzolari, Hammar, Noel Paton and Goodall), and Paton observed that in animals in which the thymus was removed before sexual maturity, there was a rapid increase of growth of the testes, and early conception. Henderson found that in castrated calves there was increased period of growth, and delayed atrophy of the thymus, and Klose, Hart and Nordmann found similar conditions in dogs and goats. These results do not lose importance from the fact that some observers (Soli, Lucien and Parisot), found a diminished size of the male and female sexual glands. The explanation may be found, as Klose points out, in the cachexia that eventually affects the animals. Another fact of interest is that sexual activity accelerates the senile involution of the thymus. Henderson proved this as regards cattle and Klose as regards dogs. These relations of course agree with the fact that involution of the thymus begins with the onset of sexual activity. An interesting contrast between castration and loss of thymus is seen in the bones. Castration, as is well known, is followed by increased long growth of bones, thymectomy by decrease. If, as we cannot doubt, the thymus is an epithelial organ, it must have close relations with all other organs of internal secretion, and some relation with other organs such as spleen and bones especially. What these are, and how they act in health and disease can only be made clear by further investigation.

#### **The Relation of the Thymus to Status Lymphaticus and to Sudden Death.**

This subject is large enough for special consideration. It has a long history, going back three hundred years to a case described by Felix Plater and down through Morgagni and many other conspicuous authors. The modern era began by the work of Arnold Paltauf in 1889. At present it is widely accepted that while hyperplasia of the thymus is always combined with status lymphaticus, the former occupies the predominant place in the anatomical and clinical pictures.

As regards the thymus in these cases, the hyperplasia may be general, a form found probably only in infants; more frequently it is confined to the medulla, with a hypoplasia of the cortex. The medullary cells are increased in number, the Hassall bodies diminished for the age concerned, but more or less enlarged and with various degenerative changes. The enlargement may affect any or all of the dimensions of the gland and may reach extreme size—almost filling the thoracic cavity in a case of Klose's, or weighing 310 grams in a six year old boy, reported by Rolleston.

The chief interest of status thymico-lymphaticus is in its association with sudden death, and at present many clinicians adhere to the constitutional theory of Paltauf, notwithstanding its many objections. Thus it is mysterious, it fails

to account for the sudden denouement, and it fails especially to explain why sudden death is not more frequent considering the large number of people that have enlarged thymus, as in exophthalmic goitre. But on the other hand, as Wiesel and Hart have observed, the mechanical theory does not explain certain case of sudden death in adults or large children, certain case of sudden death in drowning, and even in bath tubs, and others in diseases not serious enough to cause death. In von Recklinghausen's case, a boy of 13 who died at once on falling into water, the thymus was much enlarged. Narcosis, corporal punishment, and other emotional strains have been associated with thymus death. Still more remarkable are cases of sudden death without obvious assisting conditions, as in many of the cases in which children are found dead in their cribs, or a case reported by Hart. In this, a man of 29 who complained for some months of subjective heart symptoms, and died while walking, showed post mortem only an enlarged thymus to account for death and previous symptoms. In these cases, post mortem evidence shows often that the death is cardiac. The heart is dilated; signs of suffocation are absent. For non-mechanical cases, the explanation of Wiesel, by lowered blood pressure, vascular paralysis and cardiac paralysis from hypofunction of the chromaffin system, is very plausible but not yet sufficiently confirmed. If the work of Neusser, Eppinger and Hess is valid, the thymus furnishes a hormone antagonistic to that of the adrenals. In this connection Matti's experiments are of great interest. After extirpation of the thymus he found hypertrophy of the adrenal medulla. The therapeutic application of this fact is obvious. Wiesel's case of sudden death with status lymphaticus and hypoplasia of the chromaffin system is opposed to that of Hedinger, in which the chromaffin system was normal. More observations are needed in which complete examinations of the chromaffin system have been made.

Svehla's explanation of thymus death is simpler than many others but it also needs confirmation. Injecting watery extracts he obtained a fall of blood pressure with increase of pulse rate and with repeated injections the animals died. Hart's grafting experiments support Svehla's results but it is impossible to see in either proof of specific activity, in view of the results obtained by Vincent and Shaw with various other organ juices.

Klose has discussed in considerable detail the mechanical explanation of sudden death from enlarged thymus, based upon the anatomic and physiologic peculiarities of the trachea in early life, including the less rigid tracheal wall and its more ellipsoid cross section, easily permitting stenosis from pressure. Mechanical pressure by an enlarged thymus was early supposed to be an occasional cause of sudden death, but Friedleben's work caused an almost complete abandon-



ment of the theory. Even the authority of Virchow had little effect on this state of affairs and Paul Grawitz' report of two cases of asphyxia from thymus hypertrophy was equally ineffective. It is true that in many cases of sudden death there were no evidences of pressure by an enlarged thymus, and in some cases not even a distinct enlargement of that organ. But cases have multiplied in which signs of pressure and enlargement were both present. Hermann Schoeppler, in 1914, in reporting a case, cites many others in the literature (*Centralblatt f. allg. Path. u. path. Anat.*, 1914, Bd. 25, Apr. 15, p. 289). In Schoeppler's case, in a child a year and a half old, while being carried in its mother's arms, the head fell back suddenly, the child turned blue, the head hanging as if lifeless, and with a short rattle the child died. The family history was good, the child had never been ill, did not have the "pasty" look supposed to characterize the subjects of status lymphaticus and never had had dyspnea. At autopsy the thymus was found to be large, weighed 85 grams and partly covered the pericardium. Aside from a few punctate hemorrhages and slight hypostatic congestion there was no disease, and especially no disease of the lymphatic apparatus, but the trachea was compressed so that a sound could be forced only at the sides. Schoeppler made an ingenious calculation based upon the lever action brought into play by the pulling back of the head, and showed that the mere weight of the thymus is not likely to be the chief factor, but that the pressure actually brought to bear upon the trachea is quite sufficient to flatten it. Perez-Montaut, who has reported four cases of sudden death in new born and seven cases in children of from 14 days to 2 years—with status lymphaticus—emphasizes the rounded shape of the thymus as well as its large volume; also its large blood content and its high position. He also calls attention to the ease with which congestion occurs in the thymus, with its two arteries and one vein. The case of Schoeppler reminds one also of four cases of Pott in which death occurred during examination of the larynx.

In many cases of thymic tracheostenosis there are early symptoms, though these are not easy to recognize or to refer to the trachea. Dyspnea and cyanosis are often present, with stridor, increased by excitement. Inspiratory retraction of the supra- and substernal region, without hoarseness, is suggestive. Anemia is always present, but the weight may be good.

In these cases the diagnosis of enlarged thymus is always to be attempted, but it is by no means as satisfactory as could be wished. Prominence of the manubrium, swelling above the manubrium, and a tumor rising in the jugular fossa in inspiration or in crying, are important when present, but are rare. Often the thymus lies deep in the thorax. Changes in the shape of the thorax, observed by König and others, can-

not with certainty be attributed to an enlarged thymus.

Much attention has been paid to percussion of a large thymus. As a study of specimens will make clear, there is no constant form of thymus dullness. Probably Marfan and Klose are correct in looking upon dullness over the manubrium, tending towards the left, and passing into heart dullness, as most important, but as the authors mentioned show, the relations are by no means constant. In some cases with this and other suspicious symptoms, I have found X-ray examinations negative. Substernal goitre would have to be considered.

Roentgenography is not always as helpful as could be desired, and the excitement of the operation cannot but be dangerous in some of the cases where it is most needed. Ritter has reported a case in which the most suggestive thymus symptoms there was a shadow above the heart. At operation the thymus did not swell up in the incision as it often does when enlarged. Death followed. The autopsy revealed diphtheria, with edema of the thymus, which was adherent to its surroundings. Death was due to tracheo-bronchitis and pneumonia.

The large thymus can compress the esophagus, as has been observed by many. In all such cases tracheal stenosis was also present, though not always with severe symptoms. The differential diagnosis between pressure by large thymus and obstruction by adenoids, retropharyngeal abscess, subpericardial hemorrhage (R. Levy), and congenital and acquired stricture of the esophagus is of great importance.

Compression by the thymus on the vagus and the inferior laryngeal nerves has been doubted, but in the light of numerous observations must now be admitted. Equally certain is compression of the great vessels and the auricles. Denecke operated upon a boy of five years, with cyanosis, swelling in the supraclavicular and jugular fossae, increased by crying, and occurring sometimes with loss of consciousness. The removal of the thymus was successfully accomplished and further attacks ceased. It is clear that much is to be learned by the results of operations in cases of large thymus with pressure, most of which will probably be cases of tracheal stenosis. Klose has analyzed twenty-nine such cases. Of these twenty-four were completely and permanently healed. Two died of mediastinitis. Various degrees of enucleation were practiced, in five the left lobe being removed, in eleven apparently the whole thymus.

Charles A. Parker, who analyzed fifty cases of thymectomy at all ages in 1913, (*American Journal of Diseases of Children*, 1913, Feb., pp. 89-122) with a full and valuable study of the thymus in general, strongly urges surgical treatment when the thymus causes symptoms, and believes that removal does not cause metabolic troubles, partly because all the gland tissue is

never removed, and perhaps because other organs, as the thyroid and spleen, take up its functions.

Klose opposes the treatment of hyperplastic thymus by radiotherapy and some of his arguments are weighty but must be tested by further trials. Especially probable is the statement that the resulting involution cannot be predicted with accuracy. This, however, is true of extensive resections. The danger of increasing the symptoms, which he advances, is present, but care in the treatment should keep it at the minimum. The careful studies of Sidney Lange show that, properly carried out, X-ray therapy for large thymus has a field of usefulness, and that it should be applied and recorded in as many cases as possible.

Ophotherapy cannot be recommended for hyperplasia of the thymus on any grounds now known.

#### Thymus and Exophthalmic Goitre.

The most interesting feature of thymus exploration at present is the connection of that gland with the thyroid, and more particularly with exophthalmic goitre. The latter disease has caused many changes in the minds of students of pathology. It has always been interpreted in terms of contemporary thought and contemporary knowledge. The introduction of the thymus feature has been prepared for a long time. Its actual interest began only four years ago and it is instructive to see that the veteran student of the pathology of the thyroid, one of the most acute investigators of exophthalmic goitre, I refer, of course, to W. S. Halsted, has had an important part in presenting the revelations of thymus participation to American readers. An excellent review of the literature up to 1912 has been given by Eduard Melchior, in the *Centralblatt für die Grenzgebiete der Med. u. Chir.* Bd. XV. p. 168-211. There are so many features of interest in the recent but extensive literature of the subject that it is impossible now to attempt more than an outline of the history and present condition of the relation of thymus to Graves' disease. The intense interest in the subject may justly be ascribed to Capelle, assistant to Prof. Garré of Bonn. Capelle, in reviewing fatal cases of exophthalmic goitre, found enlarged thymus noted in many. Sometimes the hyperplasia was associated with extensive or even general hyperplasia of the lymphatic system. Capelle drew the conclusion from his researches that thymus hyperplasia is an "indicator of the severity" of exophthalmic goitre. Deaths following operations in such cases he concluded were cases of thymic death. It followed as a matter of course, if his conclusions were accepted in toto, that in cases of exophthalmic goitre with recognizable enlargement of the thymus, in which the detection of lymphatic hyperplasia formed an important part, goitre operations should not be performed. This conclusion was received with favor by some. To

those who do not look upon surgery as an art to be applied only in cases of no danger, a different conclusion was more natural, viz., that the operation should be applied to the chief offender, in this case the thymus. Rehn had in fact proposed this as early as 1889; Hänel repeated the proposal in 1909; and Garré carried it out in the following year. It is only necessary to recall the place made by thyroidectomy, by ligation of thyroid arteries, and of other operations tending to lessen the amount of thyroid tissue present, to show how significant the new departure was. It was no less revolutionary than the change of view from considering exophthalmic goitre as a form of hysteria or of heart disease to that of the thyrogenic origin, with or without other ductless gland relations.

The thymus had been associated with exophthalmic goitre long before the time of Capelle and Garré, but not in precisely the same way. Markham as early as 1858 showed the co-existence of thymus hyperplasia or persistence in exophthalmic goitre, and many clinicians, including Moebius, not only confirmed it, but showed it to be almost if not constant. After Owen's butcher, by mistake, led to the treatment of cases of exophthalmic goitre by thymus—with improvement, as happens so often in that disease with the most diverse therapeutic measures, thymus preparations were widely used. Many reporters had good results, many others failures. Some reported actual increase of symptoms, and probably many others saw such results but did not publish them. At all events no definite gain either to therapeutics or pathology was derived from what was a physiologic experiment—but obviously a crude one.

As in so many other cases of Basedowian study preconceived ideas hampered the free development of new ones. In this particular case the conception of the thymus as a lymphatic organ prevailed over the need for objective observations, and over the hypothesis that the thymus might be a gland of internal secretion, furnishing a hormone with functions to be investigated.

Another gratuitous view, long retained, was that the deaths after thyroid operations were due to absorption of thyroid secretion. The symptoms are striking singly and in combination, and it is not difficult to understand how they came to be attributed to thyroid intoxication at a time when the thyroid theory of Graves' disease was first making converts. They were especially tremor, excitement, twitching or strong contractions, high temperature, dyspnea and extreme frequency of the pulse. Schnitzler appears to have been the first to explain this complex by thymico-lymphatic intoxication in the sense of Paltauf, and although this view was reiterated by such authorities as Tillmanns (1899) and by some others, change of view was slow. Since Garré's noteworthy report in 1911, many operators and prosectors have published their results,



and though not a few of both are negative or contrary, there is a decided leaning to the thymus participation. It must be admitted that as in other details of Basedowian research, many reports are unsatisfactory. One often looks in vain for a careful description of symptoms before the operation, and for a detailed autopsy report in the fatal cases, with or without operation. It is instructive to see the simultaneous rejection of past experience and enthusiastic acceptance of the new. Not only single symptoms, but even the whole complex disappears after thymectomy, and men who were a short time ago extolling the numbers cured by thyroid operations are now making just as earnest efforts to find evidences of failure. Though the relation of the old or young thymus to leucocyte formation is in doubt, change in the blood picture is now ascribed to removal of the thymus, though the same change was seen in cases operated without

thought of the thymus. Not the least instructive feature of the present situation is the safety with which the thymus is removed, though this safety will doubtless lead not a few inexperienced operators to venture prematurely, as occurred in early thyroid work.

The whole subject has now entered the stage of experimental surgery and it is incumbent upon all—for all see cases of exophthalmic goitre—to follow carefully the revelations of the operating room and the best operative results. A great debt is due to Halsted for persistently adding to our available fund of knowledge, while the contributions of the German, French and Swiss surgeons cannot be neglected. The revival of interest in the application of X-ray treatment to exophthalmic goitre and its extension to the thymus region is also timely but it must be remembered that the results can by no means be interpreted as clearly as those of surgery.

## Some Newer Conceptions of Surgery of the Stomach and Duodenum\*

G. W. CRILE, M. D., CLEVELAND

**I**N their development most sciences have passed through three principal stages: First, a period of pure empiricism and baseless speculation; second, a period in which vast numbers of facts are isolated; and third, a period in which by harmonizing these facts general theories are established. The first period is one of ignorance and superstition; the second is characterized by the confusion which results from the mass of uncorrelated data; in the third by a process of generalization science becomes truly useful.

In medicine the first period was that of the medicine man, of superstition, of weird therapeutics; in the second, masses of data were discovered regarding many physiological and pathological phenomena, which today, in the third period, are finding their proper places in great generalizations as a result of which disease after disease is being conquered. Day after day we hear of new victories achieved by a consideration of the facts comprehended in the word inoculation, and in like manner knowledge of the life of the mosquito when related to the incidence of yellow fever has led to the elimination of that disease.

It is my purpose today to indicate how a similar synthetical study of the phenomena attending certain pathological conditions of the stomach and duodenum and of certain facts established in the clinic and the laboratory may offer a probable explanation of the morbid phenomena attending certain gastric and duodenal conditions and suggest new lines of treatment.

In reviewing the records of three hundred and twelve operations on the stomach and duodenum performed by my associates, Dr. Bunts, Dr. Lower and myself, together with those performed by the other surgeons at the Lakeside Hospital, we

find that the clinical postoperative course of certain patients after gastric resections or gastroenterostomies is similar in many respects.

At the time of operation pulse and temperature are normal, but the patient is emaciated and sallow in appearance; his vitality is much reduced; his demeanor is melancholic and he is alternately possessed by hope and despair. After the operation his downward course and exit strikingly resemble the sinking and disappearance of the unwary traveler who has been trapped by quicksand.

Statistics show that no clinic has ever reduced the mortality rate of any considerable series of resections of the stomach below 10 per cent. When the surgeon is obliged to tell the prospective patient, whose courage has already been lowered by the disease itself, that his chances for recovery from the operation are but one in ten, the patient is naturally reluctant to accept the risk, or else he undergoes the operation in a hopeless spirit which augments the peril.

The cause of the high mortality of gastric and duodenal operations is exhaustion—not the exhaustion induced by trauma and infection, though this may indeed be a contributory cause, but exhaustion which results from the lack of function of a fundamental organ.

This postulate is based on experimental as well as clinical evidence. In my laboratory, my associates, Dr. J. B. Austin, Dr. F. W. Hitchings, Dr. M. L. Menten and Dr. W. J. Crozier, have made histologic studies and H-ion concentration tests after the excision of each of the following organs, the liver, the adrenals, the thyroid, the pancreas, and the spleen. Only double adrenalectomy and hepatectomy caused a steadily increasing exhaustion and death in less than twenty-four hours. These operations were the only ones followed by a marked increase in the hydrogen-

\* Read July 13, 1915, before the Northern Tri-State Medical Association at Ann Arbor, Mich.

ion of the blood, this increase appearing in from a few to twelve hours or more and being the immediate precursor of death. Excision of the liver or of the adrenals also caused marked changes in the brain cells.

We then made histologic studies of every tissue and organ in the bodies of animals exhausted by prolonged insomnia; by infection; by fighting; by physical injury; by fear; by slow etherization and by the injection of toxins, of alcohol, of skatol, etc. In every case, identical changes were found in the brain, the adrenals and the liver and in these organs only. In brief, exhaustion from any cause is manifested by identical clinical symptoms and by identical histologic changes in the brain, the adrenals and the liver. A given case of exhaustion may have been initiated by the inanition of vomiting; increased by pain; carried further by infection; still further by the strain of etherization; another step by the unblocked traumatism of the operation; until post-operative pain, even if not severe, finally overcame the already lowered powers of endurance and the patient died. According to the margin of safety in the individual patient the fatal sequence may be terminated at any point.

If a starved and worried patient be traumatized, the margin of safety must necessarily be reduced; acidosis will be present or threatened and but a slight additional stimulus will suffice to produce the fatal result. Both ether and nitrous oxid anesthesia cause marked acidity in the blood, which normally is neutralized in about thirty minutes; ether, however, adds an adverse chemical effect and a psychic strain. Every contact between instruments and tissue under naked-nerve ether anesthesia causes a discharge of energy and increases the acidity; the post-operative pain stimuli do likewise, until at some point the body's stores of energy are exhausted and the liver is no longer able to meet the demand for acid neutralization. Long before the operation is completed, the patient's doom is sealed.

Treatment is of little avail. The administration of sodium bicarbonate and glucose by mouth, of bile by rectum, and excellent nursing may aid, but in most instances they accomplish little. The only cure is prevention (a) by increasing the store of energy; and (b) by stopping the expenditure of energy and the consequent fabrication of acid. The first end may be accomplished by increasing the intake of food and water; by the administration of sodium bicarbonate and glucose, and by having the patient sleep in the open air. Energy may be conserved by limiting physical activity and as far as possible eliminating worry and anxiety before the operation; and by diminishing acid production during and after the operation by complete anociation.

With the starved patient no anesthetic and no narcotic is safe. Anesthetics increase acidity in a direct ratio to the amount given; morphin does not increase acidity but does interfere with neutralization. Psychic quiet for these patients

may be safely secured by bromides administered per rectum. Just enough nitrous oxid should be administered to give a twilight anesthesia so that the patient may be protected against the destructive action of fear. The infiltration of novocain in 1-400 solution precedes each division of nerve-bearing tissue. An ample incision is made and a feather edge technic is employed throughout the operation. To insure complete relaxation during the operation and to promote post-operative comfort the abdominal wall at a distance from the incision is thoroughly infiltrated with quinin and urea hydrochlorid in 1-600 solution.

If the margin of safety is very narrow the operation is performed in two stages; for example, a gastro-enterostomy is followed by gastrectomy after the nutritional balance has been restored.

A sharp knife, bloodless dissection, the elimination of pulling and tearing manipulations and a minimum amount of sponging are required. Because of the very slight insulation of the splanchnic nerves, their injury is surprisingly easy; for this reason also, therefore, the two-stage operation is advisable in critical cases, as thus a smaller number of the splanchnic nerves will be injured at one time and the interference with the functions of the already almost overwhelmed liver and adrenals will be diminished.

These deductions are based not only on laboratory experiments but on clinical observations as well. Since I have begun to apply these principles in operations upon the stomach and duodenum I have seen a remarkable improvement in the results.

The post-operative care of these patients is of vital importance. Skilful, tactful nurses, by creating an innocuous environment, can most valuably second the efforts of the surgeon who, in the patient's room as clearly as in the amphitheater visualizes the clinical problems which his special case presents.

A brief word may well be added concerning the danger of post-operative pneumonia. This danger may be almost eliminated by discarding ether and by the infiltration of quinin and urea hydrochlorid at a distance from the wound. The tendency of ether to cause bronchitis and pneumonia is generally recognized. Pneumonia does not result from the use of nitrous oxid-oxygen. Even without ether, however, a painful wound may in itself cause pneumonia. When a wound in the upper abdomen is painful, the respiratory excursions are inhibited; the lung is not expanded, and pleurisy and pneumonia are the natural results. The painless wound which is assured by the use of quinine and urea hydrochlorid will, therefore, prevent post-operative pneumonia.

The complete application of the principle of anociation not only during the operation, but also in the pre-operative and post-operative care of the patient will minimize the two greatest dangers attending stomach and duodenal operations—exhaustion with its fatal sequelae, acidosis and post-operative pneumonia.



# The Treatment of Enuresis by Psychotherapy\*

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IT is to Professor Isserlin, psychologist of the Kraepelin psychiatric clinic, that I am greatly indebted for having acquired the technique in the psychic treatment of enuresis.

It was not without a great deal of scepticism and timidity that I approached this subject; but seeing all the cases of enuresis referred to Professor Isserlin for treatment at the children's clinic in Munich, and the great number of cures produced, I was readily convinced and began studying and practicing this method, and after a time became proficient in the technique of hypnosis.

The kind of incontinence discussed in this paper will be the so-called "bedwetting" of children and juveniles, occurring mostly at night, however, in some cases occurring during the waking state. The great majority of these patients show no organic disturbances in the genito-urinary tract, or anywhere else in the body. A large number have enlarged tonsils, adenoids, pinworms, adherent prepuce, etc.; these conditions may reflexly excite the vesico-spinal system. Very often physical examination will show evidence of an anemia, and the signs of neurasthenia or hysteria. More than one child in the family may be afflicted; in my series I treated a brother and a sister. It is not uncommon for one or both parents to have suffered from this condition in their childhood.

There are distinct periods or years at which enuresis occurs. Cullere<sup>2</sup> one to three years; Ries<sup>3</sup> differentiates several periods, (a) at the end of nursing, two to four years, (b) in the first years of school, (c) before puberty. Cullere and M. Thiemisch<sup>4</sup> associate enuresis with hysteria. They maintain that the symptoms of hysteria manifest themselves at the same time that enuresis does; and that hysteria occurs most often between the ages of three to seven years, and ten to thirteen years, and that these ages represent the periods of evolution of the nervous system.

As an exciting cause for the occurrence of enuresis, Cullere mentions emotional shocks or nervous strains, as exemplified in the beginning of attendance at school.

With some of these children a condition of polyuria exists and they can usually hold their urine.

The bedwetting usually occurs after the first hour in bed, or in the early morning.

Does the emptying of the bladder occur in profound sleep? The sensory impulse brings about a contraction of the detrussor, with an opening of

the sphincter of the bladder. The filling of the bladder is the stimulus to emptying it. This can be brought about before complete filling as in cystitis, which is brought about by stimulation of the sensory fibers at the neck of the bladder.

The cause can be in the higher centers, as in the polyuria of hysteria, excitement, examinations or fright. That this does not rest upon a weakness of the sphincter is shown by a ready cessation of the incontinence on removal of the psychic cause.

It is also a known fact that healthy nurslings never urinate or defecate in profound sleep, but in a semi-wakened state. In practice I have seen this demonstrated and corrected by a mother putting the child on a vessel immediately on awakening.

The question arises if partial awakening does not occur before emptying of the bladder and bowels, as we often see the combination of the two; and if the stimulus to the brain is not strong enough to completely awaken these children. Substantiating this is the frequent explanation of older children that they dreamed that they were in the woods or on the appropriate vessel or in the toilet. Vogt believes that the dream is the sign of a very light or superficial sleep.

An observation of my own in a very stubborn case of enuresis is illustrative. W. F., age six, wet the bed since birth. The nurse repeatedly examined his bed at night and found it dry, but in the morning, just as the sun commences to shine into the window and partly arouse him on examination of his bed she would find it wet. After the light was excluded from the bed room in the early morning, and the child was picked up and placed on a vessel, it would not wet the bed.

In our opinion the stimulus to empty the bladder does not have enough opposition in the brain—judging from the statements of diurnal wetters, that they felt it later after they had wet themselves; or that the stimulus to pass water is not strong enough to excite inhibition, or that the desire is not perceived. It is possible that a lack of cerebral inhibition exists, that it is purely functional. A close relation is the sensory inhibition in hysteria. Again it is closely associated with hysteria, in its causative production by the emotions, shocks, and suggestion—through which latter agency a curative result can be instituted.

## Fear as a Cure.

Delius cites two cases in which fear was the causative agency in bringing about a cure for the enuresis.

1. A fourteen-year-old boy who was a "bed wetter" was free from this condition during a visit to relatives for two to three weeks. This

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boy states that he dreaded going to his relatives for his vacation on account of his malady. On his return home the enuresis disappeared.

2. A very intelligent girl of seven had suffered all her life with enuresis. Numerous remedies and treatments had been tried. One day the nurse threatened to write a note to her school teacher informing her of her affliction and asking her to read the letter to the class so the other pupils would know about it, and in this way bring her to shame. The letter was written and read to the child, and given to one of the servants to mail. When the child saw this she broke into a terrible rage and had spells of crying and laughing. From that night the child was free from her enuresis. (This is hardly an advisable procedure in a very neurotic child.)

Nocturnal incontinence is not due to a weakness of the bladder. If this were the cause why does it not occur during the day, for the erect posture with its increased intra-abdominal pressure is greater, and it would surely exert its influence on the bladder wall. Whereas, in the recumbent position these factors are reduced to a minimum. And still there is a greater occurrence of enuresis at night.

We must classify the enuresis as a form of neurosis, caused by a lack of cerebral inhibition; and hold that the spinal centers are affected secondarily to the cerebral.

The question arises, should it be classed with hysteria? Baginsky in his text book on pediatrics, states that enuresis occurs among hysterical children. Pfister considers enuresis "a neuropathic hereditary stigmata." From the therapeutic stand point enuresis can be looked upon as a neurosis closely allied to hysteria, on account of the psychic element in the great number of measures advised and used for this condition and the potency of suggestion in the cure of enuresis.

It might be interesting to mention a few of the measures and treatments advised. (a) Elevating the pelvis at night, so the urine will be kept away from the internal orific. (b) Stroking the neck of the bladder through the vagina or rectum. (c) stretching the urethra to bring about better contractions of the sphincter vesicae. (d) Cupping and counter irritation to the lumbar region. (e) Application of adhesive plasters over the meatus in boys. (f) Injection of salt solution in the sacral and lumbar regions. (g) Removal of adenoids. (h) Placing a stiff brush to the back, so the child won't lie on its back.

Numerous medicines have been advised—notably among them being Tr. Nux Vom., Phenacetin, Tr. Belladonnae, Atropin—as well as numerous hygienic and dietetic measures.

A list of the various authors who have tried and recommended psychotherapy in enuresis are: Wetterstrand,<sup>21</sup> Berilleon,<sup>22</sup> Tuckey,<sup>23</sup> Van Renterghem and Van Emden,<sup>24</sup> Cullere,<sup>25</sup> Ringer,<sup>26</sup> Tenschler,<sup>27</sup> Hilger<sup>28</sup>. The efficacy of the treatment is best illustrated by the following statistics:

Cullere—64 cases, with 78% cures, 15.5 improvements and 6.5 no benefits. Delius—33 cases, with 72.75 cures, 22.75 improvements and 4.5 no improvement. Essayist—12 cases, with 10 cures, 1 improved and 1 no improvement.

The following is a chart showing my twelve cases:

Name	Age	Sex	Days Treated	Result
C. B.	8	M	21	Not improved
B. K.	13	F	21	Cured
S. J.	10	F	15	Cured
B. L.	7	F	18	Cured
R. S.	9	F	18	Cured
R. W.	6	M	21	Cured
B. W.	8	F	16	Cured
W. T.	12	M	19	Cured
K. R.	10	F	18	Improved
O. N.	11	M	19	Cured
R. J.	14	M	20	Cured
F. E.	6	F	21	Cured

Ages—Youngest 6 and eldest 16. Sexes—Males 5 and females 7. Length of time since discontinuance of treatment: 3-12 months, 4-10 months, 1-9 months, 3-5 months, 1-3 months.

#### Case Reports.

The following three case reports are typical of the entire series.

C. B., male, age eight. Family history good. Personal history, had measles and whooping cough. Has wet the bed since birth. Well developed and nourished. Very bright child. Was very readily put into a deep hypnosis, and was one of the cases that could be shown as a typical experimental case, in which catalepsy, walking in his sleep, anesthesia to pin pricks and pinchings could be produced. This case was shown to a few physicians. That night after the first hypnosis, sometime between 11 and 12 o'clock, the child got up and went to the toilet to pass his water—a thing which he had never done before. The mother called me up the next morning and was very much elated at the result, and asked if she could not bring the child back in a week for treatment instead of the next day as I had requested her. He did not wet the bed until the third night. The fourth day she brought him to me for treatment. He went into hypnosis as readily as the first time. But he wet the bed that night, and every night after that, and after 21 days I discontinued trying. I attribute my failure in this case to not having seen the boy and given him treatment the next day, from which rule I do not vary.

B. K., age thirteen, female. Of a very neurotic family, both parents having suffered from enuresis in their childhood. The girl had a bad attack of scarlet fever two years ago, otherwise she has never been sick. She is somewhat anemic, fairly well developed and nourished. Examination of the urine for albumin and casts was negative. First menses occurred on the day of her thirteenth birthday; very nervous and



high-strung child, readily frightened and lacks will power. Intelligence good. The first hypnosis was a very difficult one as she did not believe this would benefit her. It was also very difficult to get her to fix her gaze on the object which I held in my hand. She would burst out in laughter and say it will do no good. I was able to bring her into the "Hypnoïdal state of Sidi's," in fact, I had to ask her to close her eyes. She was allowed to lay on the couch for about twenty minutes, then the suggestion to get up was given. After this first treatment she remained dry—and this continued throughout the entire treatment of 21 days. Her general nervousness and irritability and fears were influenced by the treatment.

S. J., age ten, female, Father was killed in a railroad wreck, mother living and well, very neurotic. Mother states, she believes that she also wet the bed as a child. Patient is poorly nourished and developed. Had measles and mumps. Physical examination, anemic, and a soft systolic bruit at the apex. She was readily put into a light hypnosis, and appropriate suggestions made. After the third treatment the girl remained dry. On the fifteenth day I concluded the treatment, as the mother wished to send her to Dayton for a few weeks. She has had no recurrence of the bed-wetting since.

#### Treatment.

A not important point in the beginning of the treatment is the assuring both the parent and the patient that no harm will follow as the result of the treatment, that nothing experimental is going to be attempted with them, and that they can be very readily awakened.

At the first hynosis, even in boys, I usually have a third person in the room. After the induction of the hypnotic or hypnoïd state, I leave the room until ready to give the verbal suggestion.

The method employed is the combination of the physical and the mental methods for the induction of hypnosis. The room is somewhat darkened, and the patient is requested to lie on a couch and think about sleep. After a little, when the patient is more or less relaxed, he is requested to fix his gaze on a bright object (key, ring, metal pencil, in fact anything; I usually use a metal tongue depressor, as it is convenient to hold). This is held in my hand a little above the level of the eyes of the patient. While the patient is fixing his gaze, the following is repeated: "Look right at it, just steady, just think about going to sleep. Your body will grow tired, your legs will feel heavy and tired, your arms will grow heavy and tired, your lids will grow heavy and tired and close right down, and you'll go off into sleep." The suggestion about the lids growing heavy and shutting down, or that he is now unable to keep his eyes open, should not be made before it is really seen that the lids are shutting down, and that the patient is making repeated efforts to keep them open. If after one to two

minutes the patient does not close his eyes voluntarily, I pass my hand from above downward, over his eye, not touching them, and request him to close them. The patient is then allowed to lie in this state from 15 to 30 minutes, during which time I usually leave the room; however, should the parent or guardian wish to remain in the room, I do not object. At the end of this time the verbal suggestions are made, about like the following: "You are perfectly quiet and relaxed, and resting. Tonight you will be able to feel the desire to pass your water. You'll get up, go to the toilet (vessel or pot, etc.) pass your water and come right back to bed and fall asleep again. Don't be worried or alarmed, this habit will leave you; you can be cured, and when it is once cured it will never come back again. When I count up to three, get up."

When the patient arises, you might ask: "Were you sound asleep or not?" Nothing else; don't discuss the hypnosis with the patient, also caution the parents not to discuss it with the child or at home in his presence.

The evening meal should be the lightest. All excitement and strain should be guarded against during the time of the treatment; a regularity in eating and sleeping should be insisted upon. The parents should be instructed to desist from inflicting punishment and threats upon these children, as it is rarely of any avail and in most instances aggravates the condition. It has not been necessary to combine any medicinal treatment, although there would be no contra-indication for so doing.

The time necessary to bring about a result is from two to three weeks of daily hypnosis. Usually these children remain dry after the first treatment. If there is no change after the first week of daily treatments the case is usually hopeless.

The depth of the hypnosis—whether a patient is put into a deep or superficial hypnosis—will have no bearing on the therapeutic result; the largest number are put under only very lightly, and in most of these cases the best results are obtained.

The average time that an improvement sets in is in about the third day of treatment.

#### Contraindications.

Contraindications are very few. These are children of low-grade mentality, who cannot be made to concentrate their attention, and fix their gaze on an object; children under four years of age; patients who are afraid of the treatments, even after numerous assurances and where the fear cannot be overcome even after they have witnessed an hypnosis, which latter method seems very efficacious in convincing both the child and the parents. However, with all this assurance and demonstration, a few will not consent. I had two cases that were afraid to take the treatment.

There have been no untoward effects from the

treatment in any of the cases and in a few the parents have remarked that the general nervousness and restlessness that was present before had entirely left. Prof. Isserlin in his extensive experience reports no bad effects.

The objections are more theoretical than real. In a few cases pavor nocturnus was associated with the enuresis, for which proper suggestion was made and it improved with the bedwetting. In one case, the enuresis was associated with a habit spasm of shrugging the shoulders, which was cured before the enuresis.

Owing to the fear expressed by physicians and the laity in general that if an individual once submits to an hypnosis he will become ready prey to any one who can perform this (which of course is unfounded), at the last day I tell the patient that no one else will ever be able to put them into hypnosis again against their wish or will.

#### Summary.

1. Enuresis nocturna is a functional neurosis, due to a lack of cerebral inhibition.
2. It is not due to a disease or weakness of the bladder.
3. The existence of affections of the eye, ear, nose, throat, rectum, genitalia, etc., with enuresis, are not the specific cause for the condition, but act only as exciting agencies.
4. The many treatments and medicines in vogue now and formerly for this malady, depend in the main on suggestion for their potency.
5. Psychotherapy cures this condition in the greatest number without any deleterious effects.

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## Some Etiological Factors in Connection With the Contraction of Syphilis\*

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AS far back as 1887 the French Academy of Medicine appointed a committee to inquire into the increase in heredo-syphilis and into administrative measures against the public prevention of syphilis. This is mentioned in beginning merely to show how long ago public notice was really first intelligently called to this disease and to its manner of spread. Since then this etiological study has been kept up more or less diligently but we must confess that up to the past few years very little has been really accomplished in arousing the public and even the profession itself to a proper idea of this vital question. As Fournier writes, even with medical undergraduates there has been too often a tendency to mention the word syphilis as little as possible; while as to studying it this has been totally out of the question. In fact even in such a medical center as Paris the Lock Hospitals were closed for a long time to students and physicians, outside of the regular visiting men, and it was only by strenuous efforts on the part of the

Academy of Medicine that their wealth of material was opened up for study.

Thanks to the efforts of the French School of Syphilography, of Jonathan Hutchinson, of Albert Neisser and others, there has started of late a tendency to enlighten the public more in detail as to the subject of syphilis and in fact of all venereal diseases. Recent discoveries have aided in this, as well as the work of some of the better authors. The investigations taken up by the several Foundations in Relation to Vice, and that by several governments and medical societies have also helped in this question. However, we must confess that in some of this work there has been more psychological reasoning than plain facts—hence this short survey, as yet not completed. It has been made with the object of finding out in detail from as many people as possible, just how they contracted their disease, where it was contracted and under what circumstances. The study was begun some nine months ago and as far as possible we have attempted to take each case as it came in order; above all, we have endeavored to be absolutely impartial, each patient

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being asked a series of set questions and the answers then being jotted down and recorded. In some cases, to be sure, the patient was not sure and in such circumstances results were left as questionable. There are 211 cases, 52 of them being private cases. Of the patients 180 were males and 31 females, there being 39 married, 11 divorced, 1 widower and 2 widows among them. The ages varied all the way from 14 to 65, congenital luetics not being recorded in the list.

#### **Influence of Districting.**

The first question taken up was in regard to where the disease was contracted, and here a word will be necessary in regard to the extent of our zone of ill-fame in Cleveland and also in regard to the policy carried out by the city government. It was during the administration of Mr. Tom L. Johnson that a restrictive policy first began to be enforced against our so-called "Red Light District," and ever since then this policy has been increasing in firmness. It has been notably during the administration of Mr. Newton D. Baker that this policy has been strictly carried out. At the beginning of his term of office the zone extended, roughly, on Hamilton street, from East Sixth street to East Twelfth street, and in July, 1914, the houses west of East Ninth street were closed, leaving only some twenty to thirty houses between East Ninth and East Twelfth streets, and it is from these twenty to thirty houses that most of our statistics from this street come. These resorts have been kept under a certain amount of supervision by the police and in case of too much disturbance a house has been closed. Moreover, during this past spring as we gave the board of health notice of infections arising in these places they likewise were closed by the police. This policy has kept getting more strict and on April 1, 1915, the entire district was cleaned out by the police.

What have we found in our series? Among our 211 cases, excluding 19 marital infections and 9 extragenital infections we have a total of 183 cases. Of these, 58 contracted the disease on Hamilton street, and 27 of the others in a house of ill-fame either in the prohibited district of Cleveland or in houses elsewhere—some of the cases, especially among the 52 private ones, being from outside the city. In other words, about 41 per cent were infected in what are commonly termed "whore houses." And of this number I might add that on Hamilton street alone, 13 of our 19 minors were infected; their ages running upwards from 16 years—and this despite the fact that there is supposed to be a stringent rule as to minors in such resorts. In no case had the least attempt been made to question the boys as to their age. Of the other boys, one aged 17 had been invited into a house on Broadway, by a woman, as he passed. The second had contracted it from a friend and the third, a boy aged 14, had gone to a house in another portion of the city where a lone woman and her male friend lived.

It was the custom for this friend to go out and invite the boys in and in this boy's circle of 12 friends, varying in age from 12 to 18, another had contracted gonorrhea, he had lues, and they all had had intercourse with her at the small price of 50 cents apiece.

Two of the cases contracted on Hamilton street were in men, one a minor aged 18, who feared the consequences of intercourse and visited a so-called "French house." Both of them, of course, had primaries and the same symptoms as the other luetics.

Of the remaining 126 cases, 37, or 20 per cent, were said to have been received from friends, and 41, or 22 per cent, were acquired from "street walkers." This leaves 19 marital cases, 16 females and 3 males, who contracted the disease from their life partner. In our series of 31 females, about 50 per cent of them were syphilized from their husbands, figures I believe which agree quite closely with those of Fournier and Ricord. There were 9 extragenital chancres in the series, one chancre of the neck contracted in a barber shop, one on the cheek supposed to have been contracted from a bed fellow, and seven primary infections of the lip.

Of these 211 cases I am sorry to say that the occupation was not always mentioned, but there were among them working as public servants: 9 waiters and waitresses, 3 cooks, 1 butcher, 2 barbers and 1 bartender.

#### **Influence of Alcohol.**

The next question taken up with these people was in regard to alcohol. Any physician is aware of how often his patients get drunk, go "down the line for a night," and pay for it during the rest of their lives. This is especially common with students and intelligent men who would, otherwise, never think of visiting such districts, and it was with this thought in view that this portion of the survey was undertaken. This has already been lightly touched upon by Barthelemy and Devillez. They have made a very interesting study on the question of syphilis and alcohol, especially in relation to the subject in Paris. They conclude: "On our side, we are able to say without fear of exaggeration that the half of the cases of syphilis found in the young men of the schools have been contracted with the women of the drinking parlors." <sup>2</sup>(p. 317.) The late Alfred Fournier has also studied this question to some extent and in writing on the Public Prevention of Syphilis says (p. 313): "Thus the bars and the wine shops constitute at the present day actual centers of infection, and one of the most dangerous forms of clandestine prostitution." "For the women they are centers of demoralization, alcoholism and disease." As Barthelemy and Devillez well say, "On le voit l'alcoolisme est partout present, il est partout le compagnon, le complice de la syphilis" p. 313.

In our list of 211 cases, excluding the 19 marital infections, 9 extragenital infections and 35 pa-

tients not sure in their own mind as to their condition, we have left a total of 148 persons, male and female. Of these 148, 88 of them were intoxicated to a greater or lesser degree at the time of infection and 60 were not; in other words a percentage of 60 to 40. This is a little higher than Ricord's estimate, but in my private cases, numbering 52, it was even higher. After eliminating 3 extragenital infections and 10 who were not sure, 31 patients of the remaining 39 were intoxicated more or less—that is, a percentage of 79. True, there is a certain class of men, and a large class, too, who go "down the line" because of sensual desires alone, but given the average intelligent man or student and he will be either afraid or ashamed to do so except under a certain stimulus, and that stimulus is alcohol. To quote several instances, No. 17, a young mechanic, when questioned said, "I was so drunk I didn't know what I was doing." Again No. 36, a law student, said, "There was a bunch of us, we began to drink and then some one proposed that we go down the line." Another, "I got pretty tight and some one dared me," and so I could go on and give instance after instance. True, cases were met who said they never drank, but certainly from our statistics the majority of our luetics first became more or less under the influence of alcohol and then took the leap, and in the private cases the percentage, 79, was even higher.

The criticism may be raised that the figures for Cleveland are not the same as for somewhere else and that the series is too small. This is all true and we intend to carry the study further. However in this series of 211 impartial cases, taken as they ran, we have gotten these figures and I would like to add that for practically the entire time there were only 20 supervised houses on Hamilton street, and it was from these 20 resorts that most of our cases from that source originated.

#### Deductions Based on Series.

True, I am not justified in drawing conclusions but I would like to make several deductions. All psychological reasoning and writing to the contrary, a defined or even supervised district of ill-fame is bound to be a menace to that community. Witness what 20 houses have done in the past nine months in Cleveland. Moreover, there is a certain class, especially students, who would not be so likely to visit such a place if it were not known to be there and to be easily accessible. This applies also to the farmer boys who come to the cities to spend their Saturday nights. No matter how well supervised, the average brothel will take any one in if he has the price—no question being asked as to age, color or condition. Moreover, though our figures are small as yet, we believe that the use of alcoholic liquors has a definite large influence in the contraction of venereal disease and that with a large class of men they would not "take the chance" were it not for the artificial stimulation of these conditions.

As to the criticism raised by many well meaning but ignorant women, that the "zone" must be preserved to protect our wives and daughters. My small list of cases proves on the contrary that our wives and daughters are more liable to be syphilized in wedlock after their husbands have contracted the disease in the zone. Fournier and Ricord, in their large experience, have noted the same thing.

In conclusion, I wish to thank the physicians of the clinic and the students who have assisted in making this survey, and Dr. A. R. Warner, Superintendent of Lakeside Hospital, for furnishing the necessary blanks for the same and for many valuable suggestions.

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## Report of a Case of Mastoiditis With Complications and Discussion of the Value of Blood Cultures in Aiding Diagnosis\*

FRANCIS W. ALTER, M. D., OF TOLEDO

**CASE REPORT.**—Louis T., aged six years, first seen by us on August 30, 1914. The boy has had a chronic otitis media for two or three years, with a purulent discharge from the right ear for the same period of time. Pulse 128; temperature 104°; respiration 35. The patient was drowsy and apathetic and had flushed cheeks and appeared very septic. He resented examination very much, especially when the mastoid was examined. Examination of the patient was as follows: Auricle—More prominent than

that of the left side; Mastoid—Somewhat boggy, oedematous and tender; Canal—Discharge of pus present in the canal; Drum—Large perforation in the center. Diagnosis made of acute mastoiditis engrafted upon a chronic otitis media, with a probable intra-cranial involvement. Advised immediate operation.

Patient was operated upon at St. Vincent's Hospital the same evening under ether anesthesia. Performed a radical mastoid operation and removed a part of the base of the skull over the lateral aspect of the cerebellar lobe, of about the size of half a dollar. This was done because of a fistulous communication with the brain. The

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chisel on entering the mastoid area showed the bone to be softened and after removal of the cortex and expulsion of the cholesteatomatous mass, practically had a condition of tympano-mastoid exenteration.

At the posterior aspect of the mastoid, external to the lateral sinus there was a fistulous opening from the cerebellum from which pus was escaping. Opened a brain abscess in this location.

The dura over the brain abscess looked like parchment and showed no pulsation.

Examination of the pus taken from the wound showed the pneumococcus, staphylococcus and a short, fine rod-shaped grampositive bacillus.

The day following the operation the temperature was 99.6°, pulse 120, respiration 30.

On September 3d, four days after the operation, the patient had a chill and immediately afterwards the temperature per axilla was 107.6°, pulse could not be positively counted, respiration 60. Had a consultation and decided to take blood cultures in an effort to determine whether the lateral sinus was involved. Agar, gelatin, and broth, cultures were negative. White blood count 30,000 (highly suggestive of pneumonia). Differential White count: Polymorphus, 76%; small mononuclear, 19%; large mononuclear, 5%.

The next day the patient developed a slight cough. Chest examined and both lungs showed evidences of a broncho-pneumonia. Here the question arose whether this was a case of uncomplicated pneumonia, or a lateral sinus infection in addition.

Patient's condition as the case progressed was as follows: Mastoid area when dressed, as was done once and twice daily, had a foetid smell but granulated slowly from below. The cough became more distressing to the patient and the temperature was characteristic in all points as to that seen in lateral sinus thrombosis.

Took another blood culture September 10, and it also proved negative. On September 19, the temperature rose to 106.6°; pulse 125, and respirations 35. Had another consultation and decided that, further blood cultures proving negative, we would not interfere with the patient, who, in his extremely precarious condition, and pneumonic state would not well stand the anesthetic nor operative investigation of the lateral sinus.

Three days after this the temperature dropped from 104.4° to 98.6° and has remained normal ever since and the patient's convalescence was uninterrupted.

#### Main Points in the Case.

There are some points which we would like to emphasize in regard to this case.

First—The value of blood cultures in suspected cases of sinus thrombosis, and its reliability in its differential aspect.

Second—One blood culture or two blood cultures are not sufficient; a number should be taken.

Third—The time to take the blood cultures is

at the height of the crises, associated with chills, sweats, and very high temperature. It is often only at these times that the organisms are to be found in the circulation. This is explained as being due to the fact that from the focus of pus in the sinus, these organisms only break loose into the general circulation at certain periods, and they in association with the toxins liberated give rise to the so-called crises.

Fourth—The blood cultures should be made from the sinus as well as from the peripheral circulation.

Fifth—This case shows the need of a sheet anchor as a guide in desperate cases of this nature, and we believe that a blood culture acts in this capacity.

Sixth—Basing our diagnosis on the blood culture, we abstained from further operative interference, being well aware of the fact that had this been a case of sinus thrombosis we would very likely have lost our patient. The favorable outcome of the case would not only tend to show the definite value of making blood cultures but also the relative importance of the latter as a guide in the differential diagnosis. It is an aid of no mean value in the elucidation of what always is a most perplexing problem.

Seventh—The presence of the streptococcus is always of evil prognostic import. We were favored in this case by the absence of this organism and the presence of a less virulent infection, such as is caused by the pneumococcus, staphylococcus, etc.

Oppenheimer I believe was one of the first observers who reported cases of sinus thrombosis with particular reference to the diagnostic value of blood cultures. He stated that the blood culture was positive in nearly every instance and a septic thrombosis was found at the time on operation. Libman and Wright have also done some very extensive work on this subject, and have placed this work of blood culturing in these cases on a very secure basis.

#### Technique of Blood Culture Work.

The patient's arm is prepared by the direct application of tincture of iodine and followed with 95 per cent alcohol. A tourniquet is applied to the arm and blood drawn from the median basilic vein by means of a sterile glass syringe, to the amount of 15 c. c. The first essential is that the technique should be strictly aseptic. The method of culturing does not require any extra laboratory appliance nor does it differ in any extent in that required for blood cultures in general.

The media is inoculated with the blood so obtained into petrie dishes and culture tubes. The inoculation into the tubes is made in the nature of stab cultures, by the simple expedient of inserting the needle of the syringe into the media and gradually withdrawing the needle and at the same time forcing about 1 c. c. of the blood along the line of the stab. In this manner those or-

ganisms which require haemolytic serum for their growth are constantly in association with this media.

Three or four tubes of each media should be inoculated for the amount drawn from the vein (15 c. c.) is but about 1-1000th part of the blood circulating in the system, and necessarily the number of organisms in this small quantity may only appear in a few of the tubes.

We find that it is necessary to wait until 24

hours has elapsed between the time of inoculation of the tubes, before we can determine that the culture is positive or negative.

In conclusion, I do not wish to leave the impression that we rely solely upon the result of the blood cultures in these cases. It should be taken along with the general clinical condition of the case, and should be used as an anchor or load-stone in reinforcing the citadel of your diagnosis.

## Should the Public Schools be Closed When an Epidemic Develops?

FRANK G. BOUDREAU, M. D., C. M., OF COLUMBUS

(Epidemiologist and Director of the Division of Communicable Diseases, Ohio State Board of Health)

**Editorial Note.**—Dr. Boudreau's advice to health officers to refrain from closing schools, given at the recent Cedar Point conference was widely quoted in the newspapers of the state. The Journal asked him to elaborate somewhat on the point, as it is of interest in many communities.

**P**RECEDENT binds the hands of many who otherwise might be efficient. This is especially true of health officials. Preventive medicine has only recently gained a scientific basis, and the shackles of ignorance and tradition still cling to and hamper many of its exponents. One of the oldest and least reasonable traditions still frequently practiced is the closing of schools when a contagious disease develops in a community. This practice is so ancient that its origin cannot be learned with certainty, but it is reasonable to suppose that it was due to the same impulse of fear which caused the ancients to flee their homes, to isolate themselves and to avoid all congregations of people when the pestilence raged.

What reasons are there for closing schools in Ohio when an epidemic develops? Let us examine into each disease.

**Smallpox** can be easily and rapidly controlled by vaccination and revaccination. Boards of health and education have the authority under the law to prohibit the admission to school of unvaccinated pupils. The board of health has also authority to "supply agents and afford inducements and facilities for gratuitous vaccination." Is it right to penalize the vaccinated, the immune pupil, by causing the schools to be closed? A score of instances could be cited showing that schools whose pupils have been vaccinated have remained in session during outbreaks of smallpox which might be said to have reached an epidemic stage in the community. Certainly there is no argument for closing schools on account of smallpox.

For scarlet fever we possess no immunizing agent of known value, but the school children can be protected from this disease more efficiently in school than at home. It has long been known that while scarlet fever may be partially controlled, it will never be eradicated from any community by the ordinary measures of isolation,

quarantine and disinfection. The atypical, abortive and missed cases continue to spread the disease under these circumstances. In school the pupils are constantly under the close observation of the teacher. By gaining the co-operation of teachers the health officer may learn of these mild and atypical cases. The only intelligent way of controlling scarlet fever in schools, however, is to have medical inspection of the scholars. When sore throat, headache or elevation of temperature occur, the medical inspector sends the pupil home, proper directions are furnished the family, and a suspected case, which would never have come to the notice of the health department if the schools were closed, is rendered innocuous.

Before going into the subject of scarlet fever any further, let us consider diphtheria for a moment. This is a disease for the prevention of which closing of schools is absolute folly. Every board of health in Ohio has at its disposal the facilities of the Division of Laboratories of the State Board of Health. In the presence of an epidemic, all children who have sore or reddened throats should be sent home, and throat swabs taken. If the pupils in a particular school or room have been directly exposed they may be immunized with diphtheria antitoxin. By the aid of the Schick test and cultures we have the means of detecting the susceptible and those who are carriers, and by protecting the one and isolating the other, school may be allowed to resume its course safely.

Health officers in Ohio have closed schools because of the presence of disease in the community, although no pupils were exposed or attacked. This is folly. In very few instances have communicable diseases been spread in school. A large majority of all cases of scarlet fever, diphtheria, whooping cough and measles attack those under school age. It is to those in the age-group under five years that these diseases usually prove fatal. In school the health officer has a certain amount of authority. When children are at home he has no authority unless the children have a quarantinable disease or have been directly exposed.



It is particularly foolish to close schools in villages or cities for contagious disease, for the pupils will mingle more freely outside than in school and under less favorable hygienic conditions. In rural districts where the homes are widely separated it may occasionally be wise to close one school room for contagious disease, but only when all the pupils or a majority of them have been exposed and there is no system of physical supervision of the scholars by physician,

nurse, or other competent person. Lastly, schools which have remained in session and under proper medical supervision, have been the means of preventing the spread of disease, rather than disseminating contagion. It has long been the policy of the Ohio State Department of Health to advise against closing schools for communicable disease, especially if the building is modern and sanitary, and a system of medical inspection can be instituted.

## Intra-Abdominal Injury from Slight Trauma\*

FREDERICK C. HERRICK, M. D., F. A. C. S., CLEVELAND

(Surgeon to Cleveland City Hospital. Associate Surgeon to Charity Hospital.)

THE apparently sound rule to explore every suspiciously traumatized abdomen is the correct procedure whenever a foreign body either possibly or certainly enters the abdominal cavity. The actual incidence of visceral injury in **penetrating wounds**, however, is immensely greater than in **blunt contusions** and **muscular strains** so that the same rule will not hold in such cases although operation is frequently necessary. Furthermore, the possibilities of visceral injury are not proportionate to the degree of external blunt trauma. Severe injury may cause no visceral laceration, while a simple **muscular strain** or falling upon the feet or buttocks may lacerate the gut. Although all will agree to the principle of "when in doubt operate," this old conscience-soothing precept has exposed many a patient to unnecessary or ill directed operation.

It was to form a working routine as to diagnosis and treatment of such **borderline** cases that a study of the literature of the subject and my cases was undertaken. This has been drawn from a personal experience of 40 recorded cases.

The contributions of many authors, both clinical and experimental, have developed certain principles in the mechanism of abdominal trauma. (E. J. Senn, Harris Monro, Douglas, Lewering, Edler, Perez, Lejars, Sauerbruch, Petry.) Individual cases only present peculiarities of the infinite possible variety of injuries which may thus occur, so it is my intention to but mention these in groups and pass to the diagnosis and treatment and some late results.

It is necessary to recall that the amount of injury is dependent upon the velocity, size, shape, consistence, and angle of incidence of the traumatizing body on the one hand, and the condition of the tissues and contents of the viscera on the other. Trauma varying in nature from oscillations in the gut set up by the passage of a bullet in front of the abdomen to a slow crushing force with the gut full of gas or fluid, all may cause visceral rupture. Of four individuals run over across the abdomen by solid cushion rubber tired vehicles or a wagon

of about the same weight three died—one from hemorrhage, one from sepsis from a ruptured bladder, one from extensive gut rupture and peritonitis. Of three run over in the same manner by pneumatic tired automobiles, all recovered with relatively slight injuries. A dragging trauma in the long axis of the body is practically impossible to bring about by a run over but Radcliffe reports three men dragged on their bellies by runaway horses in all of whom there was a laceration of the jejunum within a foot of its origin. Crile and Hamann report similar occurrences in which a glancing blow from above, downward, tore the colon or its mesentery. Distention of a loop of intestine by gas favors a rupture under muscular pressure alone without external trauma.

An Italian, 24 years of age, while lifting a bale of hay, felt a sharp pain in the right iliac fossa, became faint and laid down. When seen in Charity Hospital by the resident, Dr. Neary, a definite protrusion was found opposite the right internal inguinal ring which disappeared and was not present when I saw him. On examination there was rigidity, slight tenderness, a scaphoid belly, a contented facies, pulse 80, temperature normal. The treatment was morphine injection and ice locally. The bowels moved and normal urine was passed. The condition remained substantially the same, except for a rising white count until the fourth day when a mass was felt walled off in the right fossa. Incision on the fifth day evacuated a large colon abscess. The exact part of gut which had been lacerated could not be safely determined. The patient made a good recovery.

Here the gut had been injured by purely voluntary muscular contraction. Although such accidents have been explained by the accumulation of gas in a loop of gut bursting under pressure, Sauerbruch has shown that such rupture is impossible unless a hernia or adhesions previously existed. It must be remembered that the peritoneal cavity as an open space or series of spaces does not exist, the viscera so conforming to each other due to their consistence, contents and motility, that all space is obliterated. Hence an abnormal exit from this cavity or some close adhesion or vis-

\* Read May 4, 1915, before the Surgical Section of the Ohio State Medical Association, in annual meeting, at Cincinnati, O.

ceral attachment is necessary for a rupture under muscular pressure. In the above case the appearance of a swelling at the hernial ring supports this view.

Another case, which I saw in consultation, was that of an old lady in whom torsion of the caecum about a piece of omentum adherent to an old femoral hernia was caused by a slight mis-step from a street car. Cruveilhier has described the rupture of colonic diverticula by such a force calling them truncated hernias. All such ruptures occur opposite the mesenteric attachment. I explored one abdomen under quite similar conditions and indications and found the peritoneal coat of the ileum ruptured down to the muscoa in two places for one-half to three-quarters of an inch. One must recognize the possibility of later complete perforation of the mucosa in such a condition as described by authors.

The duodenum and the caecum are the most likely parts of the intestine to be ruptured because of their close mesenteric attachments, their likelihood to abnormal attachments and the frequency with which the caecum is included in a hernia. The stomach is rarely ruptured, hence blows above the level of the navel are more likely to injure solid viscera or the duodenum. Petry found it only twenty-one times in two hundred and eleven cases. According to these authors a gas content favors bursting by pressure; a fluid content by oscillations following a blow. Harrison's bladder syndrome consisting in alcoholism, consequent increase in unvoided urine, an anesthetic bladder and relaxed muscles, favors easy rupture of the bladder and is a grouping which might be remembered especially in Saturday night cases.

Injury to the liver and spleen is especially likely when these organs are pathologic. For instance, of 131 cases of splenic rupture, Lewering found 82 pathological spleens. A case which recently occurred of unusual interest was that of a structural iron worker who fell striking the right lower side of his chest. He was not laid up. About one month later he had a chill and fever and subsequently the same recurred from one to two weeks apart for about a year. He was in one other hospital where an indefinite diagnosis had been made. X-ray was negative. On examination, inactivity of the right diaphragm, absence of marked chest signs, extension upward of the liver dullness in the axillary line, marked tenderness in the eighth space and absence of any renal involvement as shown by cystoscopy and a function test led to an aspiration with the removal of 4 oz., of thick mucoid-looking pus from which culture was negative. On resection of the eighth rib a large abscess in the dome of the liver was evacuated and followed by complete recovery.

It is unusual for the kidneys in their protected position to receive trauma requiring emergency surgery but the late effects of slight trauma upon the position of the kidney are of great importance in the causation of hydronephrosis. Of the last ten

cases of this condition which have come to me seven were due to previous trauma such as a slight blow or a fall after which the patient was laid up in but one or two cases. I shall make a later report on this condition.

#### Diagnosis and Treatment.

In cases of slight trauma, e. g. from a muscular contraction, a mis-step, a bruise, slight blow or fall in which perhaps the visceral trauma is remote from the seat of impact, cases of all of which have occurred in my work, a most accurate analytical history must be taken; most careful clinical observations made, for by so doing lesser points go to make up a complete picture. Jalguier collected 345 cases of blunt abdominal trauma, in 10 per cent. of which the gastro intestinal canal was injured. In spite of the apparent triviality of a trauma the following factors should always be kept in mind and in certain groups demand exploratory operation as the course of greatest safety. The shock attendant upon more severe trauma being absent lesser signs may be relied upon. The so-called Heinecke-Lejars syndrome, consisting of normal abdominal tympany (abdomen neither contracted nor distended), a pulse improving within two or three hours after trauma, no rigidity, no pain except that explainable by injury to the abdominal parieties, justifies deciding against operation. But should this group be broken by a single unfavorable persisting sign exploratory operation is the safer course. A viscus previously full of gas or fluid, which swelling has disappeared; a localized tympany which persists, a small amount of the deep pain of beginning localized peritonitis, or muscular rigidity independent of pressure on the parieties at the point of injury, are danger signs. Cessation of peristalsis with vomiting is relied upon by Trendelenburg and Bottomly. Superficial or rapid respiration tending to be costal in type Perez thinks of greatest value. A pulse becoming progressively slower, to below normal for that person, within one or two hours after trauma is strongly indicative of hemorrhage. At this stage a hemoglobin estimate, red count or blood pressure reading are of little value so that the decreasing pulse rate and proportionately increasing respiration are the earliest signs of retained hemorrhage. Rapid pulse means the loss of vaso motor compensation, develops proportionately to the rapidity of hemorrhage and is a secondary stage to abdominal trauma. The longer the time since accident and the more numerous and marked the symptoms, the easier the diagnosis and the poorer the patient's chance, but the shorter the time the fewer the symptoms and these not marked the greater the difficulty of diagnosis and the better the operative results, but the above to the careful observer will suggest the doubt and exploratory plan.

Five points controlling the rapidity of onset of symptoms (partially suggested by Goodrich) are: 1. The amount of food, water or gas in the abdom-



inal viscera. 2. The location of the injury in the digestive canal, the lower down the more infectious its contents and the more rapid the symptom onset. 3. The size of the laceration; a small one may be closed by cessation of peristalsis, tonic contraction of the muscle layers of the gut and herniation of the mucous membrane plugging the opening. 4. The individual power of the omentum to travel to the seat of injury and wall it off. 5. The individual resistance to the toxemia.

Hemorrhage from a lacerated spleen means splenectomy. If the organ has a normal consistency suture of it is impossible; if it is fibrosed it is better out, since results of splenectomy in such cases have shown that the individual is better off without the spleen. In the extreme emergency a clamp on its pedicle and a tight packing might be necessary. Care must be taken not to injure the pancreas or gut in so doing.

Laceration of the liver surface can usually be sutured by using a coarse suture material, even umbilical tape has been suggested, and a blunt needle. An ordinary short probe, the slot in its flat end acting as an eye, makes an excellent needle if the liver capsule is nicked where the suture is to enter. Care must be taken not to constrict a large intrahepatic bile duct by too deep a suture as may be done if the laceration is in or near the right longitudinal fissure. In one of my cases this happened, death resulting from cholemia forty-eight hours after the hemorrhage had been

controlled and a ruptured duodenum sutured by the posterior route.

Traumatic displacement of a kidney with subsequently developing hydronephrosis merits attention because of the apparently trivial injury necessary to cause it, and the severity of the late symptoms. The injury may be entirely forgotten unless recalled by a carefully taken history. Several such cases have come to my attention in which slight symptoms, dated from the injury but in which years after the typical signs of hydronephrosis developed. Some had been operated upon for gall stones, appendicitis, ovarian dysmenorrhea, without relief from the pain. On one a nephropexy had been performed, the kidney being turned so as to cause a complete ureteral loop. The displacement of the kidney itself causing the ureter to become obstructed over a lower pole accessory vessel, a fold of Gerotas fatty capsule, etc., is followed in a variable time by periodic pain in the flank, colics, hematuria and if infection enters, chills and fever. A ureteral catheterization and radiograph clears the diagnosis.

In treatment I wish to make but two suggestions, (1) no morphine until diagnosis is made, (2) Keep in mind the possibility of intra-abdominal injury from slight trauma.

I am greatly indebted to Dr. Bunts and Dr. Hamann for valuable suggestions and the reference of some cases.

112 Lennox Bldg.

**Christian Scientists and Life Insurance.**—The Journal of the Indiana State Medical Association states that the Christian Scientists are facing a very interesting question pertaining to eligibility for life insurance in certain substantial companies that require their prospective policyholders to be sufficiently broadminded to protect life and health by taking advantage of all the advances that have been made by medical science. In other words, the Christian Scientist who desires life insurance in certain companies is required to agree to procure competent medical skill in case of sickness or injury, and unless willing to do this he is classed as an undesirable insurance risk. This is quite in keeping with good common sense and we wonder that the matter has not been considered before this by those insurance companies that are looking for preferred risks. The deluded person who prefers to risk a diseased appendix to a Christian Science healer rather than to a skilful surgeon adds to his chances of being an unnecessary subject for a funeral, and well managed insurance companies are not looking for that kind of weak-minded policy holders.

**Ruling in Regard to Expert Testimony.**—Medical experts who appear before county coroners to testify as such in coroner's hearings, and who conduct analytical and other work for the coroner, cannot be paid more than the usual witness fees and the mileage allowed for ordinary testimony. Attorney General Turner rendered an official opinion to this effect on June 21, to F. G. Long, prosecuting attorney of Logan county. He holds that the prosecuting attorney of the county is the only officer permitted to pay extra fees for expert testimony, and that unless the expert is employed directly by the prosecuting attorney special fees cannot be granted.

In the case in question the Logan county coroner, suspecting poisoning, referred a section of the stomach to a Columbus analyst and a pathologist. They rendered a bill for \$25.00 per day for every day they were called to testify at the coroner's hearing, in addition to their fee for the analytical work.

Physicians called as expert witnesses, and demanding fees in proportion, should ascertain in advance that the demand for their services is made by the prosecuting attorney.

## IMPORTANT COURSE IN SCHOOL HYGIENE IS PREPARED BY COMMITTEE FOR USE IN COUNTRY NORMAL SCHOOLS

Plans which were formulated in May, 1914, during the annual meeting of the State Society in Columbus, to work out a course of lectures on hygiene for the county normal training schools of the state are rapidly nearing completion. The special committee which has had the work in charge has submitted tentative drafts of the lectures to Hon. Frank W. Miller, state superintendent of education, and it is probable that the course will be ready for the schools this fall.

The plan contemplates the presentation of a series of ten lectures before the county normal schools, which under the new state school system are operated in connection with first grade high schools. During the coming year there will be sixty of these schools in operation, and it is planned to enlarge the field so that eventually there will be a normal training school for each county.

It will be remembered that at the initial conference a special committee was selected to co-operate with the state school commissioner. Dr. Porter B. Brockway, director of the department of health supervision in the Toledo public schools, was made chairman, with the following co-workers: Dr. W. H. Peters, chief medical inspector and assistant health officer of Cincinnati; Dr. H. M. Platter, chief medical inspector of Columbus schools; Dr. E. A. Peterson, supervisor of the department of medical supervision and inspection in the Cleveland schools; and Dr. F. R. Chapman, of Columbus, secretary of the Ohio State Dental Society. In addition, a special advisory committee consisting of Dr. Homer C. Brown, of Columbus, then president of the National Dental Association, and Dr. E. F. McCampbell, executive officer of the state board of health, was named.

### Local Societies to Co-Operate.

Mr. Miller, who from the start indicated an active interest in the plan, requested that this committee secure for use in the schools a series of lectures dealing with the various phases of public hygiene. The state department of education will adopt the lectures approved by this committee and will have them printed for use in the schools. The present plan for presenting these topics calls for further co-operation with the local societies of the Ohio State Medical Association and of the Ohio State Dental Society. In each county where a normal school is operated, the local organization will be requested by the department to select lecturers to present these topics to the training schools.

A definite method of securing these lecturers

has not been determined. It is probable that the selection of lecturers on medical topics will be left to the committee on Public Health Education of the State Society, while the Dental Society will select the lecturers on oral hygiene subjects. These local lecturers will be requested to follow in a general way the points included in the addresses adopted by the committee, but they will, of course, be given considerable latitude in the method of presenting the facts.

At the conclusion of the school year the state will present normal students with a bound volume containing copies of the ten lectures.

This will be a work of tremendous importance. It will mean that, in the future, public health education directed along intelligent lines will be an important factor in the public school educational system of Ohio, and will mean that the 6,000 school teachers who will be placed in service every year through these normal training schools will be placed in possession of facts which they are expected to communicate in turn to the many thousands of pupils who will come under their direction.

The following is a very brief summary of the matter presented in the various lectures:

1. "The Place of Play and Recreation in the Program of Hygiene," by Dr. E. A. Peterson, of Cleveland. The writer takes up in an interesting manner the necessity for intelligent direction of play for children, caused by our changed modes of living. He emphasizes the point that "the pace" of modern life has caused lower general vitality in parents which is developing serious neuroses in children. This lowered vitality is keeping children away from the playground. He cites an observation in Cleveland where on the same afternoon out of 14,683 children between the ages of three and fifteen, 9,132 were not playing. He suggests the necessity of the teacher directing the play periods so that the child will be doing something which he likes—something that will give the proper amount of exercise and at the same time furnish rest for the mind. The lecture closes with directions to the teacher, with reference to her own physical welfare and the necessity of establishing a normal balance between muscular and mental expenditure.

2. "Personal Hygiene," by Dr. P. B. Brockway, of Toledo. This is a general lecture upon the value of health, containing many excellent suggestions of practical worth. The writer argues for a careful routine of living, worked out for each individual, covering regular hours for sleep, recreation, and work. He gives general facts re-



garding eating, exercise, care of the mouth, bathing, sleeping, etc. The writer concludes with a plea for an adequate system of health supervision for all school children, pointing out the need of teachers co-operating in this work to see that such supervision is instituted in those schools which have not yet taken it up. He advises a careful routine examination by a school physician, who will not only bring to light the physical defects and the various infections and contagions, but will also supervise sanitation and ventilation and light in school buildings. He advises, further, the employment of a school nurse who will keep in touch with the parents of pupils and see that the defects are corrected. He urges that the general adoption of such a system, as is permitted in every school district under the new school code, will greatly aid in reducing the present large percent of children who are laboring under some physical handicap—estimated in Ohio at 60 per cent.

3. **"The Elementals of First Aid,"** by Dr. C. D. Selby, of Toledo. Dr. Selby points out that 5,000 people die by violence in Ohio every year and that many thousands receive less serious injuries. He bases his lecture upon the premise that injuries are best treated by physicians who are qualified by education and experience to do the work, but that often in emergencies the services of physicians are not immediately available and that intelligent first aid can materially reduce the suffering and frequently aid in the eventual treatment. He gives detailed descriptions of valuable first aid work in the different classes of injuries.

4. **"The Care of Mouth and Teeth,"** by F. R. Chapman, D. D. S., Columbus. The necessity of such a paper is demonstrated by a survey recently made in a central Ohio school district, where it was found that 84.8 per cent of the children had decayed teeth. Those familiar with the resulting systemic disturbances can easily realize the seriousness of this problem. Dr. Chapman, in the beginning, gives a clear idea of the construction of the teeth and the function of each, together with the normal period of eruption. He discusses the various mouth infections, dwelling particularly upon dental caries, and describing the process of tooth decay. He likewise discusses the dangers of the formation of deposits commonly known as tartar, with its consequent pyorrhoea alveolaris. In the latter part of his paper Dr. Chapman discusses prevention, describes the best methods for cleaning the teeth and gums, and urges the examination at regular intervals by dentists. He gives detailed information as to the functions of the various teeth and the injuries resulting from the loss of each. The possibility of wholesale infection from a diseased mouth is also discussed as being one of the dangers of the school room.

5. **"Hygienic Relations of Eye, Ear, Nose and Throat,"** by William King Rogers, M. D., Columbus. In this very interesting paper Dr. Rogers

deals with the subject first by describing the functions of the normal organ, and, second, by the indications and dangers of abnormal structures. He describes the mechanics of normal vision, emphasizing the necessity of proper light, etc. He includes a very interesting list of "don'ts" for the protection of normal vision and normal hearing. In dealing with abnormal conditions the writer strongly urges routine physical examinations of all children on entering school, and holds that they would be more effective in increasing human efficiency than any other single agency. He deals at length with the subject of adenoids and tonsils, advising their removal when the same is indicated and answering the usual objections to this operation. He holds that under modern conditions the operation is fatal in but one in 20 to 100,000 cases. He points out that the limited extent to which these tissues have been removed in the past has already produced a noticeable effect on the occurrence of diseases of the ear and the prevalence of so-called "catarrh." The question of suppurating ears is dealt with in detail and immediate attention is urged. The correction of optical errors is discussed and prompt attention to eye defects is recommended. The paper is a splendid review of the entire field and should be productive of much good.

6. **"The Factor of Feeble Minded Children in Our Public Schools,"** by Dr. E. J. Emerick, superintendent of the State Institution for the Feeble Minded, Columbus. Dr. Emerick devotes his paper to a judicious criticism of our present methods of dealing with pupils of subnormal mentality, and to advice to teachers as to how to meet the situation. He points out that about two per cent of the children in our public schools are feeble minded and that despite this, under our present system they are all expected to progress in their work at the same rate of speed, which he says "is just as absurd as to expect a banana peddler with a push cart to keep up with a racing automobile." Dr. Emerick gives a brief summary of the classifications of feeble-mindedness—the idiot, the imbecile, and the morone. He holds that the child who is retarded on account of mental capacity more than two years should not be in our public schools, but should be given the benefit of institutional care and training. He points out that children may be backward in books but will do creditable work in manual and industrial fields. To meet the present situation and the lack of proper institutions he urges the teacher to use especial care in dealing with the backward pupils; to study them to ascertain what they are best adapted to, and to aid them by tactful encouragement rather than harsh criticism. He holds that it is a waste of time to endeavor to teach such children from books—that they must be taught to work with their hands. In schools where there is no industrial training the teacher would render the child a valuable service if she would instruct his parents as to how to teach him at home.

7. "Occupational Diseases and Industrial Hygiene," by Emery R. Hayhurst, M. D., director of the division of industrial hygiene of the Ohio State board of Health, Columbus. Dr. Hayhurst reviews this subject by discussing in detail the underlying causes of occupational diseases, which he defines as "a bodily condition of impoverishment, the direct result of faulty industrial hygiene, or more explicitly of industrial health hazards." He enumerates these diseases: Dust, which has its serious effects on internal organs; dirt, which is coexistent with disease and promotes all diseases; darkness, which should be met by artificial light if daylight cannot be supplied; dampness, including wet processes which cause steamy atmosphere, and the opposite condition, dryness, in which the relative humidity is too low; devitalized air, which is deleterious to the skin and circulation; extreme heat or cold; fatigue, which he describes as a prime cause for the inferior physical development of factory workers; inactivity, which affects the sedentary worker and requires a variation of process to conserve health; germs and infections due to overcrowding in work shops and the use of common towels, wash basins, etc., and because of the frequent injuries and finally, the definite poisons of which lead poisoning is a good example. Dr. Hayhurst advises medical supervision of all factory workers, including a careful physical examination of new employees.

8. "The Hygiene of Womanhood," by Eleanor Everhard, M. D., of Dayton. Dr. Everhard discusses the entire field of personal hygiene as applied to women. She outlines the necessity of cleanly habits and devotes considerable space to the desirability of good air and light in the school rooms. She emphasizes the value of teaching the pupils the proper control of mental as well as physical habits. Clothing is given much attention. The advantages of properly fitting shoes and the disadvantage of corsets are presented. The relation of dress to morals is likewise noted. At the end of the lecture, considerable attention is given to sex hygiene; the physical processes of reproduction are described; the importance of teaching children so they may be fitted for eventual parenthood is outlined. The psychology of sex is given some attention; valuable suggestions are presented as to recreation.

Two additional papers are to be added. One by Dr. E. F. McCampbell on "Community Hygiene" is now being prepared. A lecture on "The Hygiene of Manhood," by Dr. Philip Zenner, of Cincinnati, will be ready shortly.

A northern Ohio surgeon recently related to us an amusing incident. He had been for some time taking care of a patient afflicted with melancholia. The patient decided he could better his condition by leaving this land of the living. First he shot himself in the forehead, but found this

## PRESIDENTS OF LARGER COUNTY UNITS

NUMBER 7



Dr. Charles Clyde McLean, of Dayton, president of the Montgomery County Medical Society, which this year is showing a considerable membership growth.

ineffective; next he used a razor and severed a vein, and that failed to work; on another occasion he turned the razor on his throat, cutting too high to sever the artery but slicing off the top of his epiglottis and slashing through to the back bone. It took three surgeons almost four hours to reconstruct his throat. Three days later the patient died from pneumonia.

Here comes the joke. A poor washerwoman—upon whose hand he had done a slight operation for which he charged her but \$10.00, because of her inability to pay more—told several of the neighbors that "she used to think Dr. Blank was a nice doctor but she didn't think so any more." She explained that when he operated on her hand he only charged \$10.00 because she was poor, but that he sent to the widow of the melancholia patient a bill for \$111.00 for services rendered.

"I wouldn't think so much about it," she said, "if the doctor had any cutting to do, but that poor man did all the cutting himself."



# \*\*\*\*\* \* ACTIVITIES OF OHIO CITIES \* \* IN PUBLIC HEALTH WORK \* \* HOW ABOUT YOUR CITY? \* \*\*\*\*\*

Dr. I. B. Smock has been elected by the Canton school board as chief school medical inspector.

W. H. Shively, of Sandusky, is preparing plans for the Harkness Memorial Hospital at Bellevue.

A permanent public health nurse has been placed in the field by the Greenville Public Health League.

Babies' Dispensary and Hospital, Cleveland, recently in one day cared for 113 babies—an exceptional record.

Dr. F. F. Barger has been elected milk inspector by the Urbana board of health. Dr. H. M. Pearce was elected health officer.

Madison County Health and Welfare League held a Better Babies contest in connection with the Madison county fair at London, on August 26.

The state board of health has approved the site on the Marzluff farm, west of Chillicothe, for the erection of the new district tuberculosis hospital.

Ten tuberculosis shacks, which will increase the hospital facilities to 60 patients, have been erected at the Lima district tuberculosis hospital.

Ohio State University trustees will probably move their summer laboratories from Cedar Point to Put-in-Bay, or some other convenient lakeside site.

More than 3,000 Masons marched in the parade at Zanesville on August 8, preparatory to the laying of the corner stone of the new Bethesda Hospital.

City Chemist White, Cleveland, proposes a state law requiring all poisons to be highly colored. He believes that it would aid in preventing disastrous mistakes.

Montgomery county commissioners have sanctioned the issuance of \$50,000 bonds for the erection of a new bi-county tuberculosis hospital, in co-operation with Preble county.

Health Officer Iford, of Toledo, caused the arrest of local physicians recently for failure to report cases of contagious diseases, required by the state law and by regulations of the state board of health.

Dr. H. J. Lower, Marion, has traded the Marion City Hospital property, now operated under lease by Miss Emma Rodenfels, to the Marion Realty Company for a 220-acre farm located south of Marsailles.

During the last two weeks in October a whirlwind campaign will be conducted in Fremont to raise \$50,000 to comply with the provisions of the offer of Mrs. Mary M. Hayes, who will erect a hospital for the city in the event its maintenance is insured.

The disgraceful lack of a suitable isolation hospital in Columbus may be remedied in the near future. Dr. Louis Kahn, health officer, has asked the city council to submit a \$25,000 bond issue. It is believed that the provision will be readily approved by the voters.

Sixteen cases of infantile paralysis were reported to the Cleveland department of health during the first three weeks in August—the largest week's record in its history. Commissioner Förd established a four-weeks quarantine of each home from which a case was reported.

Dr. M. B. Floyd, city bacteriologist, Dayton, in the current issue of the quarterly bulletin published by the division of health, states that several times during the past year cultures for diphtheria failed to show the positive organisms on the first and in some cases even on the second swab. He advises that in cases that are clinically suspicious at least three swabs be taken before ruling out diphtheria as the disease existing.

## \*\*\*\*\* \* COMMERCIAL ANNOUNCEMENTS \* \*\*\*\*\*

Rates for announcements in this department: Fifty words or less, one time, \$1.00; 3 times, \$2.50; 6 times, \$5.00.

**WANTED**—Moorefield, Ohio, wants an experienced, high-grade physician. No opposition; no better location in Ohio. Rich community which pays cash for services. Last physician is deceased. For particulars, address "Citizens," care of Ohio State Medical Journal.

**FOR SALE**.—If you have a practice for sale, or an auto, or need an assistant—use this column. It will be a regular feature of The Journal in the future. Address Business Manager, 25 Ruggery Bldg., Columbus.

**FORD CAR OWNERS**.—Betz Tire Savers and Flexible Riders save more than their price on one set of tires and make your car as easy riding as a Pearce-Arrow or a Packard. Write today. Address Betz Tire Saver, Hammond, Indiana.

**LOCATION OPEN**.—We are informed that there is a very desirable location for a young doctor at Holland, Ohio. Any one desiring information should communicate with the Weiss-Miller-Baither Company, 221 Huron St., Toledo.

## INTERESTING FACTS ABOUT MEDICAL EDUCATION, IN OHIO AND THE NATION, CONTAINED IN COUNCIL REPORT

The interesting annual report of the Council on Medical Education of the American Medical Association (Journal A. M. A., August 21, page 687), brings out many interesting facts regarding the work of the five medical colleges of Ohio, and in an interesting manner compares progress of medical education in this state with similar progress throughout the country.

The table at the bottom of this page is prepared from the information given in this report. The lengthy tables presented by the Council are more interesting, however, because they compare the work of Ohio schools with the other colleges of the Nation.

New York furnished the largest number of medical students this year—1948; Illinois contributed 1318, and Pennsylvania 1140. Ohio stood fourth in the list with 718, while Massachusetts, Missouri, Texas, North Carolina and Michigan followed.

The report brings out the interesting fact that there has been a steady decrease in the number of medical students since 1904 when the high water mark was reached, with 28,142. This year the total number of students was 14,891, a decrease of 1611 below last year. The unusual decrease in the number of students this year was due to the enforcement for the first time, by 39 medical colleges, of higher entrance standards.

### Students Better Prepared.

Another interesting feature brought out by the report is the fact that the per cent of medical graduates who hold also degrees in arts and sciences is increasing. This year of the 3536 medical graduates, 858, or 24.3 per cent, held these degrees, as compared with 22.5 per cent last year.

The total number of medical colleges in the United States, of all descriptions, was reduced during the year from 102 to 95—eight of which were Eclectic and four Homeopathic. One new

school—College of Homeopathic Medicine, Ohio State University—was added during the year, while eight colleges, one of which was Cleveland Pulte, either were suspended or merged with others. The number of colleges today is the smallest since 1880. Since 1896 the number has been reduced 41.4 per cent—a marked tribute to the splendid work of the Council, which has been the strongest factor in the movement for fewer and better medical colleges. Today the total number of colleges more nearly approaches the normal supply for this country, while the high grade and stronger medical colleges are constantly increasing.

The report points out that there are still further mergers needed. It calls attention to the fact that in fourteen cities—including Cincinnati and Columbus—there are two or more medical colleges and adds: "The highest development of medical education in these cities is prevented by the existence of too many competing medical schools. For the further improvement not only of under graduate but also graduate medical instruction in this country, there should be other mergers in the fourteen states named."

### New Classification.

Ohio State University, College of Medicine, University of Cincinnati, College of Medicine, and Western Reserve, School of Medicine continue in the Class A in the revised classification of medical colleges. Eclectic Medical College, Cincinnati, is rated in Class B, "which under their present organization, might be made acceptable by general improvements"; College of Homeopathic Medicine, O. S. U., is one of the 12 schools placed in Class C, "those which require a complete re-organization to make them acceptable."

Another table shows that 39 medical schools, including O. S. U. College of Medicine, and Reserve School of Medicine, now require two years or more of work in a college of liberal arts in ad-

	New Rating	No. of Students 1914-15		GRADUATES 1915		Grads. with A.B., B.S., or Ph. B.	No. of Teachers	Weeks in College Year	No. of States Represented by Students	ENROLLED 1914-16			
		Men	Women	Men	Women					1st Yr.	2nd Yr.	3rd Yr.	4th Yr.
ECLECTIC MEDICAL COL- LEGE, Cincinnati .....	B	109	5	26	.....	3	35	32	16	36	27	25	26
UNIVERSITY OF CINCINNATI, College of Medicine .....	A	74	6	17	2	6	137	34	11	21	18	21	20
WESTERN RESERVE, School of Medicine .....	A	169	.....	38	.....	37	93	34	18	52	31	52	34
OHIO STATE UNIVERSITY, College of Medicine .....	A	227	4	43	1	5	101	36	9	41	83	62	45
O. S. U., College of Homeo. Med. ....	C	44	2	16	2	.....	13	35	5	14	6	7	19



dition to a four-year high school education. Forty-four medical colleges are now requiring or have announced that they will require one year of collegiate work. This list includes University of Cincinnati, College of Medicine, and Eclectic Medical College, Cincinnati.

Six medical colleges have adopted the requirement of a fifth year to be spent by the student as an interne in an approved hospital, or in other acceptable clinical work, before the M. D. degree will be granted.

The report concludes with a detailed description of the medical colleges of the United States and Canada. In describing the College of Homeopathic Medicine, O. S. U., the report says:

"Organized precipitately in 1914, when, it is stated, the property of the Cleveland Pulte Medical College of Cleveland, a Class C institution, was transferred to the Ohio State University. Classes are taught separately from the students of the College of Medicine, although anatomy and physiology are taught by teachers in the latter. Only one year of collegiate preliminary education is required, although two years are required of students of the College of Medicine. Tuition fees of only \$125 are charged, whereas students of the College of Medicine are charged \$150. The Dean is Dr. Claude A. Burrett. The total registration for 1914-15 was 46; graduates, 18. The next session begins September 21, 1915, and ends June 14, 1916."

## MEDICAL COLLEGES

Dr. Rolla E. Huffman, demonstrator of pathology, Western Reserve University, and resident pathologist in Lakeside Hospital, has started for Persia as a medical missionary.

Dr. Alfred Irving Ludlow, formerly associate in surgery in Western Reserve University, now professor of surgery and surgical pathology in the Severance Union Medical College, Seoul, Korea, has been granted a leave of absence and is now sojourning in Cleveland.

Dr. Thomas R. Kelly, of Covington, Ky., has been appointed assistant to Dr. Roger S. Morris, of New York, who will assume the new Forchheimer chair of internal medicine of the Medical Department of the University of Cincinnati. Dr. Kelly has been one of the house physicians at Cincinnati General.

Dr. R. C. Walcott, of Troy, has been elected professor of internal medicine on the faculty of the Homeopathic Medical School, Ohio State University, and will assume his new duties this fall. This completes the special faculty of six department heads, in line with the organization of the

new school. Dr. R. O. Keiser, Columbus, will be retained as clinical lecturer in diseases of children, and Dr. W. B. Carpenter as clinical lecturer in mental and nervous diseases, in the Homeopathic school.

The following new appointments have been made at the Medical School of Western Reserve University, Cleveland: Dr. William Evans Bruner, clinical professor of ophthalmology, to be professor of ophthalmology, with seat and vote in the faculty; H. H. McGregor, A. M., Ph. D., to be instructor in biochemistry; Dr. Chester D. Christie, demonstrator of medicine and medical resident of Western Reserve University and Lakeside Hospital, to be director of the clinical research laboratory at Lakeside Hospital; Dr. Russell J. Collins to be demonstrator of pharmacology; Mr. H. A. Hitchcock, A. M., formerly trustee of the University and Adelbert College, has been appointed registrar of the medical school.

## LETTERS TO THE EDITOR ON TIMELY TOPICS

Editor, The Journal.—I am pleased to note the resolutions of the anesthetists meeting on April 12. I gave a one-hour anesthetic for the amputation of a leg mashed by a train. The man was in bad condition and another physician and I used all possible methods to keep him alive. On July 14 a second operation was performed to plate the femur of the other leg, which was fractured. The work was difficult and the operation lasted two and one-half hours. I used what I consider the safest of all anesthetics—heated ether-oxygen vapor.

For these two anesthetics totaling three and one-half hours, the Industrial Commission sent me the generous sum of five dollars. I have informed the members of the Commission that I will give no more anesthetics for industrial accident cases unless guaranteed proper payment by someone. I would suggest that all anesthetic specialists do likewise.

A. S. McCormick, M. D.

Akron, Ohio, August 19.

## NO INCREASE IN PRICES.

Schering & Glatz, New York, importers of various and well known medicinal chemicals, and consistent advertisers in our Journal, have experienced extreme difficulty since the first of the year in filling orders from the medical profession. Despite the increased cost of importation, they have to date filled these orders without an increase in price. The attitude of this firm in strictly maintaining its normal price list in face of war conditions should receive the commendation of the profession throughout the country.

## PROGRAMS OF DISTRICT MEETINGS THIS MONTH

### SECOND DISTRICT—NOVEMBER 16.

The Second Councilor District Society has changed the date of its annual meeting from October 26 to November 16. The meeting will be held at Dayton, as usual, and arrangements are being made for a splendid program.

### NORTHWESTERN OHIO—OCTOBER 13 AND 14.

The date of the annual meeting of the Northwestern Ohio Medical Association has been changed. It will be held in Kenton on October 20 and 21, instead of October 13 and 14. The change was decided upon at a meeting of the officers with the district councilors in Toledo. Dr. S. D. Foster, the secretary, has announced the following splendid program:

**Wednesday, October 20, at 1 P. M.**—Lecture: "Alcohol," with lantern slides, S. P. Kramer, Cincinnati; "Chronic Mastoiditis," Charles Lukens, Toledo; "The Menopause," A. F. Pasinger, Lima; "Treatment of Certain Asthmatic Conditions," L. A. Levison, Toledo; "Treatment of Spasmodic Torticollis," L. Miller, Toledo; "Tumors of Breast," W. W. Hamer, Bellefontaine; "Post-Operative Treatment," O. S. Steiner, Lima.

**4 P. M.**—Special Papers—"The Nervous Child," H. J. Morgan, Toledo; "New Hemostatic Device," J. C. Tritch, Findlay; Address by the President of the O. S. M. A., W. E. Lower, Cleveland; addresses by councilors,—D. O. Weeks, Third District; C. W. Moots, Fourth District.

**Dinner, 6 to 8 P. M.**—After-dinner Program: "Value and Importance of Maternity Hospitals," E. G. Zinke, Cincinnati; "Newer Conceptions of Abdominal Surgery," G. W. Crile, Cleveland; "Future of State Medicine," C. O. Probst, Columbus.

**Thursday, October 21, at 8 A. M.**—Election of officers; "Importance of Proctological Examinations," J. M. Frick, Toledo; "Importance of History in Lower Abdominal Lesions," J. V. Hartman, Findlay. "Symposium of Prevention of Cancer Mortality,"—Lecture, with lantern slides, J. C. Bloodgood, Baltimore, Md.; "What is the General Practitioner Doing to Meet His Responsibility?" M. V. Replogle, Bryan; "What the Laity Should Know," J. U. Fauster, Paulding; "What the Laboratory Offers," T. L. Ramsey, Toledo; "Value of Heat Treatment in the Massive and Utterly Inoperable Uterine Carcinoma," J. F. Percy, Galesburg, Ill.; "Surgical Digest on Neoplasms of the Breast," J. H. Huntley, Lima.

### EIGHTH DISTRICT—SEPTEMBER 22.

The Eighth District Medical Society meets Wednesday, September 22, in the armory at McConnellsville. Attorney C. H. Foutz will deliver the address of welcome at 10:30. Dr. H. T. Sutton, Zanesville,

will respond. Dr. S. A. Cunningham, Marietta, will present a paper on "Diagnosis and Treatment of Gastric and Duodenal Ulcer;" discussion by Drs. F. C. Huth, of Cambridge, and W. A. Melick, of Zanesville. The balance of the morning session will be devoted to reports by secretaries of conditions in the various counties. Program for the afternoon session follows: 1. "Just Talk," James Ball Naylor, Malta; 2, "Infantile Paralysis; Diagnosis and Treatment," Dr. A. M. Steinfield, Columbus; 3, Address by Dr. W. E. Lower, Cleveland, president of the Ohio State Medical Association. Evening session at 7:30. Paper, "Cancer", with radiographs, by Dr. Charles F. Bowen, Columbus.

### NINTH DISTRICT—OCTOBER 7.

When this issue of The Journal went to press the program for the annual meeting of the Ninth District Society had not been completed. The sessions will be held at the Ohio Hospital for Epileptics, Gallipolis, of Thursday, October 7. Members will be served with lunch at the hospital, following a morning session, and the program will occupy the entire afternoon. A full attendance is urged, as a fine program will be offered.

### TENTH DISTRICT—SEPTEMBER 22.

Members of the Ross County Academy of Medicine and the officers of the Tenth District Medical Society are planning a splendid program for the annual meeting of the latter in Chillicothe, on Wednesday, September 22. The meeting will be held during the Farmer's Fall Festival, which is an event of note in Central Ohio. Dr. L. L. Bigelow, Columbus, secretary of the district society, has announced the following program:

**1:30—Business Session.** Address of the President, Dr. H. R. Brown, of Chillicothe. Paper, "Nitrous-Oxide-Oxygen, the Most Dangerous Anesthetic," by Dr. J. F. Baldwin, Grant Hospital, Columbus; discussion, Dr. F. C. Larimore, Mt. Vernon. Paper, "Classification and Treatment of Diseases of Childhood," by Dr. Frank C. Lamb, Cincinnati; discussion, Dr. O. H. Sellenings, Columbus. Address, "Registration of Nurses and Limited Practitioners of Medicine Under Recent Legislative Enactment," by Dr. George H. Matson, of Columbus, secretary of the State Board of Medical Registration; discussion, Mary E. Jamison, supt., Grant Hospital, and Dr. L. E. Siemon, of Cleveland, member of the state medical board.

The Ross County Academy will issue to every member who registers before 1:30 a coupon book good for 50 cents at any store or hotel in Chillicothe. This will replace the usual dinner. Special arrangements have been made to entertain all.

### OTHER DISTRICT MEETINGS.

Arrangements for the First District Society have not been announced. The Sixth District meets at Canton on November 9. Seventh District meets at Steubenville on October 28. Programs of these meetings will be printed next month.



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\* NEWS OF INTEREST \*  
\* FROM OHIO HOSPITALS \*  
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The old City Hospital, Cincinnati, was razed August 30.

Miss Eethel Wade, superintendent of Monnett Hospital, Van Wert, has resigned.

The Mansfield General Hospital Association met August 24 and elected twenty-one trustees, six of whom were women.

Dr. James G. Blower, Glouster, has been elected trustee of People's Hospital, Akron, succeeding the late Mark D. Stevenson.

Plans which have been drawn for a new nurses home People's Hospital, Akron, provide for 32 rooms at a cost of \$50,000.

Niles board of trade is laying preliminary plans for a hospital campaign, to be started as soon as the McKinley memorial project is completed.

The citizens of Bellevue, headed by the Bellevue Medical Society, have raised \$10,000 to equip the new \$20,000 Harkness hospital which is being built. The city has provided a tax levy for its maintenance.

City appropriations for St. Elizabeth's and Miami Valley hospitals, Dayton, will be materially reduced owing to the action of the county budget commissioners in paring the requests of the welfare department, \$51,000.

Trustees of Children's Hospital, Columbus, have launched a campaign to raise \$200,000 for a new 55-bed building. For 25 years the hospital has been conducted in a building originally designed for administrative purposes. Last year more than 900 children were cared for.

City Hospital, Cleveland, will not, in the future accept smallpox cases for its contagion wards. Where home quarantine is impossible, patients will be sent to the Warrensville detention hospital. The City Hospital will supply nurses and internes for the latter.

The assistant physicians of the Ohio State hospitals will meet October 6th and 7th, at the Ohio State Hospital for Epileptics, Gallipolis, where a program pertaining to the medical work in state hospitals will be given. The officers of this association are: Dr. N. H. Young, Toledo, president, and Dr. F. L. Farman, Toledo, secretary.

Plans for the new Van Wert city hospital, drawn by Architects Shattuck and Hussey of Chicago, have been approved and work started. The hospital will accommodate 65 patients, will be equipped with every modern hospital convenience, and will cost the donor, Mr. G. H. Marsh, about \$36,000.

The terms of seven housemen at the General Hospital expire in December, and this fact is causing Superintendent Dr. A. C. Bachmeyer some anxiety, as there appears to be a dearth of internes. Dr. Bachmeyer has written to some of the leading colleges in the country for new men. Those who will leave the institution are: Drs. Frank M. Coppock, Paul R. Hawley, Milton Shaw, Max Shaweker, Helen Ratterman, John McGowan and Thomas Kelly.—The Lancet-Clinic.

Dr. H. S. Monson, in charge of the eye clinics conducted by the Cleveland board of education, reports that 665 pupils were treated for eye defects and that 500 pairs of glasses were furnished. Follow-up records by school nurses and teachers in 238 cases show that a material improvement in scholarship records as well as in vision was noted in 173 pupils.

Madison County Health and Welfare League conducted a successful "Better Babies" show during the county fair. Dr. F. R. Chapman, Columbus, examined the infants for dental defects. London physicians co-operated with the movement.

Tiffin public schools are to have practical medical inspection. Miss Janet Warden, public health nurse, has been authorized to make an initial physical examination of all children, to be followed by periodic examinations thereafter. All defects will be treated. If the parents are unable to pay for the treatment, the board will do so.

As an incentive to milk dealers, Dr. Kahn, health officer of Columbus, is planning to classify market milk and to label each bottle sold according to the classification. At the present time dealers offering high grade milk secure no additional recognition and the public is not able to differentiate between them and the milk dealers who merely comply with the minimum requirements.

Dr. W. T. Cunningham has been re-elected health officer at Girard.

The Bulletin of the Cincinnati department of health calls the public's attention to the fact that infant mortality rate as indicated by the number of deaths from gastroenteritis in children under two years of age, has been decreased by one-half since 1910, when the department inaugurated its policy of locating pure milk stations and baby clinics in congested centers.

## OHIO HOSPITAL EXECUTIVES ORGANIZE TO COPE WITH NEW PROBLEMS OF HOSPITAL ADMINISTRATION

Problems of hospital management comparatively new to the hospitals of Ohio inspired the formation at Cedar Point on August 25 of the Ohio Hospital Association.

Responding to an informal call issued by Dr. E. R. Crew, Miami Valley Hospital, Dayton, representative executives of about forty Ohio hospitals assembled at the Point on August 25, and after a lively two-days' session completed an organization which promises to become of considerable value to the hospitals of this state in meeting some of the newer problems of hospital administration.

Probably the most important subject under discussion was the pending registration of nurses and its consequent effect upon the hospitals of the state, through the necessary establishment of uniform standards for nurses' training schools. Discussion of the many intricate points involved in this question consumed a large portion of the time. Dr. George H. Matson, secretary of the State Medical Board, which is charged with the enforcement of the registration law, and the members of the nurses' state examining committee, were present and participated in the discussion. A resolution was adopted declaring it to be the sense of the new organization that the law is in the interest of both the public and private hospitals of Ohio, and requesting that the board exercise diligence in seeing that the interests of the small as well as the large hospitals be carefully considered. The resolution further pledged the association to help the various hospitals to so organize their training schools as to enable them to comply with at least the minimum requirements to be established.

The Association pledged its hearty co-operation to the State Medical Board in effectively working out a law which will increase the efficiency of their nursing service.

### Workmen's Compensation Law.

Hospital problems arising from the administration of the Workmen's Compensation act were also discussed at the meeting. One of the functions of the new organization is to promote better co-operation between the medical department of the commission administering this act and the hospitals of the state. While in the main the hospital executives reported that workmen's compensation has been an improvement over the former system of caring for industrial accidents, they reported several abuses of the system that have developed. A free discussion of these on the floor of the convention indicated that the hos-

pitals generally would materially profit by systematic exchange of facts and co-operative effort. For instance, it developed that some hospitals were being paid a \$5 fee for use of the operating room, while others were not aware that such a fee is allowed and had not been collecting same. Also, various plans were discussed of meeting the arbitrary ruling of the commission which established a fee of \$15.00 per week as the maximum allowed for hospital services in all cases. This in many instances is a serious problem, as the commission does not allow for extra services rendered and its low maximum makes it impossible, in many cases, to show a profit or even to pay expenses.

The executives were unanimous in condemning the \$200.00 limit for complete medical attention, which was written into the law. Numerous cases were reported—usually broken backs—where the \$200.00 fee did not cover even the nurse's fee and worked a consequent injustice upon the surgeon and the hospital. This Association will join with the State Medical Society and with all organizations which have any intelligent idea of this law in requesting the next legislature to modify this limit.

### Narcotic Law Rulings.

The rather confusing rulings of the United States Internal Revenue Department, under the new Harrison anti-narcotic law, was another general topic discussed at this meeting. Dr. John A. Hornsby, of Chicago, noted hospital consultant and editor of *The Modern Hospital*, who was the chief guest of the conference, threw an interesting light upon this subject. He had conferred personally with the chief of the department and had been informed, authoritatively, that the government does not contemplate through the administration of this act any interference with honest medical practice, and that hospitals could proceed about as they pleased in administering narcotics providing an honest intention is indicated. This came as a considerable relief to many hospital executives as the ruling on points effecting hospitals—telephone orders, administration by nurses under directions of staff, ward records, etc.—have been rather confusing. Various plans have been adopted to meet these conditions. In Youngstown City Hospital, for instance, Superintendent Bunn stated that physicians telephone their directions in regard to narcotics to internes who are privileged to use the hospital serial number in writing the prescriptions carrying out the doctor's orders. These are charted and initialed by the attending physician on his next visit.



At the conclusion of the session, a charter for the new Association was adopted and arrangements were made to hold the next annual meeting in Cincinnati in May, 1916. Provision was made for three classes of members: (1) Active members (dues \$5.00 per year) must be trustees or executive heads of hospitals—"without reference to sex, title or denomination"; (2) associate members (fee \$2.00) shall be executive officers of hospitals next in authority below the superintendent, contributors to, or officers or members of any association, the object of which is the foundation of hospitals or the promotion of interests of organized medical charities; hospital physicians, surgeons, pathologists, and superintendents of nurses; and (3) honorary members. By hearty unanimous vote, Dr. Hornsby was made the first honorary member. Dr. Matson was likewise unanimously elected, and later the courtesy was extended to the complete membership of the Ohio State Medical Board.

#### Dr. Hornsby's Address.

One of the very interesting features of the conference was the splendid address by Dr. Hornsby on "What the Association Can Accomplish." Dr. Hornsby, in opening, made very clear his idea of the chief purposes of a hospital—to take care of the sick, not to train nurses or medical men. These, he holds, are subsidiary functions.

Dr. Hornsby pointed out that the public is realizing rapidly that the hospital is the best place in which to care for the sick, because in no other place may the patient benefit by the assembled therapeutic auxiliaries—X-Ray facilities, diagnostic laboratories, diet kitchens, etc.

He urged a strict enforcement of the new nurse registration law in Ohio, but pointed out the desirability of not making it prohibitive. "If the training school standards are set too high," he declared, "we will be developing nurses who are too highly educated to soil their hands." He believes that two grades of nurses are needed; (1) those who are highly educated and are fitted to teach nursing, and (2) those who can nurse the sick. He urged extreme care in working out the Ohio problem so that the nurses we graduate will not be too highly trained to be of practical value in actual nursing.

The doctor spoke, also, upon the urgent necessity of creating plans for uniform hospital accounting, and advised the Association to take up this study. He declared that a system which will show the cost of each day's operation in detail is a vital necessity of the modern hospital, and one that must be intelligently met if our hospital system is to be developed. He declared that it would be necessary for the hospitals of Ohio to educate the people to reimburse the hospital for free patient service—that the expenses of this free service must not be met by adding it to the charges of the pay patient in the next room.

Dr. Hornsby participated in all of the sessions

and was probably the chief factor in developing the enthusiasm for the new state organization.

#### Nurse Registration.

It was clear from the start that the subject of nurse registration and its effect upon hospitals was the topic in which all were chiefly concerned. For a time it seemed certain that there would develop irreconcilable differences among the three classes represented—large hospitals, small hospitals, and nurses. At the close of the session, however, it seemed to be the unanimous sentiment that better results for all concerned would be

#### JOIN, IF QUALIFIED.

The membership list of the Ohio Hospital Association for both active and associate membership, is now open. Applications should be filed with Mr. Howell Wright, Superintendent City Hospital, Cleveland. Plans are now being worked out to keep the members of this association, through some form of bulletin service, in close touch with the State Medical Board, during the development of the plans for nurses registration and with the Medical Department of the Ohio Industrial Commission. All connected with hospitals qualified for membership should make immediate application.

secured through united co-operation with the State Medical Board and the nurses' examining committee.

Dr. Matson, secretary of the board, was largely responsible for this. He spoke for more than two hours, explaining in detail the provisions of the new law and outlining some of the problems which the Medical Board is facing in providing for its administration. He explained that the law presented many intricate problems arising under the exemption feature which extends registration without examination to those who have been graduated in the past). For instance, many small hospitals which have graduated nurses in former years have since become defunct. The board can only register graduates of satisfactory schools. Were these schools satisfactory?

The board must also decide whether training school courses given in past years by schools which have since raised their standards, and are now believed to have complied with the requirements, were "satisfactory" courses at the time the nurses were graduated. Dr. Matson stated that in his opinion the board would rule that a training school which had a definite course at the time the nurse was graduated, and which followed a definite curriculum at that time, would be classed as satisfactory and that the nurses would be admitted to registration—in other words, in passing upon the training of nurses who apply for exemption certificates, the good faith and honesty of the

school which graduated them will be the chief consideration.

Dr. Matson requested that the Association aid the board in establishing minimum standards for the future. It has already been decided that schools to be approved by the board, from now on must have a definite curriculum that the board will be able to check; that they must give the matriculant the education promised, and that they must ascertain in advance that the matriculant is educationally qualified to take up the study of nursing.

Dr. Hoy, of Wellston, member of the last General Assembly who was active in securing the enactment of the nurse registration law, declared that particular care had been exercised to give the small hospitals a square deal. He urged the Association to co-operate with the State Medical Board to this end.

Dr. Crew, of Dayton, was unanimously elected president and Mr. Howell Wright, superintendent of Cleveland City Hospital, was elected secretary-treasurer; Rev. A. G. Lohmann, Cincinnati, Miss Charlotte Kerans, Toledo, and Miss E. J. Lauten, Ashtabula, were elected vice presidents, and the following executive committee was chosen: Dr. W. S. Hoy, Wellston; Dr. A. C. Bachmeyer, Cincinnati; Miss Mabel Morrison, Toledo; Dr. F. C. Huth, Cambridge; Miss M. C. Echols, Massillon.

#### Those Registered.

The following is a list of those registered at the conference:

**Cleveland**—Howell Wright, Supt., City Hospital; C. B. Hildreth, Supt. St. Luke's; Dr. J. E. Allport, Glenville Hospital (also Peoples' Hospital, Akron; Citizens Hospital, Barberton); Anne Williamson, R. N., Supt., Glenville; Anna Pepper, City; Alma C. Hogle, Supt., Huron Road; Sister M. Dolores, Head Nurse, St. Vincent's; and Sister M. Marcelline, Supt. of Nurses, St. Vincent's; Elise Mannel, Supt.; Norma Stein, Head Nurse; Dr. Paul H. Krebs, Staff; Dr. E. Klaus, Staff of Lutheran Hospital.

**Columbus**—Robert G. Paterson, State Board of Health; Dr. George H. Matson, State Medical Board; Dr. F. F. Lawrence, Lawrence Hospital, and Mrs. Lawrence; Mary A. Jamison, Supt., Grant; Anna Johnson, State Nurse Board; Jennie C. Quinby, Supt., St. Clair; G. V. Sheridan, Ohio State Medical Journal.

**Cincinnati**—Rev. Albert G. Lohmann, Supt., German Deaconess.

**Dayton**—Dr. E. R. Crew, Supt., Miami Valley, and Mrs. Crew; P. B. Scully, and G. L. P. Friend, Miami Valley; Dr. B. W. Beatty, Surgeon, St. Elizabeth's.

**Toledo**—Dr. C. S. Ordway, Surgeon, East Side Hospital; Charlotte Kerans, Flower.

**Ashtabula**—E. Jane Lauten, Supt., General; Anna Gessler, Grad. Nurse.

**Akron**—Rose K. Steinmetz, and Louise C. Brand, Children's.

**Cambridge**—Dr. F. C. Huth, Surgeon, Cambridge Hospital.

**Conneaut**—Kate M. Moyer, Supt., Jessie J. Hubbard, Ass't Supt., Grace Hospital. **Elyria**—Anna Younglove, Supt., Elyria Memorial; R. Alice Cowen, Grad. Nurse. **Findlay**—Roma Lambert, Supt., Findlay Hospital. **Kenton**—Sisters Maria Joseph, and Rose Francis, Antonio Hospital. **Lima**—Margaret B. Mateer, Supt., and Lura J. Allen, Lima Hospital. **Logan**—Dr. J. S. Cherrington, and Mrs. Cherrington.

**Marietta**—Dr. S. A. Cunningham, Supt., Marietta Hospital. **Piqua**—D. H. Shaw, Supt., Memorial Hospital. **Port Clinton**—Dr. H. J. Pool, Surgeon, and Mrs. Pool, and Lucy A. Nims, Head Nurse, Pool Hospital. **Ravenna**—Dr. W. W. White, Supt., White Hospital. **Salem**—Nelle I. Templeton, Supt.; Pauline M. Tweeddale, Ass't Supt., City Hospital. **Sandusky**—Miss R. H. Soutar, Good Samaritan Hospital; Sister M. Aurelia, and M. Rosemary, Providence Hospital. **Springfield**—L. J. Napier, Supt., City Hospital. **Warren**—Mary E. Surbray, Supt., City Hospital. **Youngstown**—Fred A. Bunn, Supt., Youngstown Hospital. **Wellston**—Dr. W. S. Hoy, Hoy Hospital.

## DEATHS IN OHIO

**Solomon B. Hiner, M. D.**, aged 78, Medical College of Ohio, Cincinnati, 1864, dean of the medical profession in Allen county, died at his home in Lima, August 20, after a week's illness of uremia. Dr. Hiner was born in Wayne county. Immediately after graduation he entered the Union army as assistant surgeon and after the close of the war located in Lima. He was one of the organizers of the Lima city hospital, and had been president of the hospital society from the beginning. Dr. Hiner was a life member of the Ohio State Medical Association. For many years he served as president of the Allen County Medical Society. It was principally through his efforts that the first steps were taken toward organizing the Northwestern Ohio Medical Association. Dr. Hiner was surgeon for the Chicago and Erie, and for the D. T. & I. railroads. Since the death of his wife, nine years ago, he has made his home with Dr. and Mrs. William E. Hover. He is survived by two sons. Members of the Allen County Medical Society attended the funeral in a body. The city practically suspended all activities during the service in deference to his memory. Life-long associates and fellow physicians spoke at the service and acted as pallbearers.

**Neal W. Culbertson, M. D.**, aged 44, Rush Medical College, Chicago, 1896, died at his home in Massillon, August 7 after a long illness of endocarditis. Dr. Culbertson was born near Wooster. He attended Smithville Academy and later Ada University. After graduating he began the practice of medicine in Massillon. He was a member of county, state and the American Medical associations. Dr. Culbertson leaves a widow and one daughter. The body was taken to DeWitt, Iowa, for burial.

Physicians of Massillon met August 6 and adopted the following resolutions:

Whereas, It has pleased Divine Providence to remove from us Dr. Neal W. Culbertson, who at all times performed the harassing duties of his profession in a conscientious, faithful and upright manner, and, by his untiring devotion to his profession had won the esteem of his associates; and,

Whereas, It is not given to us to know the purposes of Providence, nor ours to discern why our beloved associate should be taken away at the dawn rather than the close of an illustrious career; and,

Whereas, While bowing to the Divine Will we realize that his death has created a vacancy difficult to fill. Therefore, be it

Resolved, That his loss will be deeply deplored by the entire profession of the city and equally regretted by those who had experienced the beneficence of his skill and sympathy, and that we tender to his bereaved widow, daughter and relatives our heartfelt sympathy in their affliction.

Signed: S. S. P. Barnes, L. B. Zintsmaster, and D. S. Gardner.

**Andrew J. Richardson, M. D.**, aged 86, Starling Medical College, 1869, died at his home in Somerville, Union county, August 24. Dr. Richardson



was born in Cayuga county, New York. After graduation he located in Somerville, where he resided until his death. He had not been in active practice for several years. Dr. Richardson is survived by his widow, two sons and one daughter. Dr. E. O. Richardson, of Marion, is a son.

**Robert H. Henry, M. D.**, aged 72, Starling Medical College, Columbus, 1870, died at City Hospital, Springfield, August 19 from injuries sustained when his automobile collided with a street car. Dr. Henry was enroute to his home in Columbus, after a visit with his son, Dr. George Henry, of Osborn. Dr. Henry had practiced in Columbus for fifty years. He was a veteran of the Civil War. For fifteen years he had been in charge of the emergency hospital at the state fair. Dr. Henry is survived by a widow and two sons.

**R. M. Woodward, M. D.**, Miami Medical College, Cincinnati, 1887, major in the United States Marine Hospital Service, who was stationed in Cleveland from 1894 to 1897 during which time he lectured on clinical surgery at Western Reserve, died at Rochester, Minn., following an operation for gall bladder disease. He had served in the Marine Hospital Service since 1887 and at the time of his death was in charge of San Francisco Exposition emergency hospital.

**Reuben F. Beery, M. D.**, aged 69, Beaumont Hospital Medical College, St. Louis, 1888, died at his home in Lancaster, July 31, after an illness of four months of organic heart trouble. He is survived by one son, one daughter, two brothers and two sisters.

**Louis H. Schultz, M. D.**, aged 31, Medical College of Ohio, Cincinnati, 1906, was killed by lightning, August 15, at Denver, Colo. He was found dead under his automobile. After graduation, Dr. Schultz located in Denver.

**Silas Jones, M. D.**, aged 61, University of Maryland, School of Medicine, Baltimore, 1875, died suddenly at his home in Galion, August 12, of valvular heart trouble. Dr. Jones was born in Pennsylvania. He came to Ohio forty years ago, and for the past twenty years has practiced in Galion. Dr. Jones is survived by a widow and two daughters.

**George H. Riley, M. D.**, Rush Medical College, 1875, died August 5 in Chicago. In June Dr. Riley was indicted by the Federal grand jury of Toledo for violation of the Harrison anti-narcotic law.

**Hiram H. Howe**, licensed 1896, died July 14 at Patriot, Gallia county, after an illness of two years, aged 64 years. Dr. Howe was tutored by his father, Rev. H. R. Howe. He attended Medical school for a short time but owing to his extreme deafness was compelled to give up his

course. He is survived by a widow, a son, and two daughters.

**Merrill Ellsworth Dawson, M. D.**, Cleveland College of Physicians and Surgeons, 1895; aged 51; for many years a practitioner of Xenia and Newark, Ohio, but recently retired and a resident of Loranger, La.; was accidentally drowned while fording the Tangipahoa River, July 18.

**Charles A. Archer, M. D.**, aged 58, American Medical College, 1891; died at his home in Cleveland August 23. Dr. Archer was born in Canada. For eighteen years he practiced medicine in Warren, Ohio. Owing to failing health he gave up his practice and two years ago moved to Cleveland. Dr. Archer is survived by a widow and one daughter. The body was taken to Warren for burial.

**Albert D. James, M. D.**, aged 58, Miami Medical College, 1880; died at his home in Columbus, August 27, after a four months' illness. Death was due to cerebral hemorrhage. Dr. James was born in Mt. Gilead, and practiced medicine in Morrow county until his retirement and removal to Columbus a few years ago. He is survived by a widow, one brother and one sister.

**Rubellus J. Simon, M. D.**, aged 69, Eclectic Medical College, Cincinnati, 1874, died at his home in Bloomdale, Wood county, August 23, from paralysis. He moved to Bloomdale 15 years ago. He is survived by a widow and one daughter.

#### TAKES PROMPT MEASURES TO PREVENT TYPHOID EPIDEMIC

Dr. A. L. Light, commissioner of health, Dayton, on August 18 notified physicians of that city that typhoid fever had again reached a threatening stage, with 22 cases reported since August 1. The commissioner cited the geographical location of the cases and called attention to their location in the vault districts, where special care was needed in the proper disposal of excreta. He urged vaccination of all exposures and immediate reports containing detailed information of all cases so that prompt measures might be taken to stem the epidemic. The bulletin was valuable in giving the physician an idea of the general extent of the disease and the consequent importance of isolated cases.

President Wilson on August 25 approved a project to devise plans for organizing a large corps of trained surgeons to be used in case of war. At the White House conference a group of surgeons interested adopted resolutions urging the President to appoint a board of seven to standardize first aid work. Dr. G. W. Crile, of Cleveland, addressed the conference, setting forth the terrible results of the lack of such preparation, experienced when the present continental war broke out.

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 \*\* NEWS NOTES FROM THE \*\*  
 \*\* INDUSTRIAL COMMISSION \*\*  
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Several additional changes have been made in the list of local medical examiners appointed by the Industrial Commission—with the approval of the Governor. The following is a list of revisions announced in August: Fayette—Dr. H. L. Stitt, Washington, C. H. Greene—W. H. Finley, Xenia. \*Lawrence—William Shattick, Ironton. Mercer—H. L. Cordies, Celina. Morrow—T. P. Johnson, Mt. Gilead. Muskingum—E. R. Brush, Zanesville. \*Ottawa—D. Gilliard, Port Clinton. \*Preble—W. K. Silver, Eaton. Highland—R. J. Jones, Greenfield. \*Stark—H. G. Scranton, Alliance. Allen—F. L. Bates, Lima. \*Belmont—F. C. Pomeroy, Barnesville. Clark—Clarence Ramsey, Springfield. Licking—H. H. Postle, Newark. \*Mahoning—Wm. P. Love, Youngstown. Miami—Warren Coleman, Troy. Summit—H. L. Davidson, Akron. Richland—J. L. Stevens, Mansfield. Ross—Frank T. Marr, Chillicothe. \*Hamilton—David E. Webb, Cincinnati, and G. F. Schwenkmeyer, Kennedy Heights. Those names preceded by an asterisk indicate that the appointee was not a member of the State Association at the time of his appointment.

The anesthetists of the state have filed with the Commission a request for increased fees for administration of anesthetics. They have requested that a minimum fee of \$10.00 be established (with a maximum of \$25.00) for the administration of ether or chloroform, and that a rate of \$20.00 an hour or fraction thereof be established for the administration of nitrous oxide-oxygen anesthesia. At the present time the Commission pays a flat rate of \$5.00, plus the actual cost of the materials used, for all anesthetics regardless of the time required for administration.

The recent decision of the state insurance department which permits liability insurance companies to underwrite workmen's compensation will mean, for a time at least, a diminution of the number of cases cared for directly by the state. It means a partial return, particularly in the case of many large manufacturing plants, to the former system, and the consequent increase of contract practice.

During August for some unknown reason industrial accidents in the state materially increased. The medical department of the Commission handled between 275 and 300 cases per day. The usual average is about 225. For this reason checks for medical fees covering the cases presented during August may be somewhat slower than usual.

Dr. Binckley, chief medical examiner, has been appointed chairman of the section of chief medical examiners of the National Insurance Commissioners Association, which meets at Seattle, Wash., September 30 and October 1.

The Industrial Commission of Ohio has appointed an advisory committee to co-operate in developing the subject of industrial hygiene, consisting of Dr. E. F. McCampbell, secretary of the State Board of Health; Dr. E. R. Hayhurst, directory of the Division of Industrial Hygiene, and his assistant, Dr. R. P. Albaugh.

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 \*\* PUBLIC HEALTH NOTES \*\*  
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More than 100,000 people attended Cincinnati's first municipal pure food exposition, held under the direction of the health department. Space was allotted only to exhibitors whose places of business are conducted in accordance with the board of health regulations. This provision has been a powerful incentive in securing the co-operation of dealers.

The board of health and the board of education of Mansfield held a joint meeting the middle of August and decided to ask the co-operation of parents in warding off a smallpox epidemic this year, urging vaccination before the opening of school in September.

Toledo Department of Health has worked out a co-operative scheme with Toledo University, whereby the latter will offer a course in public health, to be given in the city laboratories. Dr. Iford, health officer, will be director of the public health laboratories and his assistants in the department will be instructors. Students will work in the city laboratories and will be given city health problems for research subjects.

J. J. Armstrong, superintendent of Stark county schools, plans to install a practical system of physical supervision, including annual health examinations and dental instruction for each rural pupil. Mr. Armstrong is quoted by the Canton News as saying: "Our children are entitled to as careful cultivation as the crops and live stock. Country children attending rural schools are less healthy and are handicapped by more physical defects than the children of cities. We wish to correct these conditions."

Cottages for tuberculous children and a fresh-air school for their instruction will be established this fall in connection with the Warrensville tuberculosis sanatorium, maintained by the city of Cleveland.



TABLE No. I.—NUMBER OF DEATHS IN THE STATE, FROM ALL CAUSES, AND THE VARIOUS DISEASES FOR 1914, WITH RATE PER 100,000. THE TOTAL NUMBER OF DEATHS IN THE STATE ARE FIGURED PER 1000.

	Death	Rate		Death	Rate
Total of all causes.....	65078	12.94			
<b>I General diseases.....</b>	16328	334.76	<b>III Diseases of Circulatory System.....</b>	10284	204.58
1 Typhoid fever.....	912	18.14	77 Pericarditis.....	74	1.47
2 Typhus fever.....	1	.02	78 Acute endocarditis.....	295	5.87
3 Relapsing fever.....	1	.02	79 Organic diseases of the heart.....	7891	156.98
4 Malaria.....	30	.59	80 Angina pectoris.....	488	9.71
5 Smallpox.....	15	.29	81 Diseases of the arteries, atheroma, aneurysm, etc.....	1311	26.08
6 Measles.....	233	4.64	82 Embolism and thrombosis.....	167	3.32
7 Scarlet fever.....	229	4.56	83 Diseases of the veins (varices, haemorrhoids, phlebitis, etc.)....	25	.49
8 Whooping cough.....	362	7.20	84 Diseases of the lymphatic system, (lymphangitis, etc.).....	17	.34
9 Diphtheria and croup.....	775	15.42	85 Hemorrhage, other diseases of the circulatory system.....	16	.32
10 Influenza.....	449	8.93	<b>IV Diseases of respiratory system.....</b>	6857	136.41
11 Miliary fever.....	1	.02	86 Diseases of the nasal fossae.....	8	.16
12 Asiatic cholera.....	.....	.....	87 Diseases of the larynx.....	55	1.09
13 Cholera nostras.....	21	.42	88 Diseases of the thyroid body.....	36	.72
14 Dysentery.....	191	3.79	89 Acute bronchitis.....	510	10.14
15 Plague.....	.....	.....	90 Chronic bronchitis.....	333	6.62
16 Yellow fever.....	1	.02	91 Bronchopneumonia.....	2442	48.58
17 Leprosy.....	.....	.....	92A Lobar pneumonia.....	3007	59.82
18 Erysipelas.....	173	3.44	92B Pneumonia (undefined).....	79	1.57
19 Other epidemic diseases.....	8	.16	93 Pleurisy.....	115	2.29
20 Purulent infection and septicemia.....	195	3.88	94 Pul. congestion, pul. apoplexy....	96	1.91
21 Glanders.....	1	.02	95 Gangrene of the lung.....	7	.14
22 Anthrax.....	2	.04	96 Asthma.....	98	1.95
23 Rabies.....	3	.06	97 Pulmonary emphysema.....	20	.39
24 Tetanus.....	79	1.57	98 Other diseases of the respiratory system.....	51	1.01
25 Mycoses.....	1	.02	<b>V Diseases of the digestive system.....</b>	6837	136.01
26 Pellagra.....	1	.02	99 Diseases of the mouth and annexe	29	.58
27 Beriberi.....	.....	.....	100 Diseases of the pharynx.....	104	2.07
28 Tuberculosis (total).....	6564	130.58	101 Diseases of the oesophagus.....	6	.12
29 Tuberculosis of the lungs.....	5578	110.96	102 Ulcer of the stomach.....	213	4.24
30 Acute Miliary tuberculosis.....	105	2.09	103 Other diseases of stomach (cancer excepted).....	538	10.70
31 Tuberculous meningitis.....	294	5.85	104 Diarrhoea and enteritis (under 2 years).....	2790	55.50
32 Abdominal tuberculosis.....	288	5.73	105 Diarrhoea and enteritis (2 years and over).....	594	11.82
33 Pott's disease.....	55	1.09	106 Ankylostomiasis.....	.....	.....
34 White swellings.....	53	1.05	107 Intestinal parasites.....	6	.12
35 Tuberculosis of other organs.....	121	2.41	108 Appendicitis and typhlitis.....	550	10.94
36 Disseminated tuberculosis.....	70	1.39	109A Hernia.....	214	4.26
37 Rickets.....	21	.42	109B Intestinal obstruction.....	449	8.93
38 Syphilis.....	343	6.82	110 Other diseases of intestines.....	121	2.41
39 Gonococcus infection.....	12	.24	111 Acute yellow atrophy of the liver.....	23	.46
40 Cancer and other malignant tumors (total).....	4194	83.43	112 Hydatid tumor of the liver.....	1	.02
41 Cancer of the buccal cavity.....	157	3.12	113 Cirrhosis of the liver.....	671	13.35
42 Cancer of the stomach and liver.....	1691	33.64	114 Biliary calculi.....	194	3.86
43 Cancer of peritoneum, intestines, rectum.....	493	9.81	115 Other diseases of the liver.....	224	4.46
44 Cancer of female genital organs.....	617	12.27	116 Diseases of the spleen.....	9	.18
45 Cancer of the breast.....	403	8.02	117 Simple peritonitis (nonpuerperal).....	87	1.73
46 Cancer of the skin.....	184	3.66	118 Other diseases of digestive system.....	14	.28
47 Cancer of other organs, or of organs not specified.....	649	12.91	<b>VI Diseases of genito-urinary system.....</b>	5157	102.59
48 Other tumors (tumors of the female genital organs excepted).....	23	.46	119 Acute nephritis.....	493	9.81
49 Acute articular rheumatism.....	179	3.56	120 Bright's disease.....	3815	75.89
50 Chronic rheumatism and gout.....	104	2.07	121 Chyluria.....	11	.22
51 Scurvy.....	6	.12	122 Other diseases of kidneys and annexe.....	102	2.03
52 Diabetes.....	795	15.81	123 Calculi of the urinary passage.....	40	.79
53 Exophthalmic goitre.....	142	2.82	124 Diseases of the bladder.....	134	2.67
54 Addison's disease.....	26	.52	125 Diseases of the urethra, urinary abscess, etc.....	8	.16
55 Leuchaemia.....	109	2.17	126 Diseases of the prostate.....	219	4.36
56 Anaemia, chlorosis.....	255	5.07	127 Nonvenereal diseases of the male genital organs.....	5	.09
57 Other general diseases.....	64	1.27	128 Uterine haemorrhage (nonpuerperal).....	1	.02
58 Alcoholism (acute or chronic).....	240	4.78	129 Uterine tumor (noncancerous)....	91	1.81
59 Chronic lead poisoning.....	12	.24	130 Other diseases of the uterus.....	52	1.03
60 Other chronic occupation poisonings.....	.....	.....	131 Cysts and other tumors of the ovary.....	60	1.19
<b>II Diseases of the nervous system.....</b>	7141	142.06	132 Salpingitis and other diseases of the female genital organs.....	125	2.49
61 Encephalitis.....	48	.95	133 Nonpuerperal diseases of the breast (cancer excepted).....	1	.02
61A Simple meningitis.....	156	3.10	<b>VII The puerperal state.....</b>	758	15.08
61B Cerebrospinal meningitis (undefined).....	82	1.63	134 Accidents of pregnancy.....	60	1.19
61C Cerebrospinal fever.....	120	2.39	135 Puerperal haemorrhage.....	95	1.89
62 Locomotor ataxia.....	157	3.11	136 Other accidents of labor.....	28	.56
63A Acute anterior poliomyelitis.....	47	.93	137 Puerperal septicaemia.....	398	7.92
63B Other diseases of the spinal cord.....	343	6.82	138 Puerperal albuminuria and convulsions.....	145	2.88
64 Cerebral hemorrhage, apoplexy....	4690	93.29	139 Puerperal phlegmasia alba dolens embolus, sudden death.....	28	.56
65 Softening of the brain.....	114	2.27			
66 Paralysis without specified cause.....	205	4.08			
67 General paralysis of the insane.....	369	7.34			
68 Other forms of mental alienation.....	174	3.46			
69 Epilepsy.....	215	4.28			
70 Convulsions (nonpuerperal).....	7	.14			
71 Convulsions of infants.....	134	2.67			
72 Chorea.....	10	.99			
73 Neuralgia and neuritis.....	31	.62			
74 Other diseases of the nervous system.....	146	2.90			
75 Diseases of the eyes and their annexe.....	7	.14			
76 Diseases of the ears.....	86	1.71			

140	Following childbirth (not otherwise defined).....	4	.56	162	Suicide by crushing.....	12	.24
141	Puerperal diseases of the breast.....	210	4.18	163	Other suicides.....	7	.14
	<b>VIII Diseases of the skin.....</b>	122	2.43		Accidental or undefined (total)...	4096	81.48
142	Gangrene .....	25	.49	164	Poisoning by food.....	68	1.35
143	Furuncle .....	23	.46	165	Other acute poisonings.....	111	2.21
144	Acute abscess.....	40	.79	166	Conflagration .....	83	1.65
145	Other diseases of the skin and annexa .....	89	1.77	167	Burns (conflagration excepted)...	357	7.10
	<b>IX Diseases of the bones.....</b>	81	1.61	168	Absorption of deleterious gases...	140	2.79
146	Diseases of the bones (tuberculosis excepted).....	6	.12	169	Accidental drowning.....	334	6.64
147	Diseases of the joints (tuberculosis and rheumatism excepted)...	2	.04	170	Traumatism by firearms.....	85	1.69
148	Amputations .....	896	17.82	171	Traumatism by cutting or piercing instruments .....	15	.29
149	Other diseases of organs of locomotion .....	66	1.31	172	Traumatism by fall.....	923	18.56
	<b>X Malformations .....</b>	580	11.54	173A	Traumatism in mines.....	70	1.39
150A	Hydrocephalus .....	250	4.97	173B	Traumatism in quarries.....	9	.18
150B	Congenital malformations of heart.....	3710	73.80	174	Traumatism by machines.....	146	2.71
150C	Other congenital malformations.....	2164	43.05	175A	Railroad accidents.....	766	13.25
	<b>XI Early infancy.....</b>	697	13.86	175B	Street car accidents.....	173	3.44
151A	Premature birth.....	402	7.99	175C	Automobile accidents.....	187	3.72
151B	Congenital debility (atrophy, marasmus), etc.....	414	8.23	174D	Injuries by other vehicles.....	135	2.69
152A	Injuries at birth.....	33	.66	175E	Landslide, other crushing.....	40	.79
152B	Other causes peculiar to early infancy .....	727	14.46	176	Injuries by animals.....	56	1.11
153	Lack of care.....	727	14.46	177	Starvation .....	1	.02
	<b>XII Old age.....</b>	5218	103.80	178	Excessive cold.....	19	.38
154	Senility .....	822	16.33	179	Effects of heat.....	114	2.27
	<b>XIII External causes.....</b>	310	6.16	180	Lighting .....	23	.46
155	Suicide total.....	4	.08	181	Electricity (lightning excepted)...	49	.97
156	Suicide by poison.....	162	3.22	185	Fractures (cause not specified)...	29	.58
157	Suicide by asphyxia.....	41	.82	186	Other external violence.....	163	3.24
158	Suicide by hanging or strangulation .....	225	4.48		Homicide (total).....	300	5.97
159	Suicide by drowning.....	46	.92		Homicide by firearms.....	153	3.04
160	Suicide by firearms.....	15	.29		Homicide by cutting or piercing instruments .....	46	.92
161	Suicide by cutting or piercing instruments .....			184	Homicide by other means.....	101	2.01
					<b>XIV Illdefined diseases.....</b>	379	7.54
				187	Illdefined organic diseases.....	9	.18
				188	Sudden death.....	36	.72
				189A	Illdefined .....	88	1.75
				189B	Not specified, or unknown.....	246	4.89
					<b>XV Stillbirths .....</b>	4280	85.14
				000	Stillbirths .....	4280	85.14

## ANALYSIS OF THE 65,078 DEATHS IN OHIO IN 1914 WITH TABLES SHOWING INTERESTING COMPARISONS

Through the courtesy of Dr. Morton W. Bland, Registrar of the State Bureau of Vital Statistics, The Journal is able to present this month (in the table on the opposite page) an advance report of the causes of all deaths in Ohio during 1914, subdivided into the fifteen general and 189 divisional classifications outlined in the International Causes of Death.

In addition to submitting these interesting figures to The Journal, Dr. Bland has prepared for us a number of interesting tables bringing out the salient facts emphasized by the 1914 statistics.

In Table II, for instance, he has presented an exceedingly interesting comparison of the deaths in the twenty larger cities of the state in 1913 and 1914, showing in addition the comparative rate of death. A study of this table brings out several very interesting facts.

In Table III (page 590) he has given the total number of deaths and the rate of death in each county. Likewise a careful study of these columns will develop interesting comparisons between counties of equal size. The same plan has been followed in giving the deaths and rate of death in the cities of the state. Gallipolis heads this list with the remarkably high rate of 28.7; Kenton stands second with 19.7; Salem third with

18.5. Massillon shows the lowest death rate, 8.7, while Defiance, East Cleveland, Hamilton, Lorain, Norwood, St. Bernard and Wellston are all below ten per cent.

The general table on the opposite page, showing total number of deaths from all causes, is made additionally interesting by comparison with the similar table for 1912 and 1913 (see Journal, May, 1914, page 299).

The total number of deaths in Ohio from all causes in 1912 was 65,411; in 1913, 68,377; and in 1914, as shown by this table, 65,078.

The statistical tables further show that a few diseases show a decrease in rate for the year 1914:

	Deaths		Rates	
	1913	1914	1913	1914
Typhoid fever.....	1191	912	23.99	18.14
Measles .....	674	233	13.57	4.64
Whooping cough.....	668	362	13.45	7.20
Diphtheria .....	1051	775	21.17	15.42
Influenza .....	546	449	11.00	8.93
Dysentery .....	267	191	5.38	3.79
Cerebro-spinal fever.....	190	120	3.83	2.39
Organic heart disease.....	8906	7890	179.38	156.98
Diarrhea and enteritis, un- two years of age.....	3549	2790	71.48	55.50

(Continued on page 591.)



TABLE No. III.—TOTAL NUMBER OF DEATHS IN EACH COUNTY OF THE STATE, FOR THE YEAR 1914, WITH RATE PER 1000.

Counties	Death	Rate		Death	Rate
Adams	262	10.5	Licking	697	11.8
Allen	760	12.4	Logan	377	12.5
Ashland	295	12.4	Lorain	883	10.4
Ashtabula	791	12.6	Lucas	3120	14.9
Athens	637	12.3	Madison	240	12.1
Auglaize	349	11.2	Mahoning	1893	13.9
Belmont	1012	12.1	Marion	436	12.0
Brown	274	11.0	Medina	278	11.4
Butler	884	10.3	Meigs	327	12.8
Carroll	157	9.9	Mercer	266	9.7
Champaign	348	13.2	Miami	550	11.9
Clark	915	13.1	Monroe	231	9.5
Clermont	445	15.1	Montgomery	2776	15.0
Clinton	298	12.6	Morgan	181	11.2
Columbiana	1084	13.5	Morrow	241	14.3
Coshocton	345	11.3	Muskingum	843	14.2
Crawford	440 <sup>b</sup>	12.9	Noble	180	9.7
Cuyahoga	9187	12.7	Ottawa	247	11.0
Darke	515	11.9	Paulding	189	8.3
Defiance	243	9.9	Perry	357	9.7
Delaware	305	11.1	Pickaway	372	14.2
Erie	619	16.0	Pike	154	9.8
Fairfield	461	11.2	Portage	425	13.8
Fayette	273	12.6	Preble	249	10.4
Franklin	3579	14.5	Putnam	282	9.4
Fulton	279	11.4	Richland	624	12.7
Gallia	346	13.4	Ross	537	13.4
Geauga	196	13.4	Sandusky	367	10.3
Greene	414	13.9	Scioto	750	14.5
Guernsey	505	10.9	Seneca	557	12.9
Hamilton	7271	15.7	Shelby	275	11.2
Hancock	425	11.2	Stark	1672	12.4
Hardin	373	12.3	Summit	1714	13.8
Harrison	237	12.4	Trumbull	700	12.6
Henry	255	10.1	Tuscarawas	644	11.0
Highland	337	11.7	Union	231	10.6
Hocking	231	9.8	Van Wert	254	8.8
Holmes	180	10.1	Vinton	123	9.4
Huron	423	12.1	Warren	318	12.6
Jackson	344	11.2	Washington	546	12.0
Jefferson	945	12.7	Wayne	456	11.9
Knox	368	11.8	Williams	318	12.6
Lake	288	12.3	Wood	517	11.2
Lawrence	571	14.6	Wyandot	215	10.4

TABLE No. IV.—THE TOTAL NUMBER OF DEATHS IN EACH CITY OF THE STATE FOR 1914, FROM ALL CAUSES, AND THE VARIOUS DISEASES, WITH RATE PER 1000.

	Death	Rate		Death	Rate
Akron	1084	13.5	Lima	448	14.1
Alliance	199	11.3	Lorain	337	9.8
Ashland	111	13.9	Mansfield	293	13.3
Ashtabula	223	10.9	Marietta	217	16.8
Athens	88	13.6	Marion	276	13.2
Barberton	148	12.8	Martins Ferry	143	14.7
Bellaire	179	12.6	Massillon	165	8.7
Bellefontaine	132	14.8	Middletown	196	13.2
Bellevue	62	11.3	Mt. Vernon	142	14.0
Bowling Green	66	12.5	Nelsonville	64	10.1
Bucyrus	129	14.7	New Philadelphia	102	10.7
Cambridge	177	14.0	Newark	362	12.7
Canal Dover	79	11.1	Niles	113	13.5
Canton	639	10.9	Norwalk	103	12.6
Chillicothe	233	15.4	Norwood	176	8.7
Cincinnati	6432	16.1	Painesville	88	15.5
Circleville	108	16.0	Piqua	179	12.9
Cleveland	8170	12.7	Portsmouth	403	15.6
Columbus	3024	14.7	Ravenna	88	15.6
Conneaut	136	15.4	St. Bernard	51	8.9
Coshocton	133	12.2	St. Marys	81	13.7
Dayton	1701	13.1	Salem	176	18.5
Defiance	72	9.8	Sandusky	288	14.3
Delaware	130	13.6	Sidney	89	12.7
Delphos	60	11.4	Springfield	672	13.3
East Cleveland	111	9.3	Steubenville	456	17.7
East Liverpool	229	13.6	Tiffin	206	16.8
Elyria	200	11.5	Toledo	2851	15.9
Findlay	210	14.1	Troy	88	14.1
Fostoria	137	13.6	Urbana	99	12.2
Fremont	144	14.4	Van Wert	86	11.5
Gallion	104	14.4	Wapakoneta	70	11.7
*Gallipolis	161	28.7	Warren	176	14.5
Greenville	102	15.6	Washington C. H.	129	16.3
Hamilton	401	9.9	Wellston	68	9.9
Ironton	222	16.3	Wellsville	92	10.9
Jackson	93	16.0	Wooster	95	15.4
Kenton	144	19.7	Xenia	144	16.5
Lakewood	257	16.3	Youngstown	1379	14.7
Lancaster	188	12.7	Zanesville	469	15.7

\* High death rate due to location in Gallipolis of the Ohio Hospital for Epileptics.

(Continued from page 589.)

Dr. Bland in analyzing his statistics points out a few diseases that show an increase in rates for the year 1914, as follows:

	Deaths		Rates	
	1913	1914	1913	1914
Syphilis .....	266	343	5.36	6.82
Cancer of breast.....	352	403	7.09	8.02
Acute articular rheumatism .....	108	179	2.18	3.56
Leucamia .....	74	109	1.49	2.17
Anaemia chlorosis.....	237	255	4.77	5.07
Locomotor ataxia.....	141	157	2.84	3.11
Cerebral hemorrhage.....	4353	4690	87.67	93.29
Disease of arteries.....	1199	1311	24.18	26.08
Lobar pneumonia.....	2866	3007	57.72	59.82
Ulcers of stomach.....	196	213	3.95	4.24
Hernia .....	170	214	3.42	4.26
Cirrhosis of liver.....	635	671	12.79	13.53
Tuberculosis of lungs....	5493	5578	110.63	110.96

A few causes of death that show an increase in rates for year 1914 are:

	Deaths		Rates	
	1913	1914	1913	1914
Conflagration .....	73	83	1.47	1.65
Burns (conflagration excepted) .....	347	357	6.99	7.10
Suicide by poisoning.....	277	310	5.58	6.16
Suicide by hanging.....	125	162	2.52	3.22
Suicide by firearms.....	200	225	4.03	4.48
Poisoned by food.....	62	68	1.25	1.35
Injuries by animals.....	54	56	1.09	1.11
Starvation .....		1		.02

A few causes of death that show a decrease in rate for year 1914:

	Deaths		Rates	
	1913	1914	1913	1914
Alcoholism .....	315	240	3.83	2.39
Suicide by drowning.....	54	41	1.09	.82
Suicide by cutting and piercing instruments....	53	46	1.07	.92
Accidental drowning.....	794	334	15.99	6.64
Accidental traumatism of firearms.....	101	85	2.03	1.69
Accidental Traumatism... In mine or railroad accidents .....	136	70	2.74	1.39
Street car accidents.....	1007	766	20.28	13.25
Killed by electricity (lightning excepted).....	200	173	4.03	3.44
Automobile accidents.....	82	49	1.65	.97
Homicide, by all means....	192	187	3.87	3.72
	298	300	6.00	5.97

The number of males and females who met their death by the following causes for year 1914:

	Male	Female
Alcoholism .....	217	23
Suicide by drowning.....	25	16
Suicide by cutting and piercing instruments .....	38	8
Accidental drowning.....	314	20
Accidental traumatism by firearms.....	71	14
Railroad accidents.....	719	47
Street car accidents.....	138	35
Automobile accidents.....	151	36

The number of males and females who met their death by the following causes for year 1914:

	Male	Female
Suicide by poisoning.....	183	127
Suicide by hanging.....	124	34
Suicide by firearms.....	204	21
Poisoned by food.....	33	35
Injured by animals.....	53	3

Dr. Bland has prepared for The Journal another very interesting set of tables showing the ravages of tuberculosis in Ohio during 1914. He has grouped these to show the various age periods in which the disease is most fatal and to bring out the classifications of occupation of the victims. Other interesting facts analyzing the 1914 deaths are now being worked out for The Journal by this department.

**Are you strictly complying with the law in reporting births?**

Dr. Bland, Registrar of the State Bureau of Vital Statistics, has authorized The Journal to state definitely that those physicians who fail to comply with the law in this regard will, in the future, be vigorously prosecuted. The law is specific. It requires that the physician or midwife attending the birth report same to the local registrar within five days. Failure to report is made punishable on conviction by a fine of \$5.00 to \$100.00. The prosecuting attorney of the county in which the offending physician lives is directed by the law to proceed with the prosecution upon information filed by the director of the State Bureau.

The law is made more effective by the fact that the attorney general is directed to act for the Bureau where local prosecuting officials fail.

"The Bureau does not want to be unreasonable in this matter but the law is specific and we will be compelled to proceed," Dr. Bland stated to The Journal. "We are now very carefully checking the reports of the 1200 registration districts and are securing through the local registrars, the names of those physicians who persistently refuse to report births. Continued inattention to this matter on their part can mean but one thing—prosecution. The prosecution will mean their conviction in practically every instance."

Feeling that failure to comply with this law, on the part of many of the physicians is due to a

\* The Journal is indebted to Doctor Bland for these comparisons, which were worked out to present the facts in a minimum amount of space.



misunderstanding of the necessity of complete birth reports, Dr. Bland has inaugurated what might be termed an educational campaign. Mr. D. C. Pemberton, of New Vienna, has been appointed assistant statistician. Mr. Pemberton is now engaged in visiting those communities where failure to report births is marked. He is consulting with local physicians and endeavoring to enlist their support. Without recourse to prosecution, The Bureau has recently met with great success, but there are still communities where the reports are not complete. The prosecutions will be started in the early fall.

On September 1, Dr. S. Robert Best, of Centerburg, Knox county, was appointed statistician by Dr. Bland. This is the first time a physician has been appointed to this position.

TABLE No. II.—COMPARISON OF THE TOTAL NUMBER OF DEATHS, WITH RATES, FOR THE YEARS 1913 AND 1914, FOR THE 20 LARGEST CITIES OF THE STATE.

	Deaths		Rates	
	1913	1914	1913	1914
Cleveland .....	8814	8170	14.1	12.7
Cincinnati .....	6802	6432	17.2	16.1
Columbus .....	3051	3024	15.3	14.7
Toledo .....	2917	2851	16.4	15.9
Dayton .....	1947	1701	15.4	13.1
Youngstown .....	1465	1379	16.2	14.7
Akron .....	1161	1084	14.9	13.5
Canton .....	645	639	11.4	10.9
Springfield .....	696	672	13.9	13.3
Hamilton .....	631	401	16.2	9.9
Lima .....	444	448	14.1	14.1
Zanesville .....	467	469	15.8	15.7
Newark .....	389	362	14.0	12.7
Portsmouth .....	484	403	19.1	15.6
Steubenville .....	519	456	20.8	17.7
Mansfield .....	284	293	13.1	13.3
Marion .....	317	276	15.6	13.2
Ashtabula .....	248	223	12.4	10.9
Sandusky .....	279	288	13.9	14.3
Cambridge .....	159	177	12.9	14.0

## NEWS NOTES OF OHIO

Dr. C. R. Holmes, Cincinnati, is spending several weeks in California.

Mrs. Mansfield, wife of Dr. W. D. Mansfield, Columbus, died August 24, following a stroke of apoplexy.

Dr. Leo Fogel, Cincinnati, was seriously injured August 17 when he was run down by a motorcycle.

Dr. Charles R. King, Toledo, has moved his office to 304, The Fifty Associates Building, corner Madison avenue and St. Clair street.

Dr. B. L. Johnson has been appointed surgeon of the Chicago and Erie at Kenton, to fill the vacancy caused by the death of the late Dr. Bain.

Dr. M. W. Bland, registrar of the State Bureau of Vital Statistics, has moved from Bellevue, Huron county, to Worthington, a suburb of Columbus.

At the Democratic primaries in Circleville Dr. G. H. Colville was nominated for president of council, and Dr. D. V. Courtright for councilman-at-large.

Dr. W. J. Rogers, Western Reserve University, 1911, interne at St. Vincent's, Cleveland, on July 6 passed the preliminary examination for appointment as assistant surgeon in the medical reserve corps of the navy.

Dr. A. S. Cooley, member of the Veterinary Section of the Cleveland Academy of Medicine, on August 19 was appointed state veterinarian by the Agricultural Commission. He succeeds Dr. Paul Fischer, resigned.

An itinerant medicine vender was arrested on the Logan county fair grounds August 18 by state drug inspectors, pleaded guilty to a charge of violating the state food and drug laws and was fined \$25.00 and costs. He was ordered to leave the state.

Dr. R. B. H. Gradwohl, of St. Louis, and Dr. Albert Faller, of Cincinnati, announce that they will open the Cincinnati Biological Laboratories and Pasteur Institute in Cincinnati in the near future. Dr. Gradwohl is director of the Gradwohl Biological Laboratory of St. Louis.

Dr. J. W. Murphy, president of the Cincinnati Academy of Medicine, and Drs. J. H. Landis and W. H. Peters, of the Health Department, headed a Cincinnati committee which endeavored to land the 1916 convention of the American Public Health Association, which met in Rochester last week.

The following officers of the Alumni Association of the Western Reserve Medical School have been elected: President, Dr. Frederick C. Herrick, Cleveland; vice presidents, Drs. Hiram B. Ormsby, Cleveland, and Lewis A. Buchman, Canton; recording secretary, Dr. Joseph C. Placak, Cleveland; corresponding secretary, Dr. John C. Fox, Cleveland; and treasurer, Dr. Ellis B. Rhodes, East Cleveland.

The Cincinnati Lancet-Clinic calls attention to the fact that Dr. Davis E. Weaver, recently appointed medical examiner in Hamilton county for workmen's compensation cases under the Ohio Industrial Commission, has not been affiliated for years with the Academy of Medicine and is not therefore connected with the state and national organizations. The Lancet-Clinic adds: "It is a sad but true commentary that appointments in some of the public medical services are still based upon a man's political affiliations rather than upon his professional standing."

# NEWS OF STATE MEDICAL BOARD

## OFFICIAL BOARD

LEE HUMPHREY, M. D., President, Malta, March 17, 1917  
 J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920  
 S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921  
 LESTER E. SIEMON, M. D., Cleveland, March 17, 1918  
 T. A. McCANN, M. D., Dayton, March 17, 1916  
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919  
 BEN. R. MCCLELLAN, M. D., Xenia, March 17, 1922.

GEO. H. MATSON, M. D., Secretary,  
 Office, State House, Columbus.

Examiner in Preliminary Education,  
 K. D. SWARTZEL, M. Sc., Columbus.

Defining "the limited branches of medicine and surgery" named specifically in the Platt-Ellis bill was not child's play. Dr. Matson and the members of the board worked several weeks, consulting dictionaries and conferred with various "cult practitioners" to secure workable definitions of several of the "professions."

A majority of these practitioners could not define the thing they claimed to be practicing. The catalogues of their various schools were equally vague. The catalogues chiefly defined the branches "the opportunity of a lifetime to make \$4,000 a year without working." And the more one investigates the operations of many of these ignorant practitioners the better that definition sounds.

But it was absolutely necessary for the board to definitely and officially define the various practices, so that the practitioners after being licensed could be confined to the specific things which their license permits.

### Confer With Drugless Healers.

In a spirit of fairness to the cult practitioners, a conference was called for September 1, and on that date 35 representatives of the various "limited branches" met with Dr. Matson and the members of the sub-committee which had been detailed to work out the problem—Drs. J. H. J. Upham, S. M. Sherman and L. E. Siemon.

The conference lasted eight hours, and was entirely peaceful. Numerous "ticklish" points were threshed out satisfactorily, and at the end the representatives of the "limited branches" tendered a unanimous vote of thanks to the board for its fairness.

At this conference many important points were settled:

The board defined the term "limited branch or branches of medicine or surgery" to mean "those branches of medicine or surgery which provide for a specific single therapeutic measure, appliance, application, operation or treatment for the relief or cure of a wound, fracture or bodily injury, infirmity or disease, which does not involve the use of drugs, or major surgery."

It was decided to charge a fee of \$25.00 for each certificate issued. If the limited practitioner seeks a certificate for more than one group, he will have to pay \$25.00 for each group entered.

The cult practitioners are prohibited by the law from treating infectious, contagious or venereal

## THE OFFICIAL GROUPING FOR SO-CALLED LIMITED BRANCHES

These are the official groupings adopted by the board for "limited branches of medicine or surgery." A separate license is required to practice in each group.

Group 1—(a) Chiropractic; (b) Naprapathy, Spondylotherapy; (c) Electro-Therapy; (d) Hydro-Therapy, or any other similar branch of medicine or surgery that may now or hereafter exist, and not here specified.

Group 2—Suggestive-Therapy, Psycho-Therapy, Magnetic Healing, or any other similar branch of medicine or surgery that may now or hereafter exist and not here specified.

Group 3—Massage, Swedish Movements, Neuropathy, Mechano-Therapy, or any other similar limited branch of medicine or surgery which involves manual, physical or mechanical methods of exercise or operation.

Group 4—Chiropody.

Group 5—Optometry.

diseases. A regulation was adopted defining these to include those diseases which are classified as reportable by the State Board of Health.

They are likewise prohibited from administering drugs in any form, or from performing major surgery.

The drugless healers present exhibited keen interest in the character of titles they will be permitted to assume. The important ruling was adopted that they must not in any way use the unqualified title of "Doctor," "Physician" or "Surgeon." Instead, the name of the branch must be used in connection, and the term "Doctor" after the name. Example, John Jones, D. C., Doctor of Chiropractic"; not, "Doctor John Jones."

The following are the official definitions adopted and a statement of the practices permitted each class of licentiates:

### Group 1.

Chiropractic is hereby understood to be the detecting and adjusting by the hand of vertebral sub-laxations.

Naprapathy is hereby understood to be the



detection and correction by the hands only of diseased spinal connective tissue or ligaments.

Spondylotherapy is hereby understood to be the examination, by palpation, of the spinal column for disease, and its treatment by percussion, traction, vibro-traction, or vibration, and concussion.

Electro-Therapy is hereby understood to be the administration of electricity in any form for the relief or cure of the sick.

Hydro-Therapy is hereby understood to be the administration of water for the relief or cure of the sick.

Certificates authorizing practice of any limited branch or branches of medicine or surgery, under Group 1, authorizes the holder to examine and diagnose and to assume responsibility and care of the patient. Holders of certificates of a limited branch or branches of medicine or surgery, issued under Group 1, must confine their practices to the definition of the limited branch or branches of medicine or surgery specified in their certificate.

#### Group 2.

Suggestive-Therapy is hereby understood to be the treatment of disease by suggestion.

Psycho-Therapy is hereby understood to be the treatment of disease by making mental impressions or suggestions.

Magnetic Healing is hereby understood to be the treatment of disease by the laying on of hands.

Certificate authorizing practice of any limited branch or branches of medicine or surgery, under Group 2, authorizes the holder to examine and diagnose, and to assume responsibility and care of the patient. Holders of certificates of a limited branch or branches of medicine or surgery, issued under Group 2, must conform their practices to the definition of the limited branch or branches of medicine or surgery specified in their certificates.

#### Group 3.

Massage is hereby understood to be a systematic therapeutic friction, stroking, kneading, or manipulation of the body.

Swedish Movement is hereby understood to be the treatment of disease by movements or exercise.

Neuropathy is hereby understood to be the treatment of the nerves by manual, physical or mechanical measures.

Mechano-therapy is hereby understood to be the administration of manual, physical or mechanical therapeutic measures for the relief of the sick.

The above classifications will include:

Medical Gymnastics, which is hereby understood to be systematic therapeutic muscular exercises.

Vibro Massage, which is hereby understood to be massage by rapidly repeated light percussion with a vibrating hammer or sound.

Electro Massage, which is hereby understood to be massage by means of an electric vibrator.

Helio Therapy, which is hereby understood to be the exposure of the body to the sun's rays, or to the rays of light as a therapeutic measure.

Thermo Therapy, which is hereby understood to be the application of heat as a therapeutic measure.

Electric Light Bath, which is hereby understood to be the exposure of the body to electric lights, or other therapeutic rays, as a therapeutic measure.

Certificates authorizing practice of any limited branch or branches of medicine or surgery under Group 3, will not authorize the holder to examine, diagnose, or assume responsibility or care of the patient.

Holders of certificates of a limited branch or branches of medicine or surgery, issued under Group 3, must conform their practice to the definition of the limited branch or branches of medicine or surgery specified in their certificates.

#### Group 4.

Chiropody is hereby understood to be the treatment of ailments of the hands and feet, non-systemic or infected in character, all operative procedure not requiring an anesthetic or incision below the level of the true skin.

Certificates authorizing the practice of chiropody permits examinations and diagnosis (of the appropriate parts) but does not confer the right to operate upon the hands or feet for congenital or acquired deformities, or for conditions requiring the use of general anesthetics or incision below the level of the skin.

Holders of certificates authorizing the practice of chiropody must conform their practice to the definition of chiropody as here indicated.

#### Group 5.

Optometry is hereby understood to be the employment of any measure, other than the use of drugs, for the measurement of the powers of vision and the adaptation of lenses for the aid thereof.

Certificates authorizing the practice of optometry permits examination of the eye, but does not permit any treatment of whatever nature other than the fitting of glasses for diseased conditions, manifested, either local or general.

Holders of certificates authorizing the practice of optometry must conform their practice to the definition of optometry as here indicated.

Those who receive licenses to practice one or more of these branches will be limited closely to the practices which are included in the definition, and will not under any circumstances be permitted to branch into the fields included in the definition of any other branch—even though the second branch be in the same grouping. For instance, a man licensed to practice spondylotherapy will be forced to confine his practices to the

"examination, by palpation, of the spinal column" for the cause of the disease, and will be likewise forced to treat by percussion, traction, or vibration." He will not be permitted to administer electric treatments, unless he is also licensed as an electro-therapist, or to use hydro-therapeutic measures, unless he is additionally licensed as a hydro-therapist. He will be confined in his practice strictly to the above definitions, and encroachment on other fields will subject him to revocation of his limited license.

This point will be emphasized by the parchment licenses which will be issued by the board. They will bear in bold letters an exact statement of what the practitioner may do.

**Those Who Seek to Practice in the Future.**—The board has worked out the difficult problem of establishing minimum requirements for those who seek to enter any of the "limited fields" after October 1, 1915—in other words, after the period for applying under the exemption clauses passes.

It will be noted, in the following list of requirements for the various groups, that the requirements are much higher for those who seek to practice in Groups 1 and 2 than in the remaining three. Candidates to practice limited branches in these groups must have a complete high-school course, must have at least three years in a recognized medical school in the fundamental medical subjects, and must pass a fourth year in a cult school recognized by the board—and they are scarce. Those who seek to practice the various massage movements must have two years of high school and a course of only four months in a recognized massage school, including a small amount of work in anatomy, physiology, chemistry, bacteriology, and hygiene. The requirements for chiropody (Group 4) and optometry (Group 5) are practically the same, with the exception that the length of the course is not mentioned and will later be fixed by the board.

The reason, of course, lies in the fact that those who seek to practice under the first two groups set themselves up as "healers," ready and anxious to treat every condition under the sun excepting those which are specifically prohibited by the law. The chiropodists, masseurs, and optometrists do not take in such a wide field.

The detailed list of the preliminary requirements, as announced by the board, is as follows:

Those who make application to practice any limited branch or branches of medicine or surgery under Group 1 or 2 (after October 1, 1915), must:

(a) Submit documentary evidence of preliminary education received prior to entering upon the study of a limited branch of medicine or surgery **equal to that required of medical students** prior to entering upon that study of medicine, such requirements to be passed upon by the entrance examiner of the state medical board, and in accordance with Section 1270, General Code of Ohio.

(b) Submit documentary evidence of satisfactory completion at a **recognized school** of a course of study consisting of the following:

1. Anatomy, Physiology, Chemistry, Bacteriology, Pathology, Hygiene, and Diagnosis, prescribed by the state Medical board as the minimum requirement for medical colleges, which course must cover a period of at least two years of thirty-two weeks each, exclusive of holidays and vacations, in two separate years.

2. A third year of study at a recognized school including Preventive Medicine, Symptomatology, Diagnosis, Pathology, and Therapeutics as it relates to the appropriate limited branch of medicine or surgery, certificate to practice which is applied for.

3. Pass a licensing examination, conducted by the state medical board, after having met the requirements of (a) and (b), and after having satisfied the board concerning the character and moral standing.

### Group 3.

Those who make application to practice any limited branch of medicine or surgery under Group 3, after October 1, 1915, must:

(a) Submit documentary evidence of preliminary education equal to the first two years of a first grade high school course of this state.

(b) Submit documentary evidence of satisfactory completion of a course of study in the appropriate branch in a **school recognized by the state medical board**, giving a course of practical and theoretical instruction in all of the branches and an approved amount of Anatomy, Physiology, Chemistry, Bacteriology, and Hygiene, covering an instruction period of not less than four months.

(c) Pass a licensing examination conducted by the state medical board after having satisfied the board concerning the character and moral standing.

### Groups 4 and 5.

Those who make application to practice Chiropody (after October 1, 1915) under Group 4, must show proof of:

(a) Preliminary education equal to the first two years work of a first grade high school of this state.

(b) Submit a diploma from a school or college of chiropody, recognized by the state medical board.

(c) Pass a licensing examination conducted by the state medical board after having satisfied the board concerning the character and moral standing.

Those who make application to practice optometry (after October 1, 1915) under Group 5, must have two years of high school, submit a diploma from a school or college of optometry recognized by the state medical board, and must pass a licensing examination conducted by the state medical board, after having satisfied the board concerning the character and moral standing.



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 \* APPLICANTS FOR CERTIFICATES \*  
 \* IN "LIMITED BRANCHES" \*  
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The following applications for licenses to practice "limited branches of medicine and surgery" under the new Platt-Ellis law were filed with the state medical board during August. Check up those in your city. File with the board information (confidential or otherwise) which might affect the board's action on their applications. The complete list follows. An additional list was published in the August Journal, page 531.

**Alliance**—Jefferson Fox, 673 South Liberty St., mechano-therapy; practiced in Alliance since 1908. Howard L. Hampton, 215 East Main St., chiropractic; practiced in Massillon one year and in Alliance since 1913. Henry H. Borkman, 130 East Cambridge, Swedish movements, massage and magnetic healing. Egbert Ellis, Seneca St., chiropractic; practiced since 1910 in Alliance.

**Ashtabula**—Sidney A. Bigler, mechano-therapy; practiced seven years, Ashtabula.

**Bowling Green**—Chester B. Williams, 260 South Prospect Ave., massage; practiced in Bowling Green since 1901.

**Bristolville**—Francis W. George, Bristolville, common chronic diseases; practiced 30 years.

**Cambridge**—Bertha Heisington, Wheeling Ave., magnetic healing and massage; practiced since 1906, Cambridge.

**Canton**—Elza D. Trott, 422 Greenfield, chiropractic, mechano-therapy, hydro-therapy and suggestive-therapy; practiced four months in Gary, Ind., one year in Orrville, Ohio, from September, 1914, to date, Canton.

**Chicago Junction**—George Engelhart, suggestive-therapy or magnetic healing; practiced 1903-1915.

**Cleveland**—John J. Brown (colored), 5230 Superior Ave., massage; practiced in Cleveland since 1908. Martha A. Von Imhoff, 1812 Euclid Ave., chiropody; practiced since 1899. Abraham M. Goldberg, 647 Euclid Ave., chiropody; practiced 39 years in Cleveland. Anna J. Cordon, Y. W. C. A., Prospect Ave. and East 18th St., electro-therapy, massage and hydrotherapy; practiced since 1907. Edwin P. Fehr, 2124 Sedgewick, naturopath; practiced from 1903 to 1911 in Akron, since 1911 in Cleveland. Graham W. Scott, 333 Euclid Ave., chiropody; practiced since 1909, Cleveland.

Therman Roubicek, 450 Superior Ave., massage, chiropody and electro-therapy, practice since 1905; Lulu Standish, 2103 36th St., massage; practiced six years in Cleveland. Patrick E. Holland, 1859 East 17th St., chiropody; practiced 15 years in Cleveland. Henry Landwirth, 4811 Carnegie Ave., mechano-therapy; practiced from 1907 to date, Cleveland. Paul Wm. Welsh, 1343 East 105th St., Swedish movement and massage; practiced one year in Youngstown, one in Cleveland and two in Alliance. Cordelia B. Knowles, 25 Colonial Arcade, chiropody; practiced 14 years, Cleveland. Maurice McKenna, 1888 West 48th St., mechano-therapy; practiced since 1910, Cleveland. Charles W. Maxwell, 1712 East 9th St., massage and Swedish movement; practiced 25 years in Cleveland. Adelbert Roubicek, Rose Bldg., massage, electro-therapy and hydrotherapy; practiced since 1906, Cleveland. John Burri, 1716 West 25th St., optometry; practiced from 1899 to 1907 in New Philadelphia, 1907 to 1910 in Wellsville, 1910 to date in Cleveland.

**Columbus**—Charles E. Clark, 315 West 8th Ave., mechano-therapy, chiropractic, hydro-therapy, electro-therapy; practiced in Columbus since 1903. James W. Bush, 8 East Long St., chiropractic, neuropathy, electro-therapy; practiced in Columbus, 1910-1915. Flavius T. Slagle, 68 East 17th Ave., mechano-therapy, chiropractic, hydro-therapy, electro-therapy; practiced 1907-1915, Columbus. Grace N. Davis, 33 West State St., chiropody; practiced nine years in Columbus. Emma M. Barcus, 903 Oak St., chiropody; practiced 8 months in Springfield, since 1899 in Columbus. Jessie F. Ball, 20 East Broad, chiropody; practiced from 1903 to date, Columbus.

**Cincinnati**—Anna B. Cohran, 1302 Locust St., massage and hand electricity; practiced 24 years in Henderson, Ky., Lincoln, Nebraska; Covington, Ky., and

Cincinnati. Thomas O'Banion, 43 Emery Arcade, chiropody, facial and scalp massage; practiced from 1909 to date, Cincinnati. Eldoney C. O'Banion, 43 Emery Arcade, chiropody, facial and scalp massage; practiced from 1890 to date, Cincinnati. Nellie E. Williams, 43 Emery Arcade, chiropody, facial and scalp massage; practiced since 1908, Cincinnati. Pearl Lillian Butler, 43 Emery Arcade, chiropody, facial and scalp massage; practiced since 1908, Cincinnati. Florence M. Sparrell, 1435 Walnut St., optometry; practiced since 1908, Cincinnati. Harry Abrams, 608 Andrews Bldg., chiropody; practiced three and one-half years in Cincinnati.

**Conneaut**—Peter J. Visser, 443 Main St., chiropractic; practiced two years in Youngstown, four months in Conneaut.

**Custar**—Luther M. Nesmith, chiropractic, spondylo-therapy and electro-therapy; practiced from 1907 to 1913 in different places; 1913 to date, Custar.

**Dayton**—Simon B. Hilt, 108 South Jefferson St., hydro-therapy, mechano-therapy and minor surgery; practiced 15 years in Germany, 25 years in U. S., the last 12 years of which were in Dayton.

**Defiance**—Eli Wonderly, Jr., 519½ Clinton St., magnetic healing and suggestive therapeutics; practiced six years in Toledo, four years in Rising Sun, two years in Defiance.

**Findlay**—Alice E. Fiser, Argyle Bldg., chiropractic, hydro-therapy, electro-therapy, psycho-therapy, mechano-therapy, and chiropody; practiced since 1910, Findlay.

**Hamilton**—Albert R. Hassemeire, 20 North Front St., hydro-therapy and massage; practiced from 1908 to date, Hamilton.

**Kenton**—Henrietta C. Ohman, Swedish movement and massage; practiced since 1901, Cleveland and Kenton.

**Lynchburg**—John Howard Luck, optometry; practiced from 1909 to date at different places in Ohio, but located in Lynchburg.

**Mt. Vernon**—Walter A. Dixon, Mt. Vernon, chiropractic; practiced since December, 1914, Mt. Vernon.

**Marion**—George D. Tipton, Creston Ave., mechano-therapy; practiced since 1909, Marion.

**Magnetic Springs**—L. M. Copeland, chiropractic; practiced five and one-half years in Magnetic Springs.

**Mansfield**—Edward McGourn, 77 East Second St., theosophy or divine healing; practiced seven years, Mansfield. Minnie E. Wilson, 138 West 3d St., chiropractic; practiced three months in Galion, from 1912 to date in Mansfield.

**Newark**—Arthur J. Kennedy, 159 West Main St., hydro-therapy, electro-therapy and massage; practiced since 1907, Newark Sanitarium. James D. Montgomery, 159 West Main St., hydro-therapy, electro-therapy and massage; practiced since 1901; in Newark from 1907 to date. Florence M. Urban, The Arcade, neuro-magnetic healing; practiced since 1905, Newark.

**New Lexington**—Charles C. Adams, Jackson St., magnetic healing, hypnotism, massage, hydro-therapy, suggestive-therapy, psycho-therapy, chiropractic, mechano-therapy and electro-therapy; practiced from 1900 to 1908, New Lexington; 1908 to 1910, Columbus; 1910 to 1913, Broadwell and Glouster; 1913 to date, New Lexington.

**Norwalk**—Jacob Foeller, Fruen St., divine healing; practiced 15 years in Norwalk.

**Piqua**—Catherine Speicher, 209 Water St., magnetic healing; practiced 15 years, Piqua.

**Salem**—Edward J. Maguire, 354 Lincoln St., chiropractic; practiced since 1909, Salem. Lewis M. McAbee, Salem, electro-therapy, hydro-therapy and massage; practiced from 1899 to 1909 in Toledo, from January, 1915, to date in Alliance and vicinity.

**Toledo**—John E. Rogers, 451-2 Nicholas Bldg., chiropractic; practiced from 1913 to date, Toledo. Bertha C. Rogers, 451-2 Nicholas Bldg., chiropractic; practiced from 1913 to date, Toledo. Joseph L. Wyek, 142 Oswald St., chiropody; practiced from November, 1908, to July, 1909, in Pittsburg, from 1909 to date, in Toledo.

**Warren**—Jay W. Ikerman, 431 East Market St., chiropractic; practiced from July, 1912, to May, 1913, Ashtabula; August, 1913, to April, 1914, Mansfield; May, 1914, to date, Warren.

**Youngstown**—Henry C. Wood, 404 West Federal St., chiropody; practiced from July, 1903, to July, 1910, Youngstown; July, 1910, to May, 1914, Cleveland; May, 1914, to date, Youngstown.

A motion picture theatre proprietor in Newark wrote Dr. Matson, asking if it would be illegal for a Newark physician to flash his advertisement upon the screen, along with other advertisements preceding each motion picture bill. Good night!

Hospital superintendents who operate nurse training schools should secure from the board immediately preliminary education blanks for pupil nurses who enter or have entered training after May 1, 1915. The new nurse registration law provides that these pupils, if they expect later to be registered, must have at least one year of high school. This information should be filed with the board on regular blanks where it will be checked by the board's regular entrance examiner. A fee of \$3.00 is required of each applicant for preliminary education credentials. These preliminary blanks are now ready.

The details of the plan of granting exemption certificates of registration to nurses by the state medical board have not been definitely worked out. The law which went into effect August 1 gives the board until January 1 to deal with this problem.

The law provides that nurses now in practice shall file with their application their diplomas from a nurse's training school, and the required fee. The board is given the specific power, however, to determine whether the diploma is issued by a "nurses training school in good standing, connected with a hospital or sanatorium in good standing, as defined by the State Medical Board."

It is very probable that the board will be lenient in dealing with all schools that have been graduating nurses in the past. It will probably recognize those schools that have presented a training course of at least two years since 1905, and a course of at least one year prior to that date.

Training schools whose graduates will be recognized by the board in the future must present a regular course of at least three years, and must comply with various other minimum demands of the board. It is probable, however, that all schools will be given at least a year in which to meet the minimum standards to be set by the board.

In order to secure recognition, each school which desires the same must file with the board a formal application for recognition. Blanks for this application will be ready within a short time and will require considerable information regarding the hospital the nature and extent of the teaching, and the class of work open to the pupil nurses.

The members of the board, while determined to eventually establish a high standard in Ohio, plan to reach that standard gradually and not to work an unnecessary hardship upon any hospital training school.

The Clarke County Medical Society conducted an educational "Better Babies" contest on the Clarke county fair grounds, August 17.

## STATE BOARD OF HEALTH

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The new laboratories of the board, located in the old botany building on the university campus, are probably the most complete state laboratories in the country. They are far larger than the downtown laboratories used in the past, and with the addition of about \$4,000 in new equipment have been made splendidly efficient. Under the direction of L. H. Van Buskirk, who has recently been appointed director, it is planned to make them of maximum service to the state.

Much new work detailed to the board by recent legislative enactments made necessary this enlargement. One department of the new building, for instance, has been devoted to the manufacture of diphtheria antitoxin, which will in the future be distributed without cost to indigents. Barns on the university campus have been fitted up and three horses have been inoculated. It will be nearly a year before the first antitoxin will be available.

Another large department of the building will



be devoted to food and drug analysis for the state dairy and food commission. In the past this work has been parceled out to private chemists. The state laboratory will be enabled to handle it with a considerable annual saving. Special apparatus has been added to make possible the analysis of all samples of fertilizer submitted to the laboratories by the state agricultural commission.

A large laboratory on the second floor of the building will be devoted to the analysis of diphtheria swabs, tuberculosis sputum and blood tests in typhoid and malaria. It is planned to materially enlarge this field of work. A second laboratory will be devoted to the analysis of proposed and existing water supplies, sewage, and other wastes. The demand for this class of analysis has materially increased in the past few years.

Provision has been made for carrying on a much larger amount of original research work, which should be of great value. This in the past has been somewhat hampered by crowded quarters.

In order to better centralize the laboratory system the offices of the director of industrial hygiene and the director of the division of communicable diseases have been transferred to the new laboratory building.

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Have you a suggestion as to a desirable location for one of the laboratory outfit stations of the state board of health? At the present time about 300 of these stations are located at easily accessible points throughout the state. They are intended for the distribution to physicians and other qualified persons of receptacles for the collection of sputum in tuberculosis, diphtheria swabs, and blood specimens in typhoid and malaria, and for the distribution of the silver nitrate outfits for the treatment of ophthalmia neonatorum.

The division of laboratories is now engaged in revising this list of stations with a view of serving the greatest possible territory. If the station in your community is not conveniently located, we suggest that you take up the matter with Dr. McCampbell and present to him the facts.

It is the desire of the board to make the laboratories of practical value to each community, and consequently they are anxious to completely meet the demand for local free service stations.

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The division of tuberculosis and public health education, under the direction of R. G. Paterson, has been materially enlarged during the past few months, to comply with additional work detailed to the board by the legislature. The division has been subdivided into four departments:

1. A state supervising nurse, who will have charge of three subordinate nurses. One of these will check the admission and discharge of patients from state and district tuberculosis hospitals; a second will be in general charge of the

prevention of blindness work, while a third is assigned to educational work in connection with the traveling public health exhibit.

2. The director of publications will have charge of the issuance of the monthly of the board; will prepare the itinerary and do the press work for the traveling exhibit.

3. A statistician will have charge of all statistical work dealing with district nursing, tuberculosis, and maternity hospitals.

4. The director of exhibits will be in charge of the movement and showing of the traveling public health exhibit, which will be considerably enlarged this winter.

The board at a recent meeting voted to transfer to this division the supervision of the maternity hospitals, which is provided by the state law. In this work the division will co-operate with the board of state charities, which under the law is also given supervisory powers over these institutions. A working plan for their better control is now being developed.

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**Dr. Hollingshead Appointed.**—The Civil Service Commission in August held an examination of applicants for the position of director of the new Division of Child Welfare, which has been established by the board. Nine applicants took the examination. The following were certified to the board as the three securing the highest grades: Dr. Frances Hollingshead, of Cincinnati; Dr. A. C. Holland, of Columbus, former state registrar of vital statistics; and Dr. Caroline Hedger, of Chicago, formerly connected with Hull House. Dr. Hollingshead was appointed, and has taken up the work of organizing the new division.

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**May Do Wassermanns.**—Dr. McCampbell is planning to extend the work of the board's laboratories to include the Wassermann test for syphilis. It is planned to make this test without charge in cases where it is needed by indigent persons. The laboratories will also make the necessary tests for the state hospitals and other state institutions.

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**The enactment by the last legislature** of the law requiring immediate treatment of all cases of babies' sore eyes has evidently proven effective. The demand on the state board of health for the ophthalmia neonatorum outfits, which it supplies without charge through its local service stations, has more than doubled in the past thirty days. At the present time the board is furnishing these outfits at the rate of 1,000 a month. The outfit consists of a vial of silver nitrate solution, together with a dropper. The chief demand at present is from the larger cities where the outfits are supplied through the local health departments to midwives.

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Orson W. Buck, assistant chemist, resigned, effective August 2.

When will the State of Ohio take action to prevent so-called "Christian Scientists" from practicing medicine? The following case is reported in the August issue of the Ohio Public Health Journal, published by the State Board of Health:

"On July 17 a four-year-old son of Christian Science parents in a city in Ohio became sick with what the father thought was a cold. The matter was referred to a Christian Science practitioner in a nearby city who gave 'absent treatment.' Strangely enough, the boy grew worse in spite of this 'absent treatment' and some 'present treatment' or 'demonstration,' said to have been given by two Christian Science practitioners in the home city. On the morning of July 20th the symptoms grew so alarming that a licensed physician was called in for diagnosis only.' This physician found the neck swollen and glands enlarged and while unable to secure a satisfactory view of the throat, came to the conclusion that the disease was tonsillitis or quinsy with the possibility of diphtheria. The extremities were cold and the pulse rapid and weak. As soon as the physician informed the parents of her views as to the diagnosis she was dismissed and all her recommendations as to treatment were completely ignored. Presumably under the influence of the miraculous Christian Science 'demonstrations' the child, probably without any nursing attention, sank rapidly and died in the evening of July 20th. When the licensed physician who had been called heard of the death, she informed the health officer and signed the death certificate 'diphtheria.' The house was quarantined and all exposures placed under observation.

"On July 22d, the seven-year-old sister of the dead boy developed sore throat and other symptoms suggestive of diphtheria. Owing to pressure from non-Christian Science friends, a physician was called. He made a diagnosis of diphtheria, took a culture, which the laboratory of the State Board of Health found positive, and recommended antitoxin. The parents refused their consent, but later allowed the physician to give eight thousand units. Under the influence of the antitoxin the membrane cleared rapidly, but on July 23d the pulse was rapid and weak and the patient still prostrated. The bowels were also constipated. The physician recommended throat washes, stimulants and cathartics, but the family while outwardly consenting, did not give any of the treatment recommended. Word has since come from the licensed physician who was called, that following a visit by a health inspector the family consented to follow the physician's directions and the child is now on the road to recovery.

"These two cases require very little comment. It is impossible for the normal parent to understand the mental attitude of this father and mother, whose only son died as a result of their neglect, and whose only daughter was allowed to hover on the threshold of death. Legislative action is needed to put an end to such credulity. No fault need be found with those who adopt Chris-

tian Science as a religion, but the criminal negligence of parents in failing to provide proper medical and nursing attention, and the resulting cruelty to children, innocent sufferers of their parents' ignorance and obstinacy, must be stopped. Those who enrich themselves by practicing a so-called 'science' which is ignorance, and imperiling the health of those who through no fault of their own happen to be the sons and daughters of Christian Scientists, should be persistently prosecuted. The press must be utilized to spread broadcast news of just such incidents as that which forms the basis of this editorial. In other words the practice of medicine and the care of the human body must not be left to neurotic men and women who have no other foundation for their work or 'demonstrations,' than Mary Baker Eddy's 'Science and Health.' Contrast the equipment and training of a physician with that of a Christian Science practitioner, and remember that trained men in all lines of work are the foundation of modern civilization, while untrained persons in all lines of work are impeding progress and endangering lives everywhere. The Christian Science practitioner assuming to treat the ills of the human body is just as presumptuous as a private soldier who would undertake the command of a great army without previous training and experience. As a matter of fact more lives would be sacrificed by the former than by the latter course."

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**New Health Officers.**—The board has approved the appointment of the following physicians as health officers: J. F. Shronts, Martinsburg; G. R. Hagerman, Mendon; and G. H. Mackstroth, New Knoxville.

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**On July 23 Dr. Bourdeau, the epidemiologist,** was called to Tiffin to investigate two cases of diphtheria in a Christian Science home. The first case died through lack of proper nursing and treatment, as a regular physician was called for diagnosis only a few hours before the patient died. A second child in the house contracted diphtheria but antitoxin was given, owing to pressure brought to bear upon the family by friends.

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**The traveling public health exhibit** during August and September was shown at county fairs throughout the state. The models, charts, etc., were presented under canvass in a tent pitched in the center of the various fair grounds. The "fair circuit" opened at Zanesville on August 10 and from there the exhibit was taken to Woodsfield, Athens, Columbus (for the state fair), Cuyahoga Falls, Lisbon, Canton, Minerva and Carrollton. The regular winter schedule will be resumed next month.

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**The June report of the division of hygienic laboratories** shows that 611 specimens were presented for diagnosis with the following results: Diphtheria—positive, 43; negative, 125; suspic-



ious, 9. Tuberculosis—positive, 101; negative, 226. Typhoid—positive, 14; negative, 45; atypical, 4. Malaria—negative, 2; unsatisfactory, 2. Rabies—positive, 18; negative, 10; unsatisfactory, 4. Two hundred and sixteen examinations of proposed and existing water supplies were made.

**Medical Assistant.**—Provision has been made for the addition of a medical assistant in the division of industrial hygiene, at a salary of \$1,500 per year. Dr. Roscoe P. Albaugh, of Winchester, Adams county, who was formerly connected with the board as an inspector, received the appointment, after examination by the state civil service commission.

## COUNTY SOCIETIES

### FIRST DISTRICT.

**Warren County.**—The Warren County Medical Society met at Lebanon on August 10. Dr. Frank Fee, of Cincinnati, read an interesting paper on "Fractures and Their Treatment."

### SECOND DISTRICT.

**Darke County.**—Members of the Darke County Medical Society and their wives, numbering about 40, held their annual picnic at Forest Park, Friday, August 13. There was no formal program and every one reports a splendid time.

### THIRD DISTRICT.

**Marion County.**—The Marion County Society suspended meetings during August, but for the September meeting hope to have a paper by Dr. C. P. McCord, of Detroit, dealing with the ductless glands. At the last meeting the society adopted a new fee bill. It was not an effort to advance prices but was intended to present a comprehensive list of fees covering the entire field of medical effort.

Considerable criticism has been manifest in Marion over the attitude of the medical department of the Industrial Commission in ignoring the recommendations of the local society for the appointment of local medical examiners. Members of the society feel that in some instances these appointments are purely political and not medical. We would like to hear from others regarding this matter, which seems to be of importance.

James W. McMurray, Correspondent.

**Mercer County.**—The Mercer County Medical Society held its regular monthly meeting at the mayor's office in Celina on August 24 with a good attendance and a good program. Dr. M. J. Longworth, of Lima, read a very excellent paper on late results of infection in obstetrics and abortion.

Dr. P. W. Fishbaugh, of Mendon, read a well-prepared paper on non-operative treatment of appendicitis. Both papers were freely discussed. Dr. W. W. Beauchamp, of Lima, and Drs. Rawers, Symons and Arthur, of our county society, each reported interesting clinical cases, which were also freely discussed.

The members present who had not already paid their assessment of the O. S. M. A. did so at this meeting. A few have not yet paid, although the secretary of our society has called their attention to the matter two or three times. It is hoped that they will finally respond.

D. H. Richardson, Correspondent.

### FOURTH DISTRICT.

**Putnam County.**—The Putnam County Medical Association celebrated its annual meeting in Kalida, Ohio, on August 5. A splendid program commemorated the occasion, and was climaxed by a bounteous luncheon served by the gracious wives of the local physicians, in the beautiful home of C. F. Douglass, M. D.

The attendance was above the average, Toledo, Findlay, Tiffin, Delphos and neighboring towns being most creditably represented. There were in all between thirty and forty present.

H. B. Gibbon, M. D., President-elect of the Ohio Medical Association, an honored guest, addressed the Association, and, characteristic of the genial gentleman, touched the need for co-operation, the question of legislation against imposters, greater familiarity with our materia-medica, and a lessening tendency to prescribe proprietary or patent nostrums, all phases of his discourse receiving most respectful attention.

C. W. Moots, M. D., of Toledo, Ohio, counselor of the Fourth District, read a most interesting paper upon the subject of "Puerperal Septicemia," giving emphasis to too frequent unhygienic accouchements, recommending greater care and attention to what appear to be small and unimportant things. He also expressed disapproval of the curette.

Harold J. Morgan's subject, "Care of the New-born," food values and numerous points of inestimable worth, was most excellent. The doctor resides in Toledo.

F. C. Heffner, M. D., of Ft. Jennings, Ohio, evidenced much study of "Tuberculosis in Children," in a well-prepared paper on the subject, giving his theory of infection, and its early recognition of ingress.

Edwards H. Porter, M. D., of Tiffin, Ohio, was present and reviewed the legislative activities during the recent session of the General Assembly—what had been accomplished, and the needs to place the fraternity on a higher plane of usefulness. His remarks were forceful, timely, and well received.

R. R. Hendershott, M. D., President of the Northwestern Medical Association, in his inimitable style, urged all members of the local society

to be present on the occasion of its meeting in September.

Following an expression of appreciation for the rare educational treat, the Association adjourned, to meet in Pandora, Ohio, on the second of September.

C. O. Beardsley, Correspondent pro tem.

**Paulding County.**—The Paulding Academy of Medicine met on Wednesday evening, August 25, in the court room at Paulding with twelve members present. The subject of a county hospital was again thoroughly discussed and a committee appointed to circulate petitions. The committee consisted of Drs. Dillery and Fauster, of Paulding; Dr. Evans, of Payne; Dr. Heath, of Grover Hill, and Dr. Burson, of Oakwood.

Dr. J. W. Cartwright, of Payne, read a paper on "Tonsillitis and Some of Its Complications," which was so thorough that the Academy requested its publication in The Journal, which we hope to see in the October issue.

C. E. Huston, Correspondent.

#### FIFTH DISTRICT.

**Ashtabula County.**—The Ashtabula County Medical Society held its 104th meeting at the Lake Shore Club, Ashtabula, Tuesday, August 2. The members were accompanied by their wives. Dinner was served on the spacious veranda of the Club House. After partaking of a splendid five-course dinner the president, M. M. Battels, opened the meeting with a few remarks on forming an anti-tuberculosis society, the aim in view being a tuberculosis hospital. Miss Davidson, state nurse under the supervision of the state anti-tuberculosis society, was present and outlined to the society what had been done in other parts of the state, and gave a method to be worked out by those interested—stating that it must be a four-county hospital, built and maintained by Ashtabula, Lake, Geauga and Trumbull. A temporary organization was formed with W. S. King as temporary president and M. M. Battels as temporary secretary. It was arranged to have a mass meeting at Ashtabula in the near future, subject to the call of the president. Considerable enthusiasm was displayed by the discussions. Meeting adjourned.

J. J. Hogan, Correspondent.

**Gauga County.**—At the meeting of the Gauga County Medical Society held at Burton, August 26, all but one member was present. Dr. Martin Freiderich, of Cleveland, addressed the Society, his subject being, "Present Day Conceptions of Communicable Disease." A very interesting case of infantile paralysis in a child of three years who had the acute disease when six months old was brought before the society and called forth a most profitable discussion of this formidable disease.

Dr. Freiderich is perfectly familiar with the disease and its many variations and gave us many valuable points concerning the early diagnosis of infantile paralysis, such as the extreme sensitiveness of the muscles which are to become affected, even two or three days before paralysis appears. This is often mistaken for rheumatism but in a case of infantile paralysis the patient appears more or less comatose and, when awakened, rouses only to lapse again into a comatose condition. This may last from three to five days before paralysis appears. He also stated that some cases may have the disease and it not be followed by paralysis. Under these conditions it is impossible to diagnose positively. Under treatment he urged the necessity of keeping the bowels open.

In other infectious diseases he put much stress upon the secretions and excretions as being the principal carriers, those from the mouth, nose and throat as well as feces. As a point of differentiation between smallpox and chickenpox, he stated that when a finger is passed across the chickenpox vesicle it will collapse while the vesicle of smallpox will not unless much violence is used. Those who attended this meeting felt amply repaid and a good program is planned for a meeting to be held September 30.

A new member was taken in which will put us on the right side. A motion was made and carried authorizing the secretary to enter a protest to the two Cleveland newspapers who are carrying a full page advertisement, setting forth the methods of J. M. Gorslene, of the Electro-Medic Institute Company of Ohio. The meeting adjourned to meet September 30.

Isa Teel-Cramton, Correspondent.

**Medina County.**—Members of the Medina County Medical Association and their wives numbering 35, held their annual picnic meeting at Chippewa Lake, August 25. Dr. H. A. Becker, Cleveland, read a paper on fractures.

**Trumbull County.**—The Medical Society at a special meeting passed resolutions heartily endorsing the project to erect a district tuberculosis hospital in the extreme northeastern section of the state. A communication urging such action was forwarded to the county commissioners by a committee consisting of Drs. J. D. Knox, O. T. Manley and J. P. Marshall.

**Erie County.**—The Erie County Medical Society has not held a meeting since May. The meetings will be resumed in October.

H. D. Peterson, Correspondent.

#### SIXTH DISTRICT.

**Richland County.**—The Richland County Medical Society met August 25. Two letters of importance were read—one from Dr. C. H. Breiden-



bach, chairman of the Montgomery County Committee, on Contract Practice, the other from Dr. William E. Lower, president of the State Medical Society, regarding pernicious advertising. It was decided to send a protest to the offending papers, and to notify Dr. Lower of the action taken. Dr. Breidenbach will be requested to tell us how they have been successful in getting all their men on a regular fee basis. Dr. B. F. Harding read a well-prepared paper on "A Consideration of the Lower Bowel," and Dr. H. Wollman took up Cabot's case record—which usually stimulates discussion more than the reading of papers, no matter how well prepared those papers may be. The records proved how all physicians are often mistaken in diagnosis.

J. Lillian McBride, Correspondent.

**Portage County.**—The annual outing and banquet of Portage County Medical Society was held August 17 at Hotel Grace, Lake Stafford. Owing to the fact that many of our members were away on their vacations at this time, only about a dozen were present to enjoy the outing. Those present were: Dr. and Mrs. W. B. Andrews, Drs. Widdecombe and Evans, of Kent; Dr. and Mrs. Dyson, of Rootstown; Dr. E. M. Weaver, of Akron; Drs. White, Nichols and Hill, of Ravenna, and Dr. and Mrs. Ailes, of Garrettsville.

Dr. W. G. Smith is attending the national convention of Forrester's of America, of which he is the Supreme Lecturer, now convening in San Francisco.

John F. Hill, Correspondent.

#### SEVENTH DISTRICT.

**Harrison County.**—The Harrison County Medical Society met in Cadiz on August 4. Physical supervision of school children was the general topic under discussion.

**Belmont County.**—The Belmont County Medical Society held its regular monthly meeting August 4 in the Commercial Club rooms in Bellaire. Dr. A. C. Cope, of Barnesville, and Dr. J. C. Archer, of Shadyside, read papers.

#### EIGHTH DISTRICT.

**Athens County.**—Informal discussion and a general good time featured the annual outing of the Athens County Medical Society at the Infirmary Grove, on August 3. The invitations announced a fine of one dollar would be imposed upon any member discussing a medical subject while on the picnic grounds.

**Morgan County.**—Members of the Morgan County Medical Society feasted on fried chicken, July 13, at Rocky Glen Sanatorium, McConnelville, where they were the guests of Dr. W. C. Leeper. A tuberculosis clinic was one of the interesting features of the afternoon.

**Muskingum County.**—The Muskingum County Medical Society held its July meeting Wednesday evening, July 28. Dr. G. W. McCormick read a very instructive paper on infantile paralysis and reported two interesting cases. The paper gave rise to a lively discussion of the subject, participated in by all members present. One physician reported having used Flexner's serum in a case, without benefit. According to custom, the society decided not to hold any meeting in August.

L. R. Culbertson, Correspondent.

#### TENTH DISTRICT.

**Morrow County.**—The Morrow County Medical Society did not hold its regular meeting on August 4, this being the second regular meeting that the members have failed to get a quorum. This apparent lack of enthusiasm, probably, might be traced to the present war and rainy weather. We trust we may have better report in the future.

R. L. Pierce, Correspondent.

**Pickaway County.**—The Pickaway County Medical Society met August 14 in regular session, the meeting having been postponed one week on account of the annual chautauqua. Dr. Geo. M. Waters, of Columbus, read an entertaining and instructive paper, "Cardio Vascular Renal Disorders," which was greatly appreciated by those present. Our society did not adjourn this summer as is the custom because we were having good attendance and much interest manifested.

D. V. Courtright, Correspondent.

### MARRIAGES

Bernard Ford Lowry, M. D., Cleveland, to Miss Jean M. Shafer of Akron, July 30.

Charles P. Kennedy, M. D., and Miss Nora B. Ely, at Cincinnati, August 14.

J. Frank Kahler, M. D., and Miss Anna Ambuster, both of Canton, were married June 30 in Wheeling, W. Va.

Woodrow C. Pickering, M. D., and Miss Josephine Margaret Senter, both of Columbus, married August 23, in Parkersburg, West Virginia.

Henry H. Baker, M. D., of Newark, to Miss Eva Tedrick, of Columbus, August 26.

Dr. W. H. Peters, assistant health officer of Cincinnati, is visiting Eastern health departments studying pre- and post-natal work, with a view of organizing a department of maternity social welfare under the Cincinnati board.

## STATE BOARD WILL CO-ORDINATE WORK OF ALL TUBERCULOSIS SANATORIA

### New Social Service "Follow Up" Provided for in New Rules.

Under the state laws governing the control of public tuberculosis sanatoria, as amended by the last legislature, the state board of health is given broad powers of regulating the admission to and discharge of patients from these institutions.

This was made necessary by the rapid increase of tuberculosis hospitals in the state—both district and county. It was made advisable by the equally remarkable increase in the number of public health nurses who are being employed throughout the state, by private organizations and by boards of county commissioners. The wide distribution of these nurses makes possible the systematic "follow up" of tuberculous patients at a minimum expense to the state.

The plan as developed by Director Paterson, of the division of public health education and tuberculosis of the state board of health, provides that the social service investigation in those communities now supplied with local public health nurses shall be done by these nurses. To reach patients whose homes are located in the other communities, the state board of health will maintain a limited headquarters nursing staff.

To work out this plan satisfactorily the board has adopted a set of rules and regulations governing tuberculosis hospitals and sanatoria (as provided in Section 3147 in the General Code).

County commissioners or the trustees of each county or district tuberculosis hospital are required to file with the state board of health full reports governing county and district tuberculosis hospitals and each hospital is compelled to secure an annual certificate of approval from the board, based upon inspections made at least yearly.

The medical superintendent or other responsible officer of each hospital is directed to adopt a set of rules and regulations for the internal management of his institution, and to submit the rules to the state board for approval.

The medical superintendent shall notify the state board within 24 hours of every application for admittance. The board shall likewise be immediately notified of each death, immediate discharge for cause, or voluntary departure of any patient. The board shall be notified at least two weeks in advance of the contemplated discharge of a patient, in order to give the division an opportunity to start in motion its new "follow up" plan.

Each hospital, under the new rules, is compelled to employ not less than two graduate nurses—one for day and one for night duty—who shall give their time to the professional care of patients within the hospital.

Under the new plan the state board of health will be kept in the closest possible touch with all

the institutions in the state dedicated to the care of tuberculosis patients. It will offer a splendid medium of exchange for ideas and will generally increase the efficiency of the sanatoria. It is another big step forward in the state campaign against the "great white plague."

## NOSTRUMS EXPOSED AND HEALTH FACTS SPREAD AT STATE FAIR THIS YEAR

### Various State Departments are Represented by Five Public Health Exhibits.

For the first time in the history of the Ohio State fair, appreciable attention was given this year to the general subject of preventing disease and improving the human race. In the past the chief aim of the fair seemed to have been the development of high-grade pigs and thoroughbred cattle. This year various state departments interested in social welfare work were given space in a large building devoted to state exhibits.

Probably the most interesting was that of the State Board of Health, with which most of us are familiar. The chart, models and other devices for presenting health facts attracted wide attention. A large amount of literature dealing with preventable diseases was distributed by the public health nurses in charge.

The Division of Child Welfare of the Board of State Charities had exceedingly interesting charts dealing with infant mortality and suggesting better methods for the county children's homes and other childcaring institutions of the state.

A large "Safety First" exhibit was presented by the Industrial Commission. Many great industrial concerns participated, showing devices for preventing accidents.

The dairy and food division of the State Agricultural Commission presented a splendid exhibit exposing methods of food adulteration and giving wide publicity to the absurdity of fake claims made by many patent medicines. Well known proprietaries like Sanatogen, Sal Hepatica, etc., were presented, accompanied by cards showing the chemical analysis—and usually accompanied in addition by a notation showing the actual cost of the preparation and comparing it with its drug store price. Others were handled "without gloves." For instance, in dealing with "Kopp's Babies' Friend," the exhibit printed the announcement that the United States courts have found that this proprietary is not a "baby's friend," because it contains morphine sulphate, one-eighth grain to an ounce. A large card in this exhibit read: "Don't give a baby soothing syrup; it contains dope." On the bottom of this card the word "generally" had been added, and employes explained that analysis of some "baby soothers" has failed to show opiates.

Several large anti-nostrum charts prepared by the Propaganda Department of the A. M. A. were shown in this exhibit.

Columbus State Hospital presented a splendid exhibit showing the handiwork of patents.



## SIXTH DISTRICT SOCIETY MEETING AT YOUNGSTOWN

(Report by J. H. Sailer, M. D., of Akron, the Secretary)

The 166th session of the Union Medical Association of the Sixth Councilor District was held in Youngstown, Tuesday, August 10. The program began at 8:30 in the morning with clinics in St. Elizabeth and City hospitals, conducted by members of the staff of the respective hospitals. X-ray demonstrations were also given. At 11 o'clock the regular program opened at the McMillen Library, the home of the Mahoning County Medical Society.

At noon we went to the Ohio hotel, where the president, Dr. H. E. Welch, gave a complimentary dinner to the members of the society. The menu was so inviting, the surroundings so beautiful in the Palm Room, and the arrangement so perfect, that a full hour and a half went by before the members were aware of it. When the vote of thanks was given Dr. Welch for his hospitality, it was unanimously emphatic.

At the afternoon session the following doctors were elected to membership: Drs. A. H. Alden, K. W. Allison, T. J. Arundel, F. J. Bierkamp, J. F. Elder, J. P. Kenny, A. M. Painter, W. X. Taylor, E. A. Tobey and B. W. Wilson, all of Youngstown. This ought to be an inspiration to any local society where the district meetings are held, to enlarge their membership. That is the logical time to do it, and every county society should avail itself of the opportunity. Twenty-five years makes you a life member. The sooner you begin the sooner you will reach your goal.

The next meeting of the district will be held in Canton on Tuesday, November 9.

Following is the program of papers:

Dr. J. G. Grant, on "Ancient Medicine and Surgery." The doctor delved into the strange customs, mysterious practices and crude laws of those days. He followed a few of the developments up to the present day, which stood out in very marked contrast.

Dr. F. J. Bierkamp, Youngstown, read a paper on "Hay Fever, Etiology and Therapeutics." The paper consisted of a brief review of the literature. A description of Blakely's experiments, the acceptance of which is now almost universal. The explanation of hay fever symptoms along the line of Vaughn's work on anaphylaxis and how the treatment consists of the active immunization of the hay-fever patient by repeated small doses of the specific pollen he is sensitive to.

Dr. M. J. Jones, Youngstown, reported a case of "Xeroderma Pigmentosum." After reviewing the literature on the subject briefly, he said there have been only a few over a hundred cases reported. No satisfactory cause has yet been found. Treatment has been practically nil. The case in

hand is the son of Hebrew people, both enjoying perfect health. Two brothers of this boy, farther back in the family, after having attained about the same age (about nine or ten years), contracted the disease and died after about three years' illness. The disease began on this boy over six months ago, on upper part of the body and over the head and face. It begins like ordinary freckles. Some of these later thicken and break down. The skin becomes dry, harsh, scaly, and dries, or shrivels up. He said, according to the history of his two brothers, he has about two and a half years to live. The case aroused a great deal of interest, and every doctor present availed himself of the opportunity of looking at the boy carefully.

Dr. George F. Zininger, Canton, read a paper on "Consideration of Arterio-Sclerosis." Etiologically, stress was laid upon heredity, the acute infections, the intoxications and the combination of causes that keep up high arterial tension. Among the infectious processes syphilis, scarlet fever, and typhoid fever take first rank.

As to the intoxications; exogenous and endogenous were considered and of the former lead; tobacco and alcohol were the principle ones discussed. The abuse of tobacco, as Erb has pointed out, takes high rank, while the effect of alcohol has been exaggerated. It is doubtful whether alcohol ever is responsible, as insisted upon by Lancereaux, Cabot and others, but indirectly without doubt it acts as a very potent factor.

Among the endogenous factors the gouty state, diabetes, and Bright's disease were strongly indicated. The author believes that intestinal intoxication, though never proved, is a reality and a cause.

The greatest stress was laid upon the factors which keep up continuous high tension. Over-eating is probably the greatest single factor in arterio-sclerosis. Great and constant strain, mental worry, and physical exertion without corresponding periods of rest take high place.

Pathologically, initial and primary changes are in the media, consisting mostly of hyaline and fatty degeneration. Evidence points strongly that the gross changes observed in the intima are secondary to the above changes, and as Thoma has shown, are compensatory in character.

The symptomatology must be considered as generalized and local; general as a lessening of the functional capacity of the various organs in the midst of apparent health. Nervous systems are vertigo, transient monoplegias and aphasia, convulsions, and senile dementia.

In the circulatory system we meet with valvular and myocardial insufficiencies, angina pectoris, and cases of sudden death due to spasmodic coronary sclerosis. We also meet with the circulatory disturbances due to the uremic syndrome, hypertension, and contracted kidneys.

In the abdomen we meet with crises of abdominal pain, and in the extremities muscular cramps, erythromelalgia, and intermittent claudication.

As to treatment diligently seek the causes and remove the vice in each individual case. Hydrotherapy is indispensable. Indications for drug therapy are usually plain and exceedingly useful as temporary expedients, and to one who fully recognizes its limitations is very valuable and helpful. A rational mode of living as to work,

exercise, rest, and diet, coupled with a wholesome happy contentment usually carries these patients to an average longevity.

Dr. Louis J. Hirschman, of Detroit, professor of Proctology, Detroit School of Medicine, gave an address on "Local Anesthesia in Rectal and Intestinal Surgery," illustrated by lantern slides. An abstract of this unusually interesting paper will appear in the next number of The Journal.

In our August number we reported that Dr. H. W. Wertz, of Montpelier, had moved to Edon. This is a mistake. Dr. Wertz has no intention of leaving Montpelier, where he operates the Wertz Hospital.

The plant of the Frank S. Betz Company, of Hammond, Ind., is to be considerably enlarged. A coterie of prominent business men have purchased an interest in the company. Mr. Betz will of course continue as president and chairman of the board of directors. The growth of this concern under his direction has been a splendid illustration of the remarkable success that can be achieved by a man of untiring energy, as he has built up his large business entirely without the assistance of outside capital.

Dr. R. J. Caywood, Piqua, spent August in attendance at the Mayo clinics in Rochester, Minn.

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## DETAILED DESCRIPTION OF THE NEW FOUR-YEAR COURSE IN "OPTOMETRY" AT OHIO STATE UNIVERSITY

The details of the new four-year course in applied optics (optometry) which goes into effect at Ohio State University this year, have been perfected by the trustees. The course places the Ohio school far in advance of any optometry school in the country and provides that the graduates from this course will be at least fairly well grounded in the knowledge of the medical subjects which are necessary to the correction of eye troubles.

It is, of course, too early to forecast the effect of the four-year term upon the future of optometry in this state. It is predicted, however, that very few students will spend four years in this course, it being pointed out that those whose inclinations are in this direction will instead take up a complete medical course.

The school was started in response to the demands of the organized optometrists. One feature is noticeable—the difference in the education of the great majority of those now practicing the business of optometry in Ohio, and the standards set by this course for those who enter the practice, through this school, in the future. One of the leading men in the state optical association had only two years in a third-grade high school and six weeks at a Chicago "optometry college."

### University Statement.

The University in announcing the curriculum makes the following statement:

"The primary purpose of this curriculum is to properly and adequately prepare its students to enter the field of optics as applied to the detection and correction of the errors of refraction, accommodation and associated functions of the eye. To this end the curriculum embodies the following essential and allied branches of instruction: (1) general science and mathematics, (2) the fundamentals of anatomy, histology, physiology and pathology of the human body, (3)

special courses on the anatomy and the physiology of the eye, (4) instruction in the detection of pathological and diseased conditions of the eye, and (5) a thorough training in theoretical and practical optics and the applications of optical principles to the correction of visual errors, with an adequate provision for clinical practice in both the refractive and pathological fields. Provision is also made for some elective courses, in order that the student may continue any line of instruction previously pursued or select courses which are germane to his work.

### Detect—Not Correct.

In the above it will be noted that the University (4) says that one of the principles is to instruct the student in the detection of pathological and diseased conditions of the eye—not, it should be emphasized, in treating the said diseased conditions. It is merely intended to educate the student that when such a diseased condition is encountered it may be referred to a medical man equipped to treat same.

Entrance requirements include four years of high school or its equivalent. Upon completion

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of the course the student will receive a bachelor's degree. The total tuition fees for the four years aggregate \$260.

Inasmuch as this is by far the most advanced course in optometry in the United States, we are herewith reproducing the announced curriculum. It will be noted that the anatomy, pathology and physiology will be given in the medical school in connection with the regular medical courses.

#### Curriculum—First Year.

First Semester—Chemistry (105 or 109) four hours; English (101) two hours; drawing (101) two hours; anatomy (125) four hours; anatomy (139) three hours.

Second Semester—Chemistry (106 or 110) four hours; English (104) two hours; drawing (102) three hours; anatomy (126) four hours; anatomy (140) three hours.

#### Second Year.

First Semester—Physics (103 or 105) four hours; physiology (127) three hours; mathematics (121) three hours; pathology (129) three hours; \*elective, three hours.

Second Semester—Physics (104 or 106) four hours; physiology (128) three hours; mathematics (122) three hours; pathology (126) three hours; \*elective, three hours.

#### Third Year.

First Semester—Anatomy (145) four hours; psychology (103) two hours; optics (107) four hours; physiology of the eye (161) three hours; \*elective, three hours.

\* All electives shall be subject to the Professor of Applied Optics.

Second Semester—Optics (112) four hours; psychology (104) and (111) five hours; optics (108) five hours; optics (110) one hour.

#### Fourth Year.

First Semester—Optics (129) one hour; optics (133) six hours; pathology (141) three hours; optics, clinical practice (147) three hours; \*elective, three hours.

Second Semester—Optics (134) six hours; pathology of the eye (142) three hours; optics, clinical practice, (148) five hours; \*elective, three hours.

125. Human anatomy. Osteology, arthrology, syndesmology and myology, exclusive of the lower portions of the body.

126. Human anatomy. Myology, angiology, splanchnology and peripheral nervous system, exclusive of the lower portions of the body.

139-140. Histology and embryology. The histology of the tissues, the histology and embryology of organs, with special emphasis laid upon the head and neck regions.

145. Anatomy of the eye. The comparative anatomy of the vertebrate eye and its associated muscles and nerves.

107. Theoretical optics. Recitations lectures and laboratory work on reflection; refraction and refractive indices; prisms; refraction by curved surfaces; thin lenses and lens calculations; cylinders; transpositions; oblique cylindricals and oblique sphericals.

108. Theoretical optics. Recitations, lectures and laboratory prisms; decentration; effectivity and back focal length; equivalence of various forms of ophthalmic lenses; vertex refraction; thick lenses and combinations; chromatic and spherical aberration; interference; diffraction and polarization.

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110. Mechanical optics. Practical work in neutralizing; lens centering; use of abrasives; simple surface and edge grinding and drilling.

129. Mechanical optics. Practical work in lens mounting, frame and frameless; simple soldering; face measurements; bridge bending; mountings and clips and the adjustment of spectacles and eye glasses.

112. Theoretical applied optics. The principles of refraction in the human eye based on the laws of conjugate foci, dealing in detail with hyperopia, myopia and astigmatism. Skiametry (static method) and technique in shadow measuring. Skiametry and the subjective method in the correction of refractive errors. Practical work with the schematic eye and the refraction of some selected cases.

133-134. Theoretical applied optics. Recitations, lectures and demonstrations on optical constants of the eye; mathematical and physical methods and calculations applied to the correction of anomalies of the eye; entoptic phenomena; monocular and binocular vision; convergence; study of selected reports and cases from clinical practice; the relations between radiant energy and the eye.

105. Elementary chemistry. A general course on the chemistry of non-metals arranged for students who have not presented chemistry as an entrance requirement.

106. Elementary chemistry and qualitative analysis. A general course on the chemistry of metals.

109. General chemistry. A general course on the chemistry of non-metals arranged for students who have an acceptable course in elementary chemistry.

110. General chemistry and qualitative analysis. Laboratory work is a general course in qualitative analysis.

101. Elementary mechanical drawing. Practice in the use of drawing instruments, elementary projections.

102. Mechanical drawing. Lettering, orthographic, isometric and oblique projections.

101. Paragraph writing; description and narration.

104. Exposition and argumentation.

121. College algebra and trigonometry.

122. Plane trigonometry and analytical geometry.

126. Bacteriology. Disinfection and sterilization; the preparation of culture media.

129. Pathology. General pathology, including the etiology of diseases, distribution of nutrition, inflammation and tumors.

141-142. Pathology of the eye. A laboratory course covering the gross and histological lesions involving the eye.

103-104. General physics. A non-mathematical course for students who have no entrance credit in physics.

105-106. General physics.

127. Physiology of unicellular structures, muscle and nerve, central nervous system, autonomic system, external and internal senses, blood and heart. Reports of papers by students.

128. Physiology of the circulatory and respiratory mechanisms, digestion, excretion, metabolism, etc.

161. Physiology of the eye.

103-104. Elementary psychology.

111. Experimental psychology. Topics: The sense fields, geometrical optical illusions, stereoscopic and pseudoscopic illusions, tactual space perception, auditory localization, attention, reaction-time, memory types, tonal fusion, association and analysis of judgment.

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# The OHIO STATE MEDICAL JOURNAL

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UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

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When the osteopaths were clamoring for state licensure a few years ago they based their chief plea for exemption from medical practice requirements upon the alleged fact that they do not use drugs in their practice. They were the original "drugless healers," and—prior to securing special license—emphasized this point strongly.

The legislature took them at their word a few years ago and provided for osteopathic licensure. The amended law specifically states, however, that such license does not permit them to prescribe or administer drugs.

Since securing this recognition from the state a large number of these limited practitioners seem to have forgotten that their system of healing is predicated on the non-use of drugs. Immediately they secured the parchment they seemingly endeavored to forget, and to have the community forget, that they are osteopaths. Many pose as doctors, and seek to be known as doctors, and maintain a discreet silence as to their views on drugs. Complaints reach this office very frequently of osteopaths who prescribe drugs and administer anesthetics.

Their latest indication of a desire to further encroach on the field of medical practice is brought to light by the operation of the Harrison anti-narcotic law.

The law specifically states that these licenses shall be issued to physicians, dentists or veterinary surgeons. But the moment it came into force osteopaths throughout Ohio promptly presented themselves as applicants for narcotic licenses.

Under Treasury Decision No. 2172, issued shortly after the law was enacted, they were

specifically barred from such license. Throughout the country they commenced a systematic campaign to secure the revocation of this decision, and in August they succeeded. The Department issued a supplementary ruling holding that

#### SECRETARIES.

Several secretaries of county societies have not sent in the money raised from the collection of the per capita assessment of \$1.00, ordered by the House of Delegates and due August 1. This money is needed at once and we urge you to collect the assessment and forward it immediately to the secretary-treasurer of the state society.

Several secretaries are waiting until the entire amount due from their society is collected. We need money immediately! Please forward at once the amount you have on hand and secure the remainder at the earliest possible moment.

osteopaths might be licensed "provided they are registered as physicians or practitioners under the laws of the state, and application is made for registration on Form 678."

The osteopaths in Ohio thought that they had won a signal victory. But—

Mr. B. E. Williamson, the collector at Columbus, after carefully scrutinizing the ruling, called the



attention of the Department at Washington to a very important point. He cited the wording of Form 678, which is as follows:

"The undersigned is now engaged or on and after blank date will engage in the legitimate practice of medicine (dentistry or veterinary surgery) and is, or are, duly authorized by law to administer, dispense, or prescribe narcotic drugs."

Mr. Williamson cited to the Department the exact wording of the Ohio Osteopathic Practice Act which (in Section 1288) says specifically: "Such certificate shall authorize the holder thereof to practice osteopathy in the state, but shall not permit him to administer or prescribe drugs, or to perform mayor surgery."

He inquired if under this specific wording, osteopaths licensed in Ohio should be granted Harrison law narcotic certificates. The Department "ducked" the question.

The Department answered his query by stating that if the osteopaths signed this sworn statement, the licenses could be issued.

**Here is where the legislative committee of our State Society took a hand in the game.** Dr. Upham, the chairman, has addressed a letter to the president of the Ohio Osteopathic society calling his attention to the explicit prohibition of drugs in the osteopathic law, and the consequent impossibility of an osteopath signing the required federal statement in good faith.

He added that in the event any osteopath signs the statement and secures the license, information will be filed by his committee with the State Medical Board asking that the osteopath's license to practice be revoked on the grounds that he has made affidavit to a false statement and therefore committed an immoral act.

The legislative committee means business. If a certificate to practice medicine is to mean anything in Ohio, the privileges that it extends must be more zealously guarded in the future. Those osteopaths who have qualified under the lesser requirements of osteopathy merely as a short cut to medical practice must be taught that they are licensed to practice under definite restrictions, and that they will be held to these.

If narcotic licenses are to be granted to osteopaths, why not to natureopaths, or to spondylwhatyoucallems, or any one of the numerous other classifications of men and women who seek to meet and treat the sick for compensation without qualifying with the full demands for such practice?

We understand that no osteopaths have been licensed since this action was taken by the legislative committee.

Incidentally, the situation again illustrates the value of maintaining a medical organization in Ohio which is alert to modern conditions and in a position to properly guard the welfare of the profession. Had it not been for the prompt action of Dr. Upham's committee it is probable that osteopaths would have been licensed without question.

Few, even, would have known that the point was at issue. And those previously referred to, who have used osteopathy as a convenient short cut to a medical practice, would have again complimented themselves upon their shrewdness and have been convinced more than ever that in Ohio according to their reasoning it is foolish to spend four or five years in a medical college in order to fit themselves for practice.

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**The Journal of the American Medical Association hits the nail on the head** when it points out that the osteopath either is or is not a physician—that if he is, he must submit to the educational requirements of the Medical Practice Act, and that if he is not, he is not qualified to perform the legal functions of a physician, and least of all to dispense powerful drugs the use of which is directly opposed to osteopathic teachings.

Osteopathy, the Journal adds, originated in the dreams of a country doctor in Missouri, about a quarter of a century ago. It is based, according to its founder and prophet, on the following propositions: The human body is a machine; disease is due to the dislocation of some structure in the body; the treatment of any abnormal condition is to find the dislocated structure and restore it to its proper position. None of the statements is true as a generalization, yet each one has in it a grain of truth, just enough to enable the ignorant and enthusiastic disciple to make out a case to a receptive listener. But the real reason for the temporary vogue of osteopathy is the accidental fact that this cult arose just at the time when the advance of scientific knowledge regarding disease was demonstrating the falsity of many of our previous ideas regarding drugs and their value. The public, catching this spirit from the medical profession, began to waver in its intelligence to powders and pills, and so was psychologically receptive to the claim of the osteopath that his "system" was a drugless one, that drugs were not only of no value in the treatment of disease, but also were responsible for most human ills. In addition to osteopathy, a countless succession of other freak sects made capital out of this "drugless healing" cry. In each state the advocates of osteopathy appeared before the legislature and demanded the passage of a law which would "recognize osteopathy" as a drugless system of treatment, something entirely apart and distinct from the practice of medicine. This was the basis on which they were given separate laws, boards and standards, and this is the only ground on which they could be so recognized.

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**Wild-Eyed Customer**—I want a quarter's worth of carbolic acid.

**Clerk**—This is a hardware store; but we have—er—a fine line of ropes, revolvers and razors.—Yale Record.

After a private agency has demonstrated the value of a public service, it becomes the duty of the public to assume charge of and continue that service. This is the plan that has been generally adopted in the anti-tuberculosis campaign. An example: The Ohio Society for the Prevention of Tuberculosis demonstrated the need of organized educational work, and induced the state legislature to provide for a special division under the State Board of Health to carry on the campaign it had waged privately. With the sanction of the state, and with state funds, the work is being materially broadened and developed.

A similar instance is being worked out in Cleveland at the present time in the transfer of the Tent Colony for children predisposed to tuberculosis to the large farm of the City Tuberculosis Sanatorium at Warrensville.

Since its establishment in 1906 the Tent Colony has been maintained by the Cleveland Anti-Tuberculosis league. Youngsters referred to it by the city tuberculosis nurses, ranging from three years to sixteen, have been removed from dangerous environment and kept from six to eighteen months in the open. Without exception they have left the colony with strong little bodies and minds improved by study under healthful conditions in the fresh air school. At the colony the children spend all their time in the open—sleeping, school, and play hours.

This remarkable enterprise has demonstrated to the city of Cleveland that it is worth while. Cleveland will, in the future, foot the bills, and the Anti-Tuberculosis league will be free to divert its revenues toward some newer enterprise.

At Warrensville an abandoned farm house has been completely renovated and transformed almost magically into a well-equipped fresh air institution. The old farm home has been made into an administration building, with dining and nurses rooms, kitchens, etc. A barn has been transformed into a school and play room, with a boys dormitory in the loft. The small "shacks" used in the old colony have been presented to the city, and new ones built. The location is ideal—situated on a winding country road with a fine old orchard and unlimited fields for playing.

Dr. Robert H. Bishop, Jr., who is in general charge of the anti-tuberculosis campaign in Cleveland, is now considering several plans for using the extra money at the disposal of the society. It will be devoted to the maintenance of some similar work, which will be carried on at private expense until the city is forced to recognize its worth. The burden will then be transferred to the public, and the Anti-Tuberculosis Society will turn to new fields.

This effective and extremely practical plan might be followed with profit by other public health organizations.

1. What do you want your state medical association to do for you?
2. What do you want your county medical society to do for you?
3. What do you want your state association to do for the general public?
4. What do you want your county society to do for your community?

The Ohio State Medical Association is founded for the definite purpose of serving you and, through you, the public. In order that the association may better serve you and the public its officers must know your needs and your desires, both selfish and philanthropic.

Therefore, we are presenting these four questions and trust that everyone interested in medical organization will submit answers.

Send your communication to the secretary-treasurer of the state association (Dr. C. D. Selby, Spitzer Building, Toledo).

These inquiries are made with a definite purpose in view. For instance, the officers of the state society know, in answer to the first question, that many members want the state society to provide them with medical defense. Others feel that the chief value of the state society lies in organized protection in legislative matters. Still others feel that the state society's chief field is the improvement of scientific work.

Similarly, with question number 2, one man may desire the county society to act as a medium whereby he keeps in closer touch with his fellow physicians. Many people feel that the county society should do more for its members. One secretary, for instance, is now working on a plan of organizing a county collection bureau to handle the accounts of all the doctors in the county through a central agency, at a minimum expense. Again, the Lucas County Academy operates a local plan of medical defense. Another county society is considering the possibility of a central telephone service. There are, in fact, many things which your county society might do for you. Won't you give us a hint as to what you want it to do?

In answering the first and second questions, we have asked you to look at the problem of medical organization from what might be termed the selfish point of view. In dealing with questions three and four, we want your opinion as to its altruistic functions.

There are many things the state association is already doing for the general public. It is, for instance, conducting a state-wide campaign of public health education through the newspapers. It is organized to lend immediate and effective aid to all public health propaganda. The value of this is clearly illustrated in our legislative work.

But there are many fields the state society might enter. It might, for instance, keep in closer touch with the problem of caring for our defectives and the related problem of preventing much of the defection. It might launch a state-



wide campaign dealing with some specific evil, such as the spread of cancer or syphilis. It might organize a bureau for the development of local hospitals, prepared to offer its services to any community where a hospital is needed. It might, in fact, enter many fields and do many things.

What we want to know is what you want it to do.

The same applies to question number four. What do you want your county society to do for your community. This suggests a wide range of possibilities. The county society may take the lead in an anti-tuberculosis fight. It may promote a local hospital campaign. It may install a system of physical supervision of children in the public schools. It may co-operate with the local newspapers in public health publicity of local application, designed to create public sentiment against local nuisances or in favor of local needs. It may do many things.

What we want to know is what you want it to do.

Making the Ohio State Medical Association an effective organization will require co-operation. Here is an opportunity for you to assist.

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**Physical Examinations.**—The other day a Columbus business man called at the office of his physician and stated that he desired a physical examination. The doctor—a personal friend of long standing—slapped him on the back and told him to brace up, that nothing was the matter and that in his case a physical examination would be a joke. The business man mildly persisted but the doctor continued to treat his request lightly.

That business man was prompted to go to the physician by the increased interest which the laity is taking in preventive medicine. Annual medical examinations appeal to almost every one as the sensible and sane method of protecting the human machine. Medical men should not lightly regard this new development. When a patient presents himself for examination he should be given exactly what he wants, and not treated as though he were an ignoramus.

Physicians should be particularly careful in this respect this year as the Ohio Society for the Prevention of Tuberculosis is planning a state-wide "Medical Examination Day" for December 8. A campaign has been started to induce every one to undergo an annual physical examination. Appeals are being made directly to the individual, and to the executives of factories, stores and offices, for an annual physical examination of all employees. People throughout the state will be urged to observe December 8 as a day set aside for this purpose and to make their appointments on that day or as near thereto as possible.

Be particularly careful with a patient who presents himself for examination even though apparently he is in the best of health. He knows what he wants. See that he gets it.

**When, Pray, Will the Awakening Come?**—It is already apparent that when the legislature convenes two years hence, one of the vital problems facing it will be adequate provision for the hundreds of feeble minded and epileptic dependents who are denied admittance to the state institutions designed for their care by the present deplorably overcrowded conditions. The medical profession has been cognizant of this increasing defection of the state government for years; the laity is now learning the facts.

Hon. W. H. Lueders, probate judge of Hamilton County, drew public attention to the serious situation in a recent open letter to the State Board of Administration in which he asserted that Hamilton County alone has 27 patients on a "waiting list" for the State Feeble Minded Institution, and has 21 epileptics awaiting entrance to the Ohio Epileptic Hospital at Gallipolis. He preemptorily demanded that the board make some provision for their care.

Dr. A. F. Shepherd, president of the board, in answering his communication pointed out in polite terms that the judge is "barking up the wrong tree." The State Board of Administration has absolutely no power to increase hospital facilities. It is entirely dependent upon the legislature. During the past winter the Board of Administration presented carefully prepared statistics in oral and written form, clearly setting forth the imperative need of the various institutions. Members of the legislature were unusually liberal in granting appropriations for new buildings, but even this "liberality" fell far short of meeting the actual needs. Until the members of the legislature are forced to face the situation and are brought to an adequate realization of the facts, no relief is possible.

Dr. Shepherd in his communication calls attention to another fact which has thus far escaped notice. While the legislature this year was liberal in providing new quarters, it was absurdly parsimonious in making provision for maintenance of the wards. It appropriated \$348,000 for this purpose—an amount far less than that deemed necessary by the board's experts, and an amount \$76,000 less than the sum actually expended for this purpose during 1914!

The remedy for this deplorable situation lies in the creation of a public sentiment that will bring our legislators to realize their duty towards the State's unfortunates. Public protests, such as that of Judge Lueders, is exactly the thing needed. If the probate judges in every county where similar conditions exist will issue similar protests, the members of the next General Assembly will be more disposed to loosen the State's purse strings.

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**Young Doctor's Wife**—Mary, go and tell the doctor there's a patient waiting to see him.

**Maid**—I wish you'd go, ma'am. He maybe wouldn't believe me.—Life.

The future of nursing in Ohio is now being determined. The standards governing training schools and hospitals now being established by the State Medical Board, through its nurses examining committee, will have a powerful influence on the future of the nursing profession.

In establishing these standards The Journal believes it speaks for the medical profession of the state when it urges the board to adopt a "middle of the road" policy. By this we mean a course between the extremes demanded on the one side by a few of the more radical leaders in the nursing profession, who would set training school standards so high that comparatively few hospitals could qualify, and on the other side by the few small hospital superintendents who are not willing to meet decent requirements that would insure adequate training for their pupils.

We are sure that the members of the board agree with this view. When the present registration law was before the General Assembly, frantic attempts were made to lodge the licensing power solely with the nurses. This effort was defeated and the legislature clearly indicated that it desired the law to be administered by the medical profession. This insures the establishment of a state policy that will work no hardship on any honest hospital management and will, at the same time, insure the nurses the establishment of a system which will materially raise the standard of their profession.

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Unless care is exercised our nurse training schools will be turning out poor physicians instead of good nurses.—In a paper dealing with the teaching of obstetrics to nurses, in the American Journal of Surgery (September, 1915, page 326), Dr. S. J. Goodman, of Columbus, lecturer of obstetrics and gynecology at Grant Hospital, raises this point as applied to obstetric nurses. His plea is: "Do not spoil a good nurse to make a poor obstetrician." He says:

"It seems to me that many of our training schools are giving instruction more suited for medical students than for nurses. The nurse has her field and the doctor has his. Each has his specific duties in obstetrics. The gist of my argument is that we should make good obstetric nurses and not poor obstetricians. If the doctor is so busy that he must rely upon the nurse to make all the preliminary examinations and perform all the other duties except collecting the fee, he should send an assistant or refuse to take more engagements than he can care for properly. I am willing to assume that many nurses, experienced as well as graduated (and all the good obstetric nurses are not graduates), are better prepared to handle confinements from start to finish than some doctors, but think that this is no reason to educate nurses to do what the accoucheur should do. Would it not be better to educate the medical men?"

Dr. Goodman proceeds to outline his views of

what constitutes a practical course of training in obstetrics for nurses. He advises an elementary rather than a profound knowledge of the anatomy of the female reproductive organs; that she have a practical common sense knowledge of asepsis and antisepsis, and that she be taught to adapt herself to conditions so as to be of greatest possible aid to the accoucheur in every possible emergency.

He adds: "I do not think that we should stuff our nurses full of knowledge that is intended for those who contemplate the practice of medicine. We should aim to teach them such things as will make of them valuable assistants to the accoucheur, and careful and observant attendants for the parturient and puerperal woman. The sweet and kind womanly attributes of these attendants will be of more benefit to our obstetric patients than a head full of technical knowledge."

It will be interesting to watch the development of the nursing profession in Ohio under the new system of nurse registration. Some feel that the result will be, eventually, the production of nurses too highly educated to nurse. This is, of course, an exaggerated view, but it is a possibility which should be borne in mind.

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"I won't go to another doctor," indignantly declared an old lady who had been practically blind for ten months, in response to the earnest urging of one of the nurses of the Ohio Commission for the Blind, who was trying to persuade her to consult with a reliable ophthalmologist.

"I tell you I am through with doctors. I went to a man who is said to be one of the best eye doctors in Ohio, ten months ago, and he operated upon my eye for cataract, and he told me the operation was entirely successful, and yet I have had to grope my way around this house ever since I got home."

"But, my dear woman," said the patient nurse, "are you sure that the doctor did not give you a prescription? I know the doctor very well, and he is considered to be most reliable."

"Oh yes," carelessly replied the querulous woman, who is nearly 70 years of age, "he gave me a prescription and told me to have it filled by an optician. I followed what I thought were his instructions and the glasses did me no earthly good. I wish I had never seen either the doctor or the spectacle maker. Between them they got the few pennies that I could not afford, and I am worse off than I was before."

"Mrs. Smith," (of course we are substituting another name) said the Commission's representative, "I have been in nursing work for many years and have taken patients to some of the best eye doctors in the state, and I know positively that no man with the reputation of the doctor who operated upon your eye would have told you the operation was a success if it was not. Possibly you did not understand that when an eye has been operated upon as yours has, it undergoes a change,



so that glasses which were prescribed for you at the time they were fitted, would not be suitable now, and with the change in your eye condition, you need another kind of glasses. Won't you go back to the physician and let him examine your eyes once more so that he can prescribe for you the glasses that you should now have, and which will undoubtedly enable you to have the full benefit of the operation?"

"I wouldn't go near that man again if you paid me," replied Mrs. Smith, "I have lost faith in your miserable eye doctors. I don't think any of them know what they are about."

In spite of the woman's determination to have nothing more to do with doctors of any kind, the Commission's nurse made it her business to call upon the old lady every time she visited the town, and slowly but surely she won the patient's confidence and finally persuaded her to visit another ophthalmologist, who had been fully acquainted with the situation. The nurse was quite sure that Mrs. Smith had either not understood the first doctor's instructions, or had failed to carry them out. She was also convinced that it was useless to attempt to take the old lady to the man who had operated upon her, and he very sensibly advised the nurse to take Mrs. Smith to any other specialist to whom she might be willing to go. After eight months of friendly interest in Mrs. Smith, the nurse succeeded in taking her to another doctor, with the result that proper glasses were prescribed.

"Mrs. Smith," said the doctor "try these glasses and I think you will get the full benefit of the operation which was performed upon your eye by my friend."

"I'll try them for the sake of the nurse who has been so good to me, but don't be disappointed if I find them useless."

With this pessimistic salutation, Mrs. Smith was persuaded to try the spectacles, and it is impossible to depict her joy and boundless delight when she found that so much of her vision was restored that she could even read a newspaper.

There is no moral to this story. It merely illustrates the wonderful field for co-operation open to the modern social service nurse. The first ophthalmologist had performed an absolutely successful operation and given his patient instructions what to do. Through her misunderstanding, she had not benefitted by the assistance that he had given her, and it was only as the result of long and persistent persuasion on the part of the public service nurse that the old lady was enabled to reap the reward which medical science had really given her.

The Ohio Commission for the Blind, through its nursing service department, is constantly bringing to the fullest fruition the generous and capable service which the ophthalmologists of this state are giving to the citizens of Ohio. The value of this "follow-up" work in becoming more and more evident in all phases of medical work.

It is probable that the next two years will witness a coalition of the interests of the Eclectic and Homeopathic schools of medicine. The president of the American Institute of Homeopathy recently presented the suggestion to the National Eclectic Medical Association and since that time there has been considerable comment in the journals devoted to these schools of medicine.

The Eclectic Medical Journal (Cincinnati) editorially states that "the situation created by the great moneyed interests in the conduct, management and attempted standardization of institutions for medical instruction has placed the minority schools of practice in a position in which eternal vigilance is the only price of liberty," but it advises against a complete union of the interests of the two schools. Instead, it urges what it terms a medico-political coalition. The Eclectic Medical Journal points out that such an organization is needed "to prevent usurping legislation, to secure wider recognition in public service, to insure the legal safety of our colleges and our graduates and to safeguard our rights as American physicians, now assailed in a hundred and one ways by the adroitness of an enemy which apparently never sleeps."

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The campaign for clean advertising in medical journals is going forward rapidly. The New Jersey State Journal is the latest to announce a change of policy, which will bar from its columns all matter not approved by the Council on Pharmacy and Chemistry of the A. M. A. Unfortunately the campaign thus far seems limited to medical journals maintained by state societies. Of the 350 medical publications in the United States but thirty have high advertising standards and 25 of these are journals of state medical associations. (The Cleveland Medical Journal is one of the remaining few.) We compliment New Jersey on its progressive stand and trust that the members of the New Jersey State Society will show their appreciation of the step by rendering its management every possible co-operation.

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Be very careful to see that your Harrison narcotic registration blanks are kept in a safe place. Federal officers in Cincinnati have caused the arrest of another physician. Prescriptions bearing his serial number were found in the possession of a drug addict. The physician denies issuing them and claims that they were stolen; the addict, to protect himself, stoutly asserts that the doctor sold him a book of serially numbered blanks. It is a situation that may confront any physician who is careless in protecting his blanks.

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Modestly, we quote from the Texas State Journal of Medicine: "If the Ohio profession doesn't appreciate what is being done for it by its secretary and its most excellent Journal, it is indeed ungrateful. The secretary is a live one and the Journal is without a peer in its class."

### Original Articles

## Analgesics and Anaesthetics in Labor: Their Indications and Contra-Indications\*

WILLIAM GILLESPIE, M. D., OF CINCINNATI, OHIO

IN this time when the popular fancy has attached itself to the idea of painless labor, it would be interesting to review the literature and discuss the contribution of Sir James Y. Simpson as the first to employ ether in labor, and as the discoverer of the anæsthetic properties of chloroform and its adaptability to the mitigation of the pangs of motherhood. His theological controversy with the clergy over the meaning of sorrow in the curse pronounced upon Eve, reveals this genius in the field of obstetrics as a past master of the controversial style. None of his opponents could approach him in style, thought or resourcefulness, and he mowed them down like straws before the sickle; but they would probably have continued to dogmatize had not Queen Victoria settled the matter for the English Church by inhaling chloroform in labor and pronouncing it good.

This was probably the greatest contribution ever made by a woman to medical progress. The monument which looks out upon Princess Street in Edinburgh testifies to the reverence paid to Simpson's memory in the city of his toils and triumphs, and any Scot who passes can inform you that his greatest achievement was the discovery of the anæsthetic properties of chloroform and utilizing them in labor. It is well to recall, occasionally, that this little giant of medicine has disposed of practically all of the objections which have up to the present time been brought against chloroform, prior to 1850, so that practically no opposition in respectable quarters has been offered for sixty-five years; yet it would be hard to find any time-tried expedient which is so little or so unintelligently used.

#### NEED OF THERAPEUTIC KNOWLEDGE.

Robert Barnes loved to insist that obstetrics was not a specialty, for to practice it with intelligence one must be at once physician, surgeon and accoucheur. It appears quite clear to me that of all men the obstetrician should be surest of his therapeutic knowledge. The emergencies which confront him are apt to be sudden in their development and his remedies must produce immediate effect. Hence my discussion of this subject will deal more with what I regard as fundamental principles than with sensational fads. Indeed it is the ignorance of fundamental principles which enables the notoriety seekers to impose upon the profession their vagaries.

Analgesics and Anæsthetics are used in labor to control pain and to lessen the physical and nervous exhaustion incident thereto.

There is but one difference between the rhythmic

uterine contraction of pregnancy and the pains of labor—one of degree. In the last six or eight weeks of pregnancy the rhythmic contractions may be painful for three reasons. Those who have varicose dilations of pelvic veins may suffer excessively from the rhythmic contractions of pregnancy, because of the accumulation of CO<sub>2</sub> in the uterine vessels. I have known such a condition to cause painful uterine contractions throughout the entire pregnancy, and it is quite common for such a condition to add to the woman's discomfort in the late weeks.

When the uterine wall has been bruised by the forcible impact of the child's lower extremities, each contraction may be acutely painful, like the attempt to use a myalgic muscle.

A nervous, hypersensitive temperament is the most frequent cause of painful uterine contractions in the last six weeks of pregnancy.

When contractions are excessive because of pelvic varicosities little can be done, for the *venous stasis* in the uterine wall will produce excessive rhythmic contractions in spite of all treatment.

#### TREATMENT FOR RHYTHMIC CONTRACTIONS.

Where we are dealing with hypersensitiveness on the part of the woman, however, it is rare for the condition to resist the influence of moderate doses of opiates. In these cases I give an opiate at bedtime on three successive nights, after which, in the majority of cases, they do not again become troublesome till the time of labor approaches. If such cases are not relieved the woman enters upon labor in a condition of nervous exhaustion which unfits her for the ordeal.

These painful rhythmic contractions, or false pains, may recur ten days or two weeks before full term, or may come on them for the first time. I have known many cases where the attendant, mistaking this for real labor, has precipitated matters by his efforts to render assistance, with anything but advantageous results. I am often told that analgesics were not prescribed, because the attendant did not know whether the pains were true or false; but this makes no difference. The only difference between true and false labor pains lies in the fact that true labor produces an effect upon the circular fibers which surround the cervix, while false labor does not. If you give an opiate in sufficient amount to relieve suffering false pains will cease, while true labor will go on in spite of your opiate, and often times more expeditiously.

I am satisfied from a pretty extensive experience, both in private and consultation practice, that seventy-five percent of our difficulties in the second stage of labor are due to our neglect in the first

\* Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, seventieth annual session at Cincinnati, May 4, 1915.



stage, and by far the largest factor in the unreasonably prolonged labors is the failure to recognize the false character of the pains till the woman has finally emerged from false labor into true, with her nervous and muscular systems exhausted by useless efforts.

In the *Snydenham* edition of *Smellie's Obstetrics* (Vol. 2, Case 97) is an account of a case seen in 1744 where the physician had stayed by the bedside all night, but upon Dr. *Smellie* bleeding her and giving an opiate the pains subsided and returned in three weeks, resulting in normal delivery. The next case (No. 98) was similarly treated, but the family, imagining that he was trying to put off delivery sent for a midwife who attempted to hasten delivery by stretching at the parts. When the patient was exhausted *Smellie* was again called, again gave opium and the next day, the pains growing stronger, she was safely delivered. Case 99 I give in the language of the old master himself, because it shows that in 1753 he had an intelligent grasp of the subject not yet understood by many modern authors.

#### CASE REPORT.

"In the year 1753 I was, about six in the morning, called to a woman in her first pregnancy. The membranes were broke, the os uteri was considerably opened; but the child's head being large, rested above the brim of the pelvis, while the vagina and os externum seemed very narrow and rigid. The midwife had fatigued the patient by putting her in several different positions. Her skin being hot and dry, and the pulse full and quick, she was bled to the quantity of ten ounces; a klyster was injected; and after its operation, she took twenty drops of *Tr Thebaic* and two drachms of *Syr. de Meconio*, which composed and threw her into a plentiful sweat. I was called again at night; when I found the midwife had persisted in fatiguing her; the head was advanced to the middle of the vagina, but the parts below were still very tight. I ordered the opium to be repeated; she enjoyed good rest; and the parts being gradually distended she was delivered next morning."

This case report was given in full for more reasons than one: it shows that *Smellie*, like every obstetrician worthy of the name, was a therapist and prescribed drugs to produce definite effects; that he was thoroughly aware of the restorative effects of such drugs in exhaustion, and that he recognized the fact that opiates were the sheet anchor in cases of disproportion, to preserve the patient's strength while nature was lessening, by molding, the excessive diameters of the head.

One of the most important uses for opiates is in cases of disproportion, whether the disproportion is due to overdevelopment of the head or to pelvic deformity. Under such circumstances prolonged labor is inevitable, and, unless anaesthetics are used, exhaustion is apt to supervene before assistance can be safely rendered.

#### MORPHIA AND HYOSCIN.

As absorption from the stomach is very uncertain during labor it is well to give your opiate in the form of morphia subcutaneously, and when given alone  $\frac{1}{2}$  grain is usually required. Occasionally three-eighths of a grain will suffice; but it is very seldom that much benefit is derived from  $\frac{1}{4}$  grain. In the early stages of a tedious labor hyoscin may with advantage be combined with morphia, and not only increases its analgesic effect but is apt to produce sleep between pains. One-fourth of a grain of morphia combined with  $\frac{1}{200}$  grain of hyoscin or scopolamine has an effect equal to  $\frac{1}{2}$  grain of morphia in relieving the pain of labor and is superior to it in producing rest between pains. It is perfectly safe in the early stages of a prolonged labor, but should not be used in any case where it appears possible for delivery to be effected within four hours, because of a marked predisposition to fetal asphyxia. Therefore, if the case requires analgesics later in labor, the morphia should be repeated without the hyoscin. There has been revived of late a tendency to push the scopolamine and lessen the morphia in labor and the claim is put forward that it is the morphia which produces the fetal asphyxia. This matter was thoroughly worked out a good many years ago and should be common knowledge among the profession. While there may be a slight tendency for morphia administered to the woman to obtund the respiratory centers of the child, its effects are insignificant compared to those of scopolamine. While the quackish hocus pocus advocated by our notoriety-seeking German contemporaries may produce a given amount of influence on the minds of the mothers, I feel that the effect produced upon the child must result from the quantity of the drug used, and I know, from sufficient experience, that fetal asphyxia will result in a large percentage of cases from a much smaller amount of scopolamine than the McClure doctors claim.

Opiates, in a general way, may be said to have three uses as an analgesic in labor: To stop false pains; to prevent premature exhaustion and preserve the strength of the patient, and to recuperate an exhausted patient and enable her after a period of rest to complete her labor, or secure sufficient progress to render artificial assistance safe.

Morphia is also of advantage as an analgesic in organic heart disease or exophthalmic goiter, to obtund the reflexes and prevent undue straining, and in cases of ante-partum hemorrhage, to counteract shock and lessen the quantity of anaesthetics required in operative delivery.

Chloral hydrate has long been employed as an analgesic in labor. As a pain reliever it is inferior to morphia but if a sufficient quantity is used it relieves somewhat the pains, relaxes the cervix, and, by securing quiet between pains, tends to tranquilize the nervous system and thus promotes effective voluntary efforts. It will seldom produce marked benefit if less than forty-five grains is given. I usually give grs. XV every fifteen minutes till three doses

are taken. If the cervix is actively dilating it is useless to give it by the mouth because it is almost certain to be rejected, and it should be administered per rectum. For this method of administration one drachm of chloral should be given in three ounces of water.

In hypersensitive individuals both morphia and chloral may be used, and an effect may be secured quite similar to that produced by morphia and hyoscin without the marked tendency to fetal asphyxia. To supplement the effect of morphia thirty grains usually suffices. I have experimented with many of our modern hypnotics and believe that while most of them in full doses have some beneficial effects only one of them has seemed to be a competitor of chloral. Hypnol, if given in the same dose, has seemed to me to possess more pain-relieving properties than chloral, and to be equally devoid of evil effects; but the advantage, if any, is so slight that I have not recently employed it.

#### CHLOROFORM.

As the completion of the first stage of labor approaches the time for chloroform appears. It is indicated in most cases of normal labor as soon as the head begins to protrude through the nearly dilated os uteri.

Physicians are in the habit of refusing to give it for the following reasons: It is said to retard progress; to produce nervous excitement; to be dangerous in cases with weak hearts. Answering in the reverse order, one may freely admit that in cases of cardiac disease chloroform possesses an element of danger, but when contrasted with the strain of unassisted labor the cautious administration of chloroform is distinctly the lesser of two evils. No rational man would subject a victim of cardiac disease to severe muscular exertion without serious apprehension as to the results, yet hill climbing is no more arduous work than that performed in most cases during the second stage of labor. The muscular efforts which we usually refer to as voluntary are in many cases beyond the control of the patient, and the reflexes being excited by the stretching caused by the descent of the head, the woman will catch her breath and bear down with all the force at her command. Blood pressure during such an effort is heightened, pulmonary circulation obstructed and it would be difficult to conceive of any exercise better calculated to overstrain a crippled heart. Under such circumstances chloroform should be given cautiously but in sufficient amount to obtund sensibility and restrain unduly active reflexes, and as soon as it can safely be done artificial assistance should be given. If surgical anaesthesia is required—or anything approaching it—ether should be substituted.

If chloroform produces undue excitement it should be pushed till the patient is quiet and then gradually lessened until the proper anaesthesia is secured. It is seldom that the excitement cannot be thus obviated and the good effects of the drug be secured without the attendant excitement. So far as delay

from the use of chloroform is concerned one must admit that in a small minority of cases delay will follow its administration. If it produces such effects in a large percentage of cases the physician should feel that the fault is his and is due to lack of skill and judgment in its administration. The secret of success lies largely in starting the anaesthesia in time to permit the patient to get three or four quick full respirations before the uterine contraction approaches the point of its full force and then insisting that the patient utilize her voluntary force during the height of the pain when they will be most effective. If it is not given at the beginning of the pain the patient will insist upon wasting the opportunity to assist during the height of the pain from a frantic desire to obtain the coveted relief. All the chloroform used should be put on the mask at the first symptom of an approaching pain so that its full effect will be present at the height of the contraction. If the woman will suck it in promptly and bear down properly, in most cases the second stage of labor can be materially shortened by chloroform.

The patient should be instructed that it can only be given so long as she, by her voluntary efforts, compensates for the slightly lessened force of the uterine contraction and that it will be immediately withdrawn if she fails to comply with your order to bear down, or, by throwing her body out of alignment, obstructs progress.

Under no circumstances must one yield to her importunities for more, regardless of her contribution to the performance. When she gets the idea thoroughly implanted that chloroform is compensation for service rendered and that its complete withdrawal is the inevitable penalty for her lack of obedience and its increased administration will as promptly follow effective work upon her part the problem of a painless second stage of labor has been solved.

#### EFFECT OF CHLOROFORM.

About twenty-five percent of my patients suffer considerably in the second stage of labor in spite of chloroform; fifty percent suffer very little and the remaining twenty-five percent do not suffer at all after its administration is begun. In multipara progress may be almost invariably hastened by chloroform if the woman will obey our commands. In primipara lack of experience is apt to render the voluntary efforts less effective and some cases of delay due to the anaesthetic will occur, but all cases of apparent delay cannot in justice be so classified.

"Haste makes waste" is an old adage which can with propriety be frequently applied in obstetrics. Even though progress may seem to be somewhat retarded, the lessened suffering and the more tranquil rest between pains tends to preserve the patient's strength and postpones the time of exhaustion. It is not uncommon when no anaesthetic is used to find exhaustion supervening, with an entire subsidence of the pains, or with a long period of feeble efforts, hence the attributing of all delays to the chloroform is irrational.



When the uterus or woman seems exhausted as a result of excessive efforts it may be good practice to push the anæsthetic for a time and let her rest through several uterine efforts. Such a plan is sometimes followed by a marked improvement in this type of labor.

That this expedient is founded upon sound physiological principles would seem to be clear when we recall the manner the uterus behaves toward the end of a difficult labor. All observers must have noted the fact that progress does not result from each contraction but from every third, fourth or fifth pain, according to the exhaustion of the patient. With the head upon a resistant pelvic floor, a vigorous pain is accompanied by a descent of the head, and a dilatation of the vulvar orifice. The next pain is apt to be feeble, for the uterine muscle has not regained its full force, while the second is a little stronger, to be followed in its turn by a vigorous effort. If the patient is very tired instead of the pains coming in rhythm of three, four or five or more will occur between vigorous contractions.

This is one of our surest signs of the approach of exhaustion. Under such circumstances it seems sometimes to be good practice to give enough chloroform to afford the patient a rest and give the uterus a chance to recoup its failing powers. If the resistance is entirely from the soft parts, this expedient, by its relaxing effects upon them, may contribute to progress. I have been informed frequently by physicians that the attempt to give chloroform where the head has been rapidly descending has been immediately followed by a lessening of the force of uterine contractions and a delay for a considerable time. While I am not disposed to deny that such a result may be produced in certain individuals, I am quite certain that in most of these instances the observer is in error.

In multipara vigorous uterine contractions may be quite powerful at the beginning of the second stage of labor, to almost completely subside with the complete escape of the head from the cervix. The large lax vagina is not sufficiently distended by the head to stimulate efficient reflexes, and a considerable delay is apt to occur even if chloroform is not given.

Again the head may be descending rapidly until the pelvic floor is encountered, when progress ceases to occur for a considerable period whether chloroform is given or not. Many practitioners seem to forget that a fetal head may descend with ease through the pelvic cavity and yet be a full half inch broader than the transverse diameter of the inferior strait. Even if the disproportion is considerably less than this, the fact that the resistance of the pelvic floor is simultaneously encountered, and that in many cases the restraining influences of the cervix has not been entirely shaken off, offers an explanation of many of the delays which have been erroneously attributed to chloroform.

Chloroform, if pushed to full obstetrical anesthesia, will markedly lessen the force of the uterine contractions, and by lessening the reflexes prevent undue straining. In the case of a primiparous

patient, and in many multiparæ, the ability to control the force of the pains is of great value in saving the soft parts from severe laceration.

Where the pelvic floor is unyielding the drug should be pushed during the distention, and, as the head escapes, the anesthesia should be complete.

#### OBJECTIONS TO CHLOROFORM.

One of the most serious objections to chloroform in the past has arisen from the supposed tendency to produce post partum hemorrhage. I have heard this charge made so often by men of large experience and sound judgment that in my younger days I was greatly puzzled by its lack of accord with my own experience and observation but I finally arrived at a satisfactory explanation of the difference between us.

If chloroform is only given when the woman is worn out, because of fear of its hemorrhage-producing qualities, the percentage of cases where the loss of blood is excessive will be large. But in the practice of one who habitually administers it in the second stage of labor post partum hemorrhage will be of rare occurrence. Those who administer chloroform only to exhausted patients will have post-partum hemorrhage because of the uterine exhaustion; those who use it in all cases, will, by preventing exhaustion, prevent post-partum hemorrhage.

After the uterus is emptied, however, chloroform is a dangerous anesthetic unless a considerable delay has occurred, permitting of thorough uterine retraction, with thorough coagulation of the blood in the open mouths of the uterine vessels.

If lacerations are so extensive that their proper repair necessitates anæsthesia, I would always wait till the uterus has been ergotised before attempting their repair. While insisting upon the routine use of chloroform in most cases of labor, I do not feel justified in leaving the subject without protesting against the acceptance of the fallacious doctrine that it is a much safer anæsthetic during parturition than in other conditions. Its apparent safety in this condition depends chiefly upon the fact that obstetrical anæsthesia, if judiciously produced, is much less profound than surgical anæsthesia. If pushed to surgical anæsthesia it is no more safe in obstetrics than in surgery—if due allowance is made for the general condition of the patient.

When the patient has been exhausted by long labor, or by hemorrhage, or when there is serious cardiac disease, an operative delivery is much safer under ether anæsthesia. Ether is a poor substitute, however, for use in ordinary obstetrical anæsthesia. Its effects cannot be so quickly secured, and when given only to the point of partial anæsthesia it is so disagreeable that most women would prefer to do without it.

#### NITROUS OXIDE-OXYGEN.

I have never been tempted to try nitrous oxide, for two reasons. When the technic of administration of chloroform has been mastered, it is so ideal in its effects that little temptation exists for further experimentation, and the tendency of nitrous oxide to

produce cyanosis has always caused me to be apprehensive of evil influences upon the child. Some of the evil influences could probably be obviated by the administration of oxygen, but I have been content to leave investigation in this direction to those who are not satisfied with the older agent.

I hope that no one has come here expecting to hear a discussion of "twilight sleep" as practiced at Freiberg and advertised to lay readers in the public press. When this advertisement first appeared in McClure's I attacked the facts and the method followed in a letter to the editor of the *Lancet-Clinic*, in which I spoke plainly of quackery. The reply of the head of the clinic of Freiberg was so inane and childish as to constitute a practical admission of guilt. In one particular, however, I appear to have been in serious error. The profession was not so familiar with the advantages and disadvantages of the morphia and scopolamin anæsthesia, as I had supposed, or were more willing to secure a transient notoriety than I had believed possible. For young men not yet well grounded in the ethics of the profession, and too immature to have searched the literature of ten years ago, one must have charity; but for the older men, who should be able to remember ten years back, the rushing into print over this new

method can indicate but one of two things—ignorance of matters which is inexcusable, or a willingness to lower professional dignity to secure a fleeting and transient prominence. With such things this section cannot afford to deal, but with the general principles of the problem of mitigating the pangs of motherhood any amount of study will be profitable.

I believe, with Simpson, that pain should be relieved in the interests of humanity.

That by lessening pain we prevent exhaustion, and by preserving the strength of the patient increase her resistance to infection.

That a tedious convalescence could frequently have been avoided by sparing the mother's nervous system the trauma of a painful labor.

That many a nervous system has been permanently wrecked by labor which could have been prevented by intelligent use of pain-relieving drugs.

The field is yet open for further investigation. Other drugs and combinations of drugs should be studied until the problem of painless labor has been solved, but we must ever keep in mind that the success of a labor must be measured largely by the results for the child, and in attempting to relieve the mother we must not sacrifice or compromise the safety of her offspring.

## Pregnancy Complicating Tuberculosis\*

J. J. THOMAS, M. D., OF CLEVELAND, OHIO

IN offering this subject for your consideration, I shall not pretend to present an exhaustive treatise, but rather to give a brief review of the literature upon a subject which is arousing a considerable interest of late, in the hope that whatever discussion may be aroused will have an interest which my paper lacks. If one is confronted with the duty of managing a case of pregnancy complicating tuberculosis, his natural impulse is to consult the one or more books on obstetrics which his library contains or to which he has access, either to learn or to refresh his memory upon, the opinions or practice of recognized authorities.

Turning to the discussion of this subject in Williams' well known text book, we find the following statements:

"Owing to the well known fact that pulmonary tuberculosis usually progresses much more rapidly after child bearing, it is advisable that tuberculous women take every precaution to avoid the possibility of conception. If this occurs, however, it is the duty of the physician to induce abortion, in the hope that, by ending the pregnancy and placing the patient in proper surroundings afterwards, the disease may be arrested. I feel very strongly that interference is not only justified but is almost imperative, in a first pregnancy or in patients in whom the existence of the disease is only discovered after the oc-

currence of conception. On the other hand, I feel equally strongly that a second abortion should not be done after the patient has been warned to avoid the possibility of becoming pregnant until after the disease has been cured, or at least arrested."

If one is satisfied with one authority and seeks no further, he will have no difficulty in deciding the proper course to pursue. If however, he is of an enquiring turn of mind, he will find the following in De Lee's text book:

### ANOTHER VIEW.

"Should the pregnancy be interrupted because the mother has pulmonary tuberculosis? Opinions differ, three positions being held; one, that pregnancy be always interrupted as a curative measure; second, that it be never interrupted; and third, that the cases be individually treated and the gestation be brought to an end only when certain symptoms indicate it. I am inclined to a more active treatment. If the process seems to be florid, with fever, wasting, hemoptysis and advancing consolidation, abortion should be done without delay."

He quotes Tremblay to the effect that he induces abortion in all cases in the early months and that the mortality and percent of relapses are practically nil when abortion is induced before the end of the third month. If the process seems to be very chronic, De Lee says that it is justifiable to wait and watch closely. He adds: "If the pregnancy is near the period of viability, one may tide the woman over for a few weeks for the sake of the child or even

\*Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, at the seventieth annual session in Cincinnati on May 4, 1915.



allow her to go to term, depending on her condition. Urgent symptoms may require the emptying of the uterus."

In cases which go into labor, great care is exercised by De Lee and the patient's strength is conserved as much as possible by early resort to forceps.

First, in discussing *phthisis pulmonalis* in pregnancy, dwells upon its baneful influence and says that it is the duty of the physician to strongly advise against marriage and maternity in the case of a woman already infected with or predisposed to tuberculosis. He makes no reference to induction of abortion, but advises that the induction of labor be considered in some cases to secure the birth of a living child before the mother's death, in others to spare her the drain of the last four weeks of pregnancy and to insure her an easy labor. One receives little help from such meager advice.

#### INDICATIONS FOR ABORTION.

Edgar introduces the subject by quoting from Lancereaux "that a considerable number of cases of tuberculosis develop solely as a result of pregnancy." Edgar then says: "If pregnancy can thus affect the healthy, how much more likely would it be for the disease to assert itself in a woman who is a fit subject for it or in one who is actually consumptive."

"The circumstances and environment of the woman and the general prognosis of pregnancy, aside from the question of tuberculosis, should have great significance in the matter of forbidding or interrupting pregnancy. If the disease develops early in pregnancy, the woman must go on for a number of months before she can become a fit subject for treatment and this delay would of course militate greatly against her recovery. Sanatoria for consumptives do not care to admit pregnant women and this prohibition is equivalent to ranking them as incurable. It cannot be denied that induction of abortion in mere tuberculosis suspects might readily become a source of abuse, by furnishing a pretext for malpractice.

"Despite the fact that a pregnancy is often sufficient to bring about tuberculosis, it cannot be said that an incipient case of the latter is much accelerated by one parturition. A tuberculous woman may go through gestation with no undue acceleration of her malady, only to succumb, after delivery, to acute general tuberculosis or acute tuberculosis pneumonia. Obstetric treatment (by which he evidently means therapeutic abortion) has now come to be regarded as the proper course, but meets with considerable opposition and even condemnation from conservative sources. Bossi, who has done it for 10 years, has only 20 cases to his credit, hence the necessity does not often arise."

Taussig, of St. Louis, in his work on *Prevention and Treatment of Abortion*, in discussing tuberculosis and pregnancy, says that certain forms, such as laryngeal tuberculosis, demand immediate interruption of pregnancy. On the other hand, we may have a process in the lungs that has not advanced

very far and yet has been to some extent aggravated by the pregnancy. The weight of the patient, together with the general well being and the physical signs on examining the chest, must guide the physician in setting his indications. No such case dare be decided at once unless the danger to the mother is imminent. From three to four weeks should be consumed, as a rule, in the study of the case. A vigorous attempt must always be made to alleviate the pulmonary condition by suitable hygiene and therapeutics before resorting to such extremes as the induction of abortion.

#### FACTOR OF GRAVE PROGNOSTIC IMPORT.

S. Bonney, of Denver, discussing pregnancy as a complication of tuberculosis says that in view of the clinical observations as to the frequent increased activity of the tuberculous process after childbirth, with a progressive subsequent decline, pregnancy has come to be generally regarded as a factor of grave prognostic import among such patients.

"Instances of actual improvement in the condition of the tuberculosis lungs as a result of concurring pregnancy rarely have been recorded. It is but natural, therefore, that pulmonary invalids should have been instructed as to the inadvisability of marriage, the imperative avoidance of conception, and even the expediency of a speedy termination of pregnancy. It is true that a complete justification for such advice often obtains in special instances, when efforts towards the preservation of the tuberculous mother properly become the paramount consideration. *It is not* invariably the case, however, that such precipitate action is warranted. The existence of pregnancy, per se, irrespective of important features inherent to the individual case, is *not* to be regarded as necessarily inimical to the welfare of the consumptive nor is it *prima facie* justification for the performance of abortion. Each case is worthy of a thoughtful, well considered action based upon the merits of its several features.

"Unfortunately, the great majority of cases are adjudged in accordance with hastily formed opinions, or even preconceived notions as to routine principles of procedure. It is thoroughly well substantiated that the effects of pregnancy upon the general health and the course of the pulmonary involvement *may* be decidedly favorable in a few instances."

He cites two cases by way of illustration. In conclusion he states that no general rule may be formulated relative to the effect of pregnancy upon pulmonary tuberculosis which can properly be applied to all cases. He does not wish to be thought to advise the invariable continuation of pregnancy, but as emphasizing the fact that the effect of pregnancy on tuberculosis is not always detrimental and that unfortunate results often attend precipitate interference. He thinks these results due to loss of blood and exhaustion incident to labor, but a better explanation may be given in the light of recent investigations on the bacillary content of the placenta.

Dr. S. A. Knopf, in discussing Lobenstein's paper

before the New York Academy of Medicine, Nov. 29, 1912, said, that heretofore he had assumed the attitude of non interference in early and very moderately advanced tuberculosis cases of pregnancy, but he was willing to confess that he was more and more inclined to the emptying of the uterus in all cases where a positive healed tuberculous condition existed. Schottelius and Schauta had come to the conclusion that, in view of the uncertainty of the prognosis in a tuberculous pregnancy the emptying of the uterus is indicated in every case. Non interference means a mortality of 75% of the mothers and the birth of a tuberculous or predisposed child.

#### GERMAN AUTHORITIES.

Let us turn now to our German Colleagues: Bumm after discussing the almost invariably bad effects of pregnancy on the tuberculous woman, approves the dictum of Auvard with reference to tuberculosis in the female. "The young girl should not marry—the married woman should not conceive—the mother should not nurse her child." Bumm says that pregnant women with tuberculosis should be under constant medical supervision. If the general body tone becomes lowered or progress of the disease becomes evident, then induction of abortion is not only justifiable but without doubt demanded and in cases where the women already have children or are in the habit of easily conceiving, sterilization or even castration must be decided upon. On the other hand, the interruption of pregnancy in the later months and in severely ill tuberculous women is of little value. One sacrifices the child, without giving the mother much help, and one may have the experience of seeing the mother die of a premature labor which was undertaken to prolong her life.

J. Hoffbauer, in a paper which appeared in the *Deutsche Medizinische Wochenschrift* in 1910, came to the following conclusions: "The procreative processes exercise on the course of tuberculosis of the lungs, larynx and skin as well as the bones and joints a lasting influence, in that the progress of an existing disease is hastened and latent foci become reactivated. The development of a true tuberculosis of pregnancy must be admitted, although frequently under this designation is included a manifestation of a previously existing disease. Whether or not the disease is made worse and to what extent depends upon the accompanying social factors. Pregnancy of itself produces conditions of a general kind, which would otherwise be shown clinically by the tuberculous.

"As factors, whose effects are first shown in the puerperium are the forcible strain of the abdominal contractions and the increase of the hydrostatic pressure. During pregnancy, the lowering of the lypholitic power of the blood, the alteration of organs and certain physical factors in the larynx and in the lungs must be taken into consideration.

"The induction of abortion must be limited to certain well defined indications. As symptoms justifying the determination may be mentioned, evident

progress of the process during pregnancy, shown by the physical findings, viz: relation of fever, pulse and weight, or the onset of the affection during pregnancy; further, apparent unfavorable influence of the affection by previous pregnancies without evident improvement in the intervals. Finally every specific complication in the larynx.

A. Martin, (in *Zentralblatt für Gynecology*, 1911) says that, while recognizing that pregnancy is a very serious complication of tuberculosis he does not subscribe to sterilization especially in young married women. He endeavors strenuously to avoid pregnancy by strict continence or douches after coitus. If these efforts do not avail, he sterilizes with excision of the tubes with retention of the ovaries. In acute pulmonary tuberculosis with fever the total extirpation by Bumm's method is inevitable.

Bardeleben, in the same journal, in 1911, read a paper on vaginal corpus uteri excision in pregnancy with tuberculosis. He reports 112 cases, in 52 of which he induced abortion, in 18 he extirpated the uterus and in 42 he excised the corpus uteri. He says that in the later months or in second stage tuberculosis, induced abortion has a mortality of 36%, while the mortality is but 6% when the uterus is extirpated.

#### REASON FOR AGGRAVATION.

Bar, before the Obstetrical Society of France, read a paper on this subject in which he reports investigations made in his clinic with the aim of determining the reason for the aggravation of tuberculosis during pregnancy. As a result he states that it may be attributed to the absence or at least the diminution of antibodies in the pregnant woman or during the puerperium. His researches on the tuberculin reaction indicate that at the end of pregnancy in a well woman there is a diminution in the frequency of the reaction of tuberculin. The minimum is observed post partum from the 3rd to the 4th day.

"This diminution in the frequency of reactions to tuberculin seems to indicate that there are fewer antibodies at the end of pregnancy and during the days immediately following labor. It is possible that the aggravation of tuberculosis in pregnant or delivered women may be due to a diminution of the activity of the tuberculous antibodies, not well defined but still real. It seems that in any woman in the beginning of pregnancy a violent tuberculin reaction with the pulmonary lesions appearing to extend, gives a relatively good prognosis. On the contrary a negative reaction, coincident with even slight lesions, gives the most serious prognosis. If this fact is confirmed, there would be strong indication for interference."

In summing up, Bar says: "Is placental tuberculosis a common phenomenon and is it so marked that the placenta could be compared to a tuberculous abscess which is crushed in the manipulations of abortion? If so, surgical interference appears to be indicated. Or is the aggravation which is so common, due to an inhibition of the antibodies? Then abortion would appear to be sufficient. It would also appear to be the method of choice until



the day when we shall know how to awaken the activity of the antibodies in the puerperal condition."

In the management of this class of cases, judging from the various opinions presented, it would seem wise for the general practitioner if he manages obstetric cases, or the obstetrician, to call to his assistance a specialist or one especially skilled in tuberculosis, taking advantage of the tuberculin reactions and eventually the X-Rays. If it is decided that the case needs obstetric management this may be decided according to the best authorities into the four following groups, as suggested by Lobenstine:

(A) Simple artificial abortion.

(B) Artificial abortion followed either immediately or at a later date by resection of the Fallopian tubes.

(C) Abdominal or vaginal hysterectomy after removal of the fetus.

(D) Artificial abortion followed by "excision of the placental area" per vaginam.

My own experience has been very limited. I performed simple abortion at three months in a florid case, using a laminaria tent for dilation, with the happiest results. One case, a primipara, developed a tuberculous pneumonia at the fifth month without previous symptoms of tuberculosis except slight cough, and died a few weeks after spontaneous abortion. Two other cases died within a few months after child birth from tuberculosis, having given no evidence of the disease during pregnancy.

It should be remembered that tuberculous subjects are very poor surgical risks and that ether as an anaesthetic should not be used. Nitrous oxide and oxygen should be selected. Every effort should be exerted to conserve the powers of the patient.

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## The Direct Treatment of Cerebrospinal Syphilis According to the Methods of Swift and Ellis\*

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IN 1912, Swift and Ellis<sup>1</sup> made a preliminary communication outlining a direct method for the treatment of syphilitic diseases of the central nervous system. Granting that it is not decided as yet whether tabes is a primary degeneration of the columns or a degeneration secondary to a localized infection, they indicated that in most cases there is distinct evidence of an irritative process, of a localized meningitis. Because of the peculiar anatomical conditions in syphilitic meningoarteritis, treatment by customary means is notably inefficient, due they held to the fact that a small amount, if any, of a drug present in the blood stream is excreted into the subarachnoid fluid. The work of Flexner in epidemic cerebrospinal meningitis had shown conclusively the effect of the specific serum given intraspinaly and its inefficiency when given into the general circulation. Conditions in syphilis of the nervous system were taken as comparable and indicated to them the necessity for direct local treatment.

A number of writers had previously noted the curative powers of the blood serum of syphilitics, treated with salvarsan. It occurred to Swift and Ellis that a serum of this sort would prove an ideal substance for introduction directly into the subarachnoid space. It is important to note that they did not presume to state the essential factor in the efficiency of the serum, whether the beneficial effects were due to small quantities of salvarsan or to the antibodies present, but indicated that the serum had the greatest inhibitory action on the growth of spirochete cultures when it had been taken shortly after the injection of salvarsan. At this time they described their technique and the results of the treatment on a limited number of cases.

The injection of simple solutions of salvarsan or neosalvarsan in normal salt solution into the spinal fluid naturally suggested itself, but even high dilutions of salvarsan given into the subarachnoid space of monkeys<sup>2</sup> proved altogether too irritating. Neosalvarsan was much less irritating when used with monkeys, but severe results have been reported by many writers after its use with patients, the principal effect being severe bladder disturbance, and they cautioned against the use of either drug in this manner.

Later<sup>3</sup> the same authors reported their results after longer experience. To answer the criticism of those who might object that the beneficial results of their mode of treatment were due simply or in large part to the preliminary intravenous treatment and not to the direct treatment, they cited three cases, showing marked change after the intraspinal use of serum unaccompanied by the intravenous use of the drug. The serum was obtained from other syphilitics who had received salvarsan intravenously. Normal serum did not have this result.

The conclusion which they drew from their work is significant. The method of intraspinal injection was not presented "as a substitute for any of the accepted forms of treatment but as an aid in attacking severe infections." Its combination with intensive intravenous therapy is indicated, they said, where intensive treatment is urgently required, as in rapidly advancing tabes or paresis, or where the infection had been resistant to other forms of therapy.

We have outlined the points made by the authors at some length, simply for the reasons that in the discussion about this and other forms of intraspinal treatments, there does not always seem to be a clear-cut idea of exactly what the Swift-Ellis treatment is and the very important points wherein it differs from other methods of intraspinal treatment. It is our

\*Read before the Section on Medicine of the Ohio State Medical Association, seventieth annual meeting at Cincinnati, May 5, 1915.

intention to consider only the Swift-Ellis method, and not the merits of the various other forms of intraspinal treatment.

Since the original communications of Swift and Ellis appeared, a number of reports have been published by others who have employed their technique. A brief survey of the results obtained is of interest.

#### RESULTS BRIEFLY CONSIDERED.

McCaskey<sup>4</sup> reported seven cases in which he gave a total of twenty injections. His observations extended over a period of three months. He said that he had seen in some cases remarkable improvement. He gives no record of changes in laboratory findings after treatment.

In a later article<sup>5</sup> he describes modifications in the technique, but fails to describe his results with any particular detail.

William Hough<sup>6</sup> treated six cases with paresis. Two received only one treatment each. Hence, he reports only the four cases. Of this number there was a pronounced improvement in all four reactions in each case. There was apparent symptomatic improvement in three cases.

Cutting and Mack<sup>7</sup> report six cases of paresis and one of cerebral syphilis. They state that the neurological findings show no marked alteration. Review of the mental symptoms was not encouraging, though one case showed improvement. The spinal fluid Wassermann reaction became negative in none of the cases. The globulin test remained positive in all cases. The most striking result was a reduction of the cell count.

Myerson<sup>8</sup> reports eight cases of undoubted paresis. He said that these patients showed definite changes, mostly limited to improvement in the spinal fluid findings. There was no clinical improvement recorded which could not otherwise be accounted for.

In a later article<sup>9</sup> he states his position even more definitely. He feels treatment can influence course of paresis, but cannot cure it. Treatment as regards paresis is based on a fallacy; the fallacy being the statement that the brain is not accessible to medicament introduced into the blood stream. Effects of opium, strychnin, chloral, and so forth, disprove this. Ordinarily, substances introduced into the spinal fluid do not penetrate into the nervous system better than substances introduced into the blood stream, because the normal flow of spinal fluid is away from the nervous system rather than into it. For local diseases, however, he deems that intradural treatment is logical, for instance in cerebral spinal syphilis, meningitis and tabes, where the initial meningitis is of great moment.

Pilsbury<sup>10</sup> reports eleven cases of paresis, mostly advanced cases. Six of these cases showed improvement in some respect, though not necessarily clinically. Review of case histories shows only one case with decided clinical betterment.

Mapother and Beaton<sup>11</sup> report results with four cases of early paresis. Five combined treatments were given to each of these cases. Changes in men-

tal conditions have not been strikingly favorable, no more than might occur in remission of the disease. Absolutely no change occurred in the blood or spinal fluid Wassermann reactions, performed quantitatively. Excess of cells and globulin persisted.

Riggs and Hammes<sup>12</sup> state that they gave 100 injections to 24 cases. They claim that in every patient who received over four combined injections the Wassermann reaction in the blood became negative except in one instance, a juvenile parietic. In 75% of tabetics, laboratory tests in blood and spinal fluid were normal in every way. There was also decided clinical betterment. The results in paresis were not so satisfactory. Many injections were required and the clinical improvement was variable.

Litterer<sup>13</sup> reports four cases of paresis, two of which he considered showed improvement. Eleven cases of tabes and cerebro-spinal syphilis were treated. The significant point is that four of these cases had had considerable amount of salvarsan or neosalvarsan previously. One case had as many as eleven treatments. This therapy had given temporary relief only. All of his cases showed marked improvement with the direct form of treatment.

McClure<sup>14</sup> reports treating nine cases, four cases of cerebro-spinal lues, two of tabes, one of taboparesis, and two of paresis. None of his cases were under observation for a longer period than five months. The cases of tabes and cerebro-spinal lues showed clinical and laboratory improvement. One case of paresis showed no improvement. The other case showed marked betterment.

Krida<sup>15</sup> has given 72 injections to 18 cases. His report is painstaking and detailed. In his conclusion he states with eight cases of tabes, who have been under sufficient observation, four showed improvement and four failed to show improvement. Four cases of paresis showed no change in the mental symptoms, though the focal symptoms yielded when present. One case of paresis died after an intraspinal injection.

#### AYER: 16 CASES.

A report of unusual interest is that of Ayer.<sup>16</sup> It is especially valuable on account of the length of time during which his patients had been under observation, the least time being 13 months. His observations are based on 16 cases. He concludes that the greatest effect is in the group of cerebro-spinal syphilis, where cure may be looked for in some cases with persistent treatment; in tabes, where arrest of the disease is often possible. It is least effective in paresis.

Draper<sup>17</sup> gives the detailed histories of 25 cases. His work is a continuance of Swift and Ellis' original series. The report is unusually significant on account of the care with which it is compiled and because of the detail with which the cases are reported. The cases of this series range from those of tabes marked with pain up to cases with marked psychic disturbances. He states that clinically there was very marked improvement in all groups. In the



**TABLE I.** STATISTICAL SUMMARY—(See opp. Page for Continuation.)

No.	Name	Diagnosis	Symptoms	Date of First Observation	CONDITION WHEN TREATMENT WAS STARTED			
					Blood Wass'n Reaction	Spinal Fluid		
						Cells per c. m.m.	Globulin	Wass'n Reaction
1	W. I. S.	Cerebro-spinal syphilis	Lancinating pains. Bladder signs. Ptosis and diplopia. Hemiplegia.	2-7-13	+++	153	++	.1 cc. ++ .2 cc. +++
2	W. M. B.	Moderately advanced tabes	Lancinating pains. Numbness. Uncertain gait.	5-2-13	+++	75	+	.1 cc. +++
3	C. H. Z.	Moderately advanced tabes	Severe gastric crises. Lancinating pains. Loss in weight. Weakness.	6-4-14		62	++	.2 cc. +++
4	W. A. D.	Early tabes	Incontinence of urine. Uncertainty of gait. Impairment in strength.	10-14-14	+++	95	+	.1 cc. +++
5	D. W. H.	Moderately advanced tabes	Pain and stiffness in back and legs. Uncertainty in gait. Weakness. Stomach upsets.	12-28-14	** —	150	++	.1 cc. +++
6	H. R.	Moderately advanced tabes	Lancinating pains making sleep impossible. Mental processes slow.	3-28-14	+++	10	++	.5 cc. +++
7	L. B. D.	Advanced tabes	Incoordination. Loss of weight. Lancinating pains.	8-26-14	+++	23	++	.3 cc. +++
8	A. J. K.	Moderately advanced tabes	Mental processes slow. Strength impaired.	1-28-14	+	12.5	+++	.2 cc. +++

## Foot Notes:

\* Mercury was poorly tolerated in the case; sensory symptoms aggravated.

† Received no mercury since Swift-Ellis treatment started. Vigorous intramuscular mercurial therapy previously.

‡ Much mercury previous to commencement of Swift-Ellis treatment.

\*\* Original observations made by Dr. Brundage of Columbus. First three treatments given by him.

In performing the Wassermann reaction with the spinal fluid, we used 0.1 c.c., 0.2 c.c., 0.3 c.c., 0.4 c.c., 0.5 c.c., and 1.0 c.c. When the reaction is known to lie between the two latter amounts, we have used 0.5 c.c., 0.6 c.c., 0.7 c.c., 0.8 c.c., 0.9 c.c., and 1.0 c.c. Since we follow the modification of the original technique of employing one-half quantities of all reagents, all the quantities given here should be multiplied by 2, 0.1 c.c. in our tables corresponding to 0.2 c.c. of the unmodified technique. Unless otherwise stated, the antigens employed have been alcoholic extract of beef heart fortified by the addition of 0.4% Cholestrin. In brief the technique has followed that described by Walker and Swift, with the exception of the fact that we employ a full c.c. of spinal fluid instead of 0.5 c.c. as the maximum dose. The results are charted as follows:

+++ strongly positive, complete inhibition of hemolysis.  
++ positive, 25% or less of hemolysis.  
+ faint positive, more than 25% of hemolysis.  
± negative, few shadows of undissolved cells.  
— negative, absolutely complete hemolysis.

spinal group pain was relieved. Ataxia was helped in most instances. Bulbar types and those with pronounced psychic disturbance showed marked symptomatic and spinal fluid changes. He states also that apparently any number of intraspinal injections may be given when the serum has been salvarsanized by intravenous injections.

After reviewing the work of others, we gain the impression that the definite changes can be brought about in cases of paresis, but that the permanence of improvement is still open to question. There is no doubt that many cases of tabes and cerebrospinal syphilis have been markedly relieved symptomatically and that the laboratory findings in certain cases have returned to normal. Practically no change has been recorded in deep reflexes or the pupillary responses in tabetics.

## BASIS OF CRITICISM.

Certain criticisms have been made of the method. One has been its danger. A careful search of the literature shows the following:

Lorenz<sup>18</sup> treated five cases of paresis. Two died. He then gave up this particular technique, stating that it "has in our hands been very irritating and caused alarming symptoms." Pilsbury<sup>19</sup> reports the death of a paretic shortly after an intradural treatment. Krida<sup>15</sup> also reported the death of a paretic. Still, neither Ayer<sup>16</sup> nor Draper<sup>17</sup> have had a fatality in their extensive series. It is noteworthy that the reported deaths have been among paretics, and no fatalities have occurred after the treatment of tabetics. The number of fatalities in the total number of treatments is extremely small, considering the desperate outlook in this condition.

Another criticism is on the ground that arsenic does have access to the spinal fluid when present in the blood stream, and therefore, its direct introduction into the subarachnoid space is needless. This is the position taken by Sachs, Strauss, and Kaliski,<sup>19</sup> based on the investigations of Professor Benedict. This point is at least open to argument, since Camp<sup>20</sup> states that he was unable to discover arsenic in the

STATISTICAL SUMMARY—(Continued from opp. Page.)

TREATMENT			Date of Last Observation	PRESENT CONDITION				Clinical Improvement
Intra-venous injections	Intra-spinous injections	Mercury with intra-spinous		Blood Wass'n Reaction	Cells per c. m.m.	Globulin	Wass'n Reaction	
12	7	Yes	3-27-14		3	±	.8 cc., +++	General health normal. Ptosis, paralysis and pains now absent. Economic efficiency restored.
20	15	*Slight	2-17-15	—	1	—	.5 cc., +++	General condition normal. Economic efficiency restored. No numbness. No impairment in locomotion.
9	9	No	3-20-15		0	—	.5 cc., — 1.0 cc., ±	Crises gone. General condition excellent. Economic efficiency restored.
6	2	†No	4-8-15	—	1	—	.5 cc., — 1.0 cc., +++	Bladder symptoms much less. Coordination and locomotion normal. Feels well. Efficiency nearly normal.
4	4	No	4-10-15	—	2	+	.5 cc., — 1.0 cc., +++	Gain in weight. Sensory symptoms gone. Efficiency restored.
6	6	Yes Vigorous	9-5-14 1-9-15	+++	0	+	.5 cc., — 1.0 cc., +++ 1.0 cc., —	Pains much less frequent, though occasionally noted. Head clear. Sleeps well. Weight normal.
4	4	Yes	1-7-15		1.3	++	.3 cc., +++	Only improvement is the abatement of pains.
4	4	†No	3-20-15		0	++	.3 cc., +++	No especial change except gain in strength.

The globulin test is performed according to Noguchi's test. The results are charted as follows:

++, heavy precipitate.  
+, definite but not heavy precipitate.  
±, opalescence only.  
—, reaction entirely negative.

The cell counts were made with a pipette using undiluted fluid, stained with a solution of Methyl Violet, and the count made in a Leitz or Zeiss counting chamber.

subarachnoid fluid after salvarsan had been administered intravenously.

It is not our purpose to discuss the various criticisms at this time. The main question—simply stated—is: Has clinical experience shown this particular method of treatment to be productive of symptomatic and functional improvement as well as the undenied and undoubtable improvement in laboratory findings? In order to aid the profession in answering the question, we desire to report this series of cases, for it is only after the accumulation of large amount of such data that trustworthy conclusions can be made.

The number of our cases is limited, but the value of the report may be enhanced somewhat by the length of time through which we have been able to continue our observations. Our first case came under treatment in January, 1913, and the second one shortly later (March, 1913). These two cases were under our care so short a time that they are scarcely worthy of consideration.

They are both hospital cases and soon vanished completely, as do many of those discharged from hospital wards, and all trace of them was lost. This experience determined us to follow only cases other than hospital transients, and our work has, therefore,

been confined to a selected number of private patients whom we trusted to remain under our observation.

In addition to the two preliminary cases, we have cared for eight patients suffering from definite tabes dorsalis or syphilitic meningo-endarteritis. We do not include observations made upon a case of combined paresis and tabes.

#### TECHNIQUE.

We have followed rigidly the Swift-Ellis technique. From one-half hour to one hour after an intravenous injection of salvarsan or neosalvarsan from 40 to 50 c.c. of blood are withdrawn with aseptic precautions from the patient by venipuncture, using a McRae needle fitted to a 50 c.c. centrifuge tube. The tube is then corked with a sterile cork, and after the blood has clotted, the clot is separated from the sides of the tube with a sterile platinum wire. It is then centrifugalized in a rapid centrifuge. When the serum has separated from the clot, it is withdrawn with a sterile capillary pipette and ejected into a sterile graduated, glass-stoppered mixing cylinder. Sufficient sterile normal sodium chloride solution is added to make the dilution as desired, the cylinder is stoppered, and is placed in a water bath at 56° C. for one-half hour. On the following day lumbar punc-



ture is performed. 15 c.c. of spinal fluid are allowed to run out, when the barrel of a 25 c.c. Luer syringe is attached to the free end of the lumbar puncture needle by the intervention of a section of rubber tubing 12 inches long, fitted with slip-joint connections. When the spinal fluid appears in the syringe (which is held upright so that it may be used as a graduated funnel) the serum mixture is poured in it. This is allowed to flow by gravity. It is important that the serum should be absolutely free from red blood cells or fibrin.

The cases fall into three classes. They may be divided into (1) those showing decided clinical improvement, (2) those showing moderate or slight clinical improvement, and (3) those who have been under observation so short a time that it would be unfair to draw any conclusions.

#### CLASS I.

##### Those showing decided clinical improvement:

Case 1.—W. I. S., cerebro-spinal syphilis, a man 29 years old, married. The first sign of this patient's trouble manifested itself a year previously when he was unable to void urine and had to be catheterized. Five months later, had shooting pains in one leg which were considered sciatica. Occasional pains in leg and abdomen. Ptosis of left eyelid and diplopia appeared three weeks before we saw him. The pupils were irregular in outline and responded slowly to light and accommodation. Knee jerks and ankle jerks were absent. Sensation of touch, pain, heat and cold was everywhere diminished except on face and neck. The blood-serum Wassermann reaction was strongly positive and the spinal fluid showed a heavy trace of globulin, 153 cells per cubic millimeter and the Wassermann reaction was positive with 0.2 cc. The condition was evidently an acute one, and between the time of the preliminary examination and the first treatment (19 days) he became much worse and it became difficult for him to get about on account of rapidly increasing loss of power in right limb.

The clinical improvement in this case was very slow. The patient's general condition was poor and he had a complicating luetic orchitis. There was a gradual change for the better and eight months after treatment commenced (i. e., when he had had VIII intravenous treatments and IV intraspinal treatments) he reported that he suffered no pain in the legs but had twinges in the chest. From that time on, his improvement was steady, though interrupted by occasional crises.

His last treatment was in March, 1914.

##### Summary of Treatment:

This patient has been under observation over two years. In that time he has received 12 intravenous injections of salvarsan or neosalvarsan (the total being equivalent to 5.4 g. of salvarsan), and seven injections of serum intraspinally. In addition to this, much mercury has been given in the form of intramuscular injections and inunctions.

Results and present conditions (May 1, 1915):

The patient reports that he has had only one attack of pain in the last year.

Case 2.—W. M. B., moderately advanced tabes dorsalis. Man aged 45 years. Syphilitic infection 20 years previously. First tabetic symptoms were uncertainty in walking and pains in legs. These appeared two years ago. He had had three intravenous injections before consulting us. Pupils unequal but react to light and accommodation. Knee and ankle reflexes absent. Distinct hypalgesia over outside of left thigh. The Wassermann reaction in the blood was strongly positive. The spinal fluid showed 75 cells per c. c. m. m., and as small an amount as 0.1 cc. gave a positive Wassermann reaction.

After seven injections of neosalvarsan and five intraspinal injections of serum, the laboratory findings showed decided improvement, the cell count dropping from 75 to 5, and the globulin disappearing. The hypalgesia was less and the patient felt better. He was put on mercury rubs. After a short time, the sensations were dulled and gait was much more uncertain. It was difficult for him to get about except with a cane or other assistance. We stopped mercury and gave four intravenous injections of salvarsan and one intraspinal. The numbness disappeared, sensation improved, and he became surer on his feet.

After having 18 intravenous injections and 14 intraspinal serum treatments, he went West and resumed charge of his ranch, where he performed all

ordinary duties perfectly well, riding, driving, and herding sheep. Gained considerable weight.

After an absence of ten months, the blood Wassermann reaction was found to be negative and the spinal fluid showed a normal number of cells, no globulin and a positive Wassermann only when as large an amount as 0.5 cc. of fluid were employed. Since then he has received two intravenous and two intraspinal treatments.

This patient has been under observation two years and has received, all told, twenty intravenous injections of neosalvarsan or salvarsan (the equivalent of 10.7 g. salvarsan) and fifteen intraspinal injections of auto-salvarsanized serum. He had practically no reaction after either intravenous or intraspinal treatments.

Serologically, there is marked improvement. The neurological physical examination shows absolutely no change except a restoration of sensory perception. From a functional and a symptomatic standpoint, this patient is vastly improved. He is able to pursue his usual occupation without handicap.

Case 3.—C. H. Z., tabes dorsalis (moderately advanced). Man, 40 years old. Had been troubled for some years with gastric crises and with incontinence of urine. No history of primary luetic infection could be obtained. The pupils were pin point and did not react to light. Knee and ankle jerks were lacking, muscle sense was impaired and Romberg's sign was present. After the first combined treatment there was a marked subsidence of pain and after the third treatment he began to show decided improvement in general condition. The spinal fluid taken after two combined treatments showed a disappearance of the lymphocytosis and with 0.5 cc. the Wassermann reaction was negative.

The patient has been under observation eleven months. In this time he has received neosalvarsan or salvarsan intravenously nine times (the total being equivalent to 4.6 g. of salvarsan) and nine serum injections. The reaction to the intraspinal treatments were at first quite severe but latterly they have been less marked.

Clinically, his present condition is one of great betterment. The pains have disappeared except for recrudescence in mild form when fatigued. His weight has increased, he feels well and his economic efficiency has been restored. Physical examination shows no change in pupils or reflexes but the Romberg sign is less marked and the muscle sense is improved. The laboratory findings are the most gratifying in the entire series, for the cell count is normal, globulin is absent, and even when 1.0 cc. of spinal fluid was employed the result of the Wassermann reaction was negative (—).

Case 4.—Mrs. W. A. D., early tabes. Woman 34 years of age, complained of occasional incontinence of urine and stumbling. The symptoms had been in evidence for one and a half years. Infection had taken place 12 or 13 years ago. At that time she had received "pills" for a year only. Examination showed inequality of pupils with failure to react to light, absence of knee and ankle jerks and Romberg's sign. For a year before consulting us some soluble mercurial preparation had been administered intensively. Under this therapy she made some improvement but it was slight and very slow.

The Wassermann reaction, using blood serum, was strongly positive and the spinal fluid showed 95 cells per c. c. m. m., a positive globulin test, a Wassermann reaction when only 0.1 cc. was employed.

The improvement in this case after the institution of intravenous and intraspinal treatment was rapid and striking. After the first two treatments she reported that she was able to run up stairs from the basement to the second story, while previously in ascending stairs she had had to stop after climbing up a few steps "to take the twist out of her legs." The subarachnoid fluid showed the Wassermann reaction to be less than one-fifth as strong as it had been. Altogether this patient has been under observation seven months. She has taken six injections of neosalvarsan or salvarsan (the total being equivalent to 3.0 g. of salvarsan) and has been given two intraspinal injections.

When the spinal fluid was withdrawn last the lymphocytosis and the trace of globulin had disappeared, and the Wassermann reaction was negative with 0.5 cc., though positive with 1.0 cc. In addition, the clinical result in this case has been the most striking in the series. The incontinence has cleared up, the gait has improved. She is much stronger and can accomplish more. The pupillary reaction and the ankle and knee jerks are unchanged.

Case 5.—D. W. H., moderately advanced tabes. Man, aged 39 years. He acquired syphilis in 1901. His treatment was interrupted after six months on account of very severe typhoid infection. Following convalescence, iodide and mercury were taken by mouth periodically, and since then he has had broken courses of mercury. The first vague symptoms of nervous disturbance came in March, 1913. After this he had a nervous breakdown, associated with dyspepsia. Simple treatment helped him a

great deal, but in October, 1914, he noted stiffness and numbness in the extremities. Soon after he had severe pain in the back and had much difficulty with locomotion on account of "stiffness in legs."

This patient has received the major portion of his treatment from Dr. H. M. Brundage, of Columbus, who has very courteously furnished us with a synopsis of his findings. When the patient was first seen by him on December 28, 1914, the blood serum Wassermann reaction was negative and the spinal fluid showed 150 cells per c. m. m., a decided trace of globulin and a strongly positive Wassermann reaction, the quantities varying from 0.1 to 0.5 cc. (expressed in terms of modified technique). Dr. Brundage administered a total of three intravenous and three intraspinal injections. The patient noted decided improvement three days after his first treatment.

When we saw the patient the pupils showed inequality but reacted promptly to light and accommodation. The knee jerks and ankle jerks were absent. Muscle sense was impaired. There were marked sensory changes. A slight Romberg sign was present and the patient had a typical tabetic gait. The spinal fluid showed that the cell count had diminished to 2 per c. c. m., the butyric acid reaction was only faintly positive, and the Wassermann reaction was negative with 0.5 cc., but +++ with 1.0 cc. The clinical results are a restoration to economic efficiency, a marked gain in weight and the removal of certain unpleasant symptoms due to the marked sensory changes which occurred early in the condition.

#### CLASS II.

Those showing moderate or slight improvement.

Case 6.—H. R., moderately advanced tabes. A man, 32 years of age, had been infected 11 years ago. The lesion was not followed by noticeable symptoms and no treatment was taken, but after the lapse of two years, sores appeared in the mouth and throat. Home treatment only was used. For five years the patient had been tortured by excruciating lancinating pains in the legs, coming at night, occasionally lasting 36 hours. There were gastric symptoms. Occasionally the urine escaped involuntarily. The patient was a vigorous and healthy looking young man, with no disturbance of gait. Both knee jerks and ankle jerks were absent and there was a slight but definite Romberg. The pupils were dilated widely and responded to light. The blood serum Wassermann reaction was strongly positive, and the spinal fluid showed a cell-count of 10, a marked trace of globulin and a positive Wassermann reaction with 0.5 cc.

Altogether, this patient has been under our observation for 14 months and has had six injections of neosalvarsan or salvarsan (the total being equivalent to 2.65 g. salvarsan) and six intraspinal injections. In addition, he has been given mercury intramuscularly with regularity. In this instance there have been tremendous reactions to the intraspinal treatments, the most marked feature of which were crises of leg pains. These lasted in one instance over 48 hours.

A remarkable point is the entire disappearance of the Wassermann reaction even when the largest amount of spinal fluid was employed (1.0 cc.) in making the test. Clinically, the patient shows betterment in the abatement of the lightning pains. There was a considerable period when they were absent, but at the present writing they still occur, though not nearly so frequently nor so intensely as heretofore.

This patient is an unusually intelligent man. At times he was inclined to be rather skeptical regarding the ultimate net benefit of the treatment. His doubt was probably accentuated by the intensity of the reactions following the intraspinal treatments. Therefore, his answer to our inquiry as to his present condition is interesting. He wrote (April 21): "In my own mind I am quite convinced it would have been impossible for me to have gone on as I have without medical assistance, my work being of such a nature as to require the clearest mental faculties, and had the disease progressed as rapidly as I am led to believe it does, or as it did the year preceding, I doubt very much if I would be writing you in this manner now. My condition now is probably of more importance and shows the result of it all. I have the pains some, but less severe, my head is clear, I go sometimes a week without a sign of a pain, my appetite is good, weight normal, and sleep well, which certainly goes to show that either one of the treatments (intraspinal or mercury) or the combination of the two has not been without result."

Case 7.—L. B. D., advanced tabes. Age, 40 years. Admitted having a primary 12 years previously. Secondaries were never manifested and nothing but local therapy had been employed. His spinal cord symptoms were of some years standing and were very marked. The gait was unsteady, the pupils unequal and not reacting to light, the knee jerks and

ankle jerks were exaggerated. He had lost much weight and his color was yellowish and unwholesome. The blood serum Wassermann reaction was strongly positive. The spinal fluid showed 23 cells per cmm., a marked trace of globulin and a Wassermann reaction was obtained with 0.3 cc. He had had a vigorous course of mercurial injections during the two months preceding the beginning of salvarsan therapy. We were inclined to expect little improvement in this case in the light of a low cell count combined with the clinical symptoms of rapid degeneration. His therapy consisted of four injections of salvarsan or neosalvarsan (the total being equivalent to 1.92 g. salvarsan) and four intraspinal treatments. It is noteworthy that practically no reaction was secured after any of the treatments. The last spinal fluid showed no improvement over the first, barring the reduction in the cell count. The present condition of the patient, as ascertained three months after the last injection, is the same as it was when he first saw us, except for the absence of lancinating pains. It is regrettable that further treatment of this case is impossible.

#### CLASS III.

Those who have been under observation too short a time to permit final conclusions.

Case 8.—A. J. K., moderately advanced tabes. Age, 31 years. We had seen this patient in consultation in November, 1911. At that time he gave a history of having been infected six years previously and of "taking pills" for three years, almost constantly. He then had a sensation of a band around the waist and numbness in the hands and feet. Even then the signs of moderately advanced tabes were definite and unmistakable. The blood Wassermann reaction was strongly positive. On account of the then prevalent distrust of salvarsan in neurological conditions, vigorous mercurial treatment was employed exclusively. Under this he grew rapidly worse and had a partial paraplegia. When seen again, January, 1914, he had been having daily mercury injections for six months and a dose of neosalvarsan intramuscularly. He was up and about and felt fairly well. The blood Wassermann reaction was very faintly positive. We began the Swift-Ellis treatment December, 1914. Then the pupils were small and showed no light reaction, the knee and ankle responses were abolished and there was a slight Romberg sign. Mentally the patient seemed rather slow. The spinal fluid findings were: Cell count, 12.5 globulin, very heavy trace; Wassermann reaction strongly positive with 0.2 cc. The Lange colloidal gold test was positive.

This patient has been under our immediate supervision only five months. He has had four intravenous injections, two of neosalvarsan and two of salvarsan (the total being equivalent to 2.1 g. of salvarsan), and four serum injections.

We feel that he has really been under observation too short a time to permit drawing any conclusions of especial value. The spinal fluid lymphocytosis disappeared rapidly, and the patient reports that he feels stronger and better. The history, with the long duration of the condition, the severity of the symptoms, and the extent of involvement, pointed clearly in advance to the need for prolonged treatment.

#### SUMMARY.

In summarizing our work we find that there are recorded here 48 intraspinal injections of serum. In addition, we have given seven treatments of similar nature not reported here in detail, making a total of 55. We have had no untoward or unfortunate results in any instance. There have been no deaths, paralyses, or bladder disturbances. With all patients but two sharp reactions have occurred following the intraspinal injections. When any form of crisis or lancinating pain has been present, the reaction has usually taken the form of an acute exacerbation of this symptom. In some instances the reaction has been of a most aggravated nature. The compensation to the patient, however, is that the greatest improvement has usually followed with those who have had the most intense reactions, and conversely, we have come to expect little or slight betterment in those in whom the reactions were slight and were absent.



## CHANGES IN LABORATORY FINDINGS.

Study of the tables shows that the lymphocytosis, even when as high as 153 (Case 1) disappears quite promptly, after one, two, or three injections. The globulin test is usually slower to disappear. In some instances, it does not clear up until much treatment has been given, e. g., Case 7 and 8 show little change after three treatments. It has been our experience that the spinal fluid Wassermann reaction is the most obdurate of the laboratory findings. To be sure we have recorded five cases out of eight where the Wassermann reaction has been negative employing the maximum dose (0.5 c.c.) recommended by Swift and Ellis, but of these five only two have attained a negative with the maximum dose (1.0 c.c.) which we have set as a standard.

## CHANGES IN PHYSICAL FINDINGS.

As to physical findings, practically the only changes we have been able to detect have been restoration of sensation, when this had been impaired, disappearance or practically disappearance of Romberg's sign, increase in muscular strength, and a diminution in ataxia, possibly due to the increase in strength, as suggested by Ayers.<sup>16</sup> In no instance have we noted pupillary reactions return to normal, nor have absent deep reflexes reappeared.

## CHANGES IN SYMPTOMS.

It is here that the greatest improvement has been obtained. In every instance where lancinating pains were present, they have either disappeared entirely or are so much diminished that the annoyance to the patient is comparatively slight. Gastric crises in Case 3 have disappeared. The striking feature is the improvement in general condition, in weight, strength and well-being. In certain instances this is partially attributable to the freedom from pain, but in other cases (4 and 8) where pain had not been a feature, this general betterment was noted at once. Vesical incontinence in one case has been so much less frequent that it has almost ceased to be an annoyance.

The sum total in five cases has been a symptomatic improvement so decided that the patients' economic efficiency is restored and they are able to do their work and enjoy life as normal people. It might be added that in the minds of these people there is no doubt about the efficiency of the treatment and no question as to its being worth its cost in time and the pain following the reactions.

In concluding we feel that we can state fairly that the Swift-Ellis method is safe when the original technique is followed painstakingly. Persistence is necessary to secure the best results. The claim of the originators that it is a valuable adjuvant in the treatment of syphilitic disease of the central nervous system is sustained as far as tabes dorsalis and the central nervous system syphilis are concerned. It is a method which is not necessary in all cases, but applied carefully and controlled intelligently will bring about definite amelioration in laboratory signs and in

symptoms where accepted forms of treatment have failed.

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**When physicians err, you can't do anything about it.**—Of course you can die, as frequently happens when they make mistakes, but what is here meant is that you can't do anything about it in court—not if the doctor is "honestly mistaken." The question was settled the other day in a Missouri court.

The court held, in substance, that all men are liable to make mistakes of judgment. A physician is not different from other men. So if a doctor decides that you have a certain disease, and treats you for that disease, when, as a matter of fact, you have some other disease, you cannot recover in court the damages that may have resulted to your anatomy. It does not come under the head of malpractice, the court says; it is only an honest mistake of judgment, and you lay yourself liable to such mistakes when you consult the gentleman of the pills.

And it is a blessed good thing for all of us that such is the case—not only so far as physicians are concerned, but as a principle. If every man was held liable for his honest mistakes of judgment, the editors would have to go out of business. Editors are held liable for mistakes of judgment if such mistakes do harm to a man's reputation, it is true, but the courts do not hold him liable where he says the war will end next month, if it doesn't so end. Nor would he be fined if he were to print in the paper that the tariff is the cause of the high cost of living, great as that would be in the way of an error of judgment.—The Dayton News.

## Extraction of the Lens as Seen in Some of the European Clinics\*

CHARLES C. STUART, M. D., CLEVELAND, OHIO

THE removal of the cataractous lens has been one of the live topics in the ophthalmological world for some few years. Until the advent of the Elliot trephining and, possibly, the operation of LaGrange, it has been the one absorbing surgical theme, and rightly so, for it is the greatest operation of our specialty. Therefore, I ask your indulgence if I review some of my notes and recollections, made a year ago when the opportunity was afforded me to visit and observe the operative work of some of the ophthalmological workers on the European continent and in the British Isles. It will include the clinics of Elschmig at Prague, Fuchs and Dimmer at Vienna, Grosz at Budapest, Haab at Zurich, Siegrist at Berne, Axenfeld at Freiburg, some of the operators of Moorefields, and the men of the Glasgow Eye Infirmary. We are all interested in some of the following items in connection with this topic, and I, therefore, divide it into the following parts: (a) The preparation of the patient and instruments. (b) Method of extraction. (c) Dressing and after care.

## PREPARATION OF THE PATIENT AND INSTRUMENTS.

I found that, as a rule, much attention is paid to the preliminary care, prior to operation. The old dictum of flushing of the conjunctival sac the day before the operation, followed by a moist dressing to remain on the eye until the patient is brought to the operating table, is done away with: instead, there is the scientific and exact method of smear and culture from the conjunctiva, and, if need be, of the lachrymal sac—the decision to operate being guided by the result of the bacteriological examination. To my notion, this is the correct method of procedure.

In the clinics of Elschmig and Axenfeld, as many of you are aware, horse-serum in bouillon and now, later, human blood serum in bouillon without peptone, is introduced into the conjunctival sac, allowed to remain a few moments and then put back in its receptacle and placed in the incubator. This is an excellent procedure. Of course, it involves time and effort. A warning should here be given that when it is done, one should be very careful to see that all excess of serum is removed by subsequent flushing with saline.

Because of the greater prevalence on the continent of lachrymal sac disease, much attention is given to this structure to prevent it being a source of infection. As a side remark I might say that I witnessed Axenfeld remove the lachrymal sac in a case of corneal ulcer of pneumococcic origin, all as a matter of going to the seat of the trouble.

Mr. Freeland Fergus of Glasgow has the culture tubes of each of his cases brought to the operating room with the patient. Of course, all cultures of pneumococcus, streptococcus, staphylococcus aureus

or citreous, or other virulent organisms preclude operation. Cultures of staphylococcus albus, if they show many colonies, negative operation, but cultures of the albiscoccus with few fields or colonies do not negative an immediate operation.

Next, as to the flushing of the eye preparatory to the extraction. It is rather surprising to see how freely some salt of mercury, preferably the oxycyanide, is depended upon for preliminary flushing. It is my personal belief, and I have no reason as yet to modify this belief, that we in this country have relied more upon asepsis, such as boric acid and saline flushes, than upon antiseptic measures. I cannot help but feel safer in an aseptic than an antiseptic field. The instillations of anæsthetics and vasomotor constrictants are about the same as in this country. If you ever visit Prof. Grosz at Budapest you will appreciate the value of many and constant, or regular assistants. He has four operating days a week, with six to twelve operations each time, and the operative period hardly ever ran beyond an hour, and the longest was one hour and twenty minutes. His reports for 1913 show about five-hundred cataract operations alone.

## PREPARATION OF INSTRUMENTS.

As to preparation of instruments, I cannot refrain from speaking of the excellent method employed at the Budapest Royal Eye Clinic. It is an adaptation from the French, and consists in the gathering together in one metal box of all instruments necessary for a certain kind of operation. These instruments are carefully cleansed and dried when placed in the boxes. With them is placed a self-registering thermometer. The boxes are wrapped in paper. The box and instruments are then sterilized in an electric sterilizer for a period of half an hour at a temperature of 150 degrees celsius. If there are to be six or seven cataracts in a morning's work, then as many boxes are placed ready for service. This plan of sterilization is carried out for all kinds of operations and even applied to the minor operations. Whenever an assistant wished a hypodermic syringe, it was placed at his disposal freshly sterilized. In addition to this, each box contained a certain number of instruments in duplicate, to anticipate emergencies. The cataract boxes always contained two Graefe knives, and the iridectomy boxes contained two keratomes. Necessarily, this is an expensive but very efficient method of sterilization, and I did not see one case of operative sepsis during my stay with Prof. Grosz, and there was given the opportunity of seeing about seventy-five cataract extractions in a stay of sixteen days.

As near as I could judge most operators prefer a dry field in which to work. A notable exception is that of the great and venerable Fuchs, whom many of you have seen.

\* Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, Seventh Annual Session at Cincinnati, May 4, 1915.



## METHOD OF EXTRACTION.

The combined extraction, without the removal of the capsule, is the routine procedure. As to incision, it is made universally with the Graefe knife. Grosz of Budapest makes the smallest; he starts the incision about one to two m. m. above the median line. The opinion as to conjunctival flap is divided: it is of undoubted help in the maintenance of position in the healing process, but its liability of being in the way during the operative stage, of being entangled with the iris in the iridectomy and of its later entanglements in the wound, is leading some operators to give up the flap.

Next as to iridectomy: Elschmig of Prague, and I may add also Axenfeld of Freiburg, instead of making the ordinary keyhole iridectomy, make what is known as a "peripheral, or basal iridectomy," to prevent prolapse. This is made *after* the extraction of the lens. Of course, you must understand that Elschmig is obliged at times to resort to the ordinary iridectomy when the prolapse is beyond replacement or comes before the extraction. He places his prolapses at about ten per cent of the cases and considers them to be the fault of the patient. At such times he always tries to do a capsular extraction up to a certain amount of pressure and if the lens does not readily come, then the capsule is opened. In doing the iridectomy, Elschmig is the only operator I saw who uses a hook instead of a forceps. Free-land Fergus of Glasgow is the only operator seen who does the capsulotomy before doing the ordinary form of iridectomy, and his argument is that his field of operation is clear and there is naught to obscure the vision, as is apt to come when there is hemorrhage from the iris.

Now we come to the opening of the capsule. On the continent practically all the operators seen use the capsule forceps. In the British Isles the use of the cystotome still continues. I cannot but feel personally that visual results are much better after use of the forceps than with the cystotome. It is visual results we are after, and the more anterior capsule you can take away, the better vision you are bound to have, and less secondary needlings will be needed. At Budapest I was privileged to see four extractions in capsule made with the capsule forceps. If the capsule is at all thickened and the contents softened this makes an ideal extraction. The method of routine procedure at Budapest is to make a firm fastening on to the capsule and then, with a slow side-to-side movement, remove the instrument with its piece of capsule. If the capsule does not immediately rupture, the operator keeps his hold and slowly ruptures the zonal attachments and withdraws the lens. This has an advantage over the Smith method in that it does not press upon the vitreous body and give vitreous loss. One must be careful, however, not to dislocate the lens. Just recently I had the experience of grasping the capsule too far down and this bent or trended the upper rim of the lens down into the vitreous and made extraction very difficult,

and there was vitreous loss. On the continent you see no flushing of the anterior chamber after the emergence of the lens. The operators are content with a careful expression of the lens and following it up as it emerges, forcing out lens debris and hemorrhage right with the lens. Elschmig has devised a right and left hand scoop which he inserts to remove any extraneous matter. In London and Glasgow the cystotome still is the routine method of procedure and flushing is utilized, and at Moorefields there is a very neat flushing apparatus which was often in use. You see, therefore, two very widely variant ways of handling the capsule and the lens debris. As to which is the better method one could not decide until many cases of each could be seen and studied over a long period of time. If I have a personal preference, it is a combination of both methods: namely, the use of the forceps for the opening of the capsule, and flushing to remove lens debris. The less extraneous matter there is in the anterior chamber the better the visual result, in a general way. Most operators use atropin as a routine procedure: Elschmig likes to use eserine for the first twenty-four hours; to be followed thereafter with atropin.

I cannot remember now to have seen but one case with vitreous loss and that was done by Fuchs in a case in which such a result might have been expected. I have no statistics except those of the Royal Eye Clinic at Budapest, where the loss of vitreous is placed at one-half of one per cent.

## DRESSING AND AFTER CARE.

Some operators, notably Elschmig and Dimmer, operate with the patient in bed, the head raised on a head rest. The beds are rolled into the operating room and afterwards removed. Others use the ordinary operating table. After operations, it is the custom for the patient to arise from the table and walk back to the bed, guided by an attendant. In Britain patients are carried back to their beds.

The dressing is of the simplest. A small pad to the eye and over it, sometimes a metal shield, sometimes a bit of gauze and adhesive strips, and occasionally a bandage, but the main idea is to get away from too much dressing. Both eyes are usually bandaged but only for about twenty-four hours. In the British Isles, dressings are about as we see them here. The after care of the aphakic eye is usually made the simplest possible. Cleansing and dressing is made every day and visits at least twice a day, once by the Professor and the second time by one of the assistants. It is the custom in some of the clinics to have a chair at the foot of the bed and here you will find the patient the day after the operation when the Professor makes his rounds. Atropin is instilled daily for about a week. The bandage is quickly gotten rid of and there is substituted the mask or dark glasses. The rooms devoted to the cataract cases are generally somewhat darkened.

When the day of refraction of the aphakic eye

arrives, it is usually done by one of the assistants. Very little attention is given to the cylindrical correction. As to the question of needling operation, I have but little information. I saw very little of it. Löwenstein, first assistant in the Prague Clinic, in-

formed me that about one in six would represent a fair average of the number done after extraction. But I imagine that on the continent it is much the same as in India, many of these operated cases do not demand or need a high visual result.

## Amoebic Bowel Infection In Ohio\*

WM. HOWARD LEWIS, B. A. M. D., NEWARK, OHIO

THE pathogenic amoeba has long been regarded as an inhabitant of only the torrid belt or of strictly isolated areas in the temperate zones. Exact studies of the disease in its tropical abode developed a classical type of symptoms which physicians in more northern latitudes seldom, if ever, observe among native people. Textbook articles never suggested its occurrence except as above mentioned and as a result many obstinate diarrhoeas and intestinal disturbances have been classed as tubercular, nervous, mucous colitis, etc., without careful regard for a possible parasitic source.

The lack of trained and systematic observation also accounts for the laxity. In the tropics a diarrhoea case is at once subjected to a stool examination while in at least the northern half of our country such a measure has seldom been observed until recent years. Only a few microscopists possessed the necessary experience to demonstrate the amoeba and the great bulk of diarrhoea cases have not had access to such laboratories.

In the past few years routine examination of the stools in all suspicious cases presenting themselves at various clinics has revealed the presence of amoebæ in many cases and types of cases which generally would never have aroused suspicion. During the writer's experience of several years as clinician at the Mayo clinic he frequently saw cases from Canada, Montana and Minnesota, which had never been south of their native territory. These, however, possessed the protozoan infection and obtained great relief or cure when the parasite was eliminated.

### DANGER TO RURAL COMMUNITIES.

The amoeba in its various forms is universally distributed through nature, and inhabits our own ponds and streams as well as tropic swamps. It is so common that as school children we study it as a primitive form of life. Is it not conceivable that it may be present in our drinking water or uncooked food? This is especially true in rural districts or in towns and small cities where the water supply may be contaminated. This may, in a measure, account for the non-observance of the amoebic infection, since the areas most likely to be involved are not served by the most proficient laboratory service.

The amoebæ which are associated with diseases of the gums, at the present time so much the subject of discussion, must originate from some such source,

and infected gums in turn may possibly be the focus for later bowel involvement in some instances. focus for later bowel involvement in some instances. nal source encysted or hardy forms may escape the digestive processes and reach the large bowel, there to take up a prolonged abode. The presence of amoebæ of a supposedly harmless type (*amoeba coli*) has long been recognized and must presuppose some such origin and mode of arrival.

Granting the source of infection, how may we account for the pathogenicity of our ordinarily harmless protozoan? May not the saprophytic and pathogenic tendencies of amoeba be subject to the same laws as those of micro-organisms? May not environment and conditions of life change a harmless saprophyte to an active and harmful parasite? Rosenow's experiments in transmuting micro-organisms suggest a similar faculty in the protozoa. The tropical amoeba inhabiting a warmer climate and possibly passed from host to host may have thus attained its great virulence. The extremes of our colder climate and our comparatively better sanitation may be the factors which prevent the northern amoeba from exhibiting the same degree of virulence.

Biologists divide amoeba into different types some of which have been considered innocent, but it is only recently that two supposedly different types (*Tetragena* and *Hystolitica*) have been identified as the same.

There is here no time for discussion of classification but the writer feels that in the light of our present indefinite knowledge of the pathogenicity of various types, or of the mutual relationship of these types, every amoeba in the stool should be looked upon as an active or potential source of trouble until proved innocent.

### INDEFINITE SYMPTOMATOLOGY.

There has not yet been developed a definite symptomatology for amoebiasis in our latitude so that the diagnosis rests upon the discovery of the amoeba in the presence of suspicious symptoms. If, with the elimination of the parasite the symptoms disappear we may fairly conclude that we were dealing with a pathogenic amoeba.

In examining a stool for amoeba there are two essentials, first the stool must be fresh and examined upon a warm stage, and second, the examination must be repeated until all reasonable doubt of its presence or absence has been dispelled. The stool should be passed in the laboratory, after a

\* Read before the Section on Medicine, Ohio State Medical Association, at the Seventh Annual Session in Cincinnati on May 4, 1915.



dose of salts, and examined at once. It should be liquid in order that the amœbæ may be washed from their lodging and even then they may be very scanty or not easily dislodged. Thoroughness is essential.

As previously stated there is no symptom complex of amœbic infection in our climate, certainly not as pronounced as that of the classical tropic disease. The term dysentery is misleading since some cases may not have diarrhœa, while others may have actual diarrhœa alternating with periods of constipation.

The cases with diarrhœa may extend over a period of years with ten to twenty bowel movements a day during serious trouble and less frequent motions in the intervals. The stools are liquid, at times blood-tinged, and may be passed with little abdominal distress and not particularly related to meals or diet. In long standing cases the actual diarrhœa may contribute very little to the patient's distress, the principal complaint being weakness and weight loss, so easily justifying a diagnosis of tubercular enteritis.

Other cases may consult the physician for indefinite malaise or abdominal discomfort—a pronounced anæmia with hæmaglobin of 50 per cent. may be present. Epigastric soreness, eructation of gas, weight loss and even constipation may be features complained of.

It may readily be seen that under such circumstances the diagnosis can only be established by routine stool examination, and every case of anæmia, abdominal distress, stomach or bowel trouble without obvious cause should have a careful investigation of the bowel contents. In addition the proctoscope may show ulceration, although in most cases there is only such a degree of proctitis as might be accounted for by the frequency and irritation of the discharges. Since autopsies on native amœba cases are extremely rare we do not know the real extent of lesions which may be present in the bowel.

#### TREATMENT.

Along with our increased knowledge in regard to this affection has come a very efficient method of treatment. Since our previous medication has been highly unsatisfactory this has been all the more welcome.

Emetine hydrochloride administered hypodermically has practically proved itself a specific remedy. This may be supplemented by kerosene or astringent irrigations, but the real value seems to lie in the emetine. One-half a grain twice a day for a period of five days is generally sufficient, although it may be necessary to repeat this course and check up the result with stool examinations. Relief, as a rule, is prompt and most gratifying although some abdominal soreness and bowel distress may remain for a time, probably until ulceration, etc., has healed.

In serious cases with much pathology, more or less diarrhœa may persist even after the disappearance of amœba. Here general measures and bowel medication may be required for some time.

Occasionally there is a mixed infection with some

other parasite, e.g. *lamblia intestinalis*, and the trouble may not subside with the elimination of the amœba. In such instances attention must be directed towards the additional infection.

The writer has found amœba in a number of instances in patients living in Licking County, Ohio—several almost typical cases of serious chronic diarrhœa, several of anæmia and others presenting irregular symptoms. There is no doubt of the existence of this disease in our midst and a little careful observation will very probably reveal its presence in previously unsuspected localities.

NOTE—Dr. Lewis presented to the Section several interesting case reports.

#### OHIO SOCIAL WORKERS PLAN COUNTY WELFARE BOARD SYSTEM

Have Started a Campaign of Education to Create  
Sentiment in the State.

Ohio social workers have launched a campaign for the enactment of a law two years hence establishing county boards of public welfare, to provide a public agency for the adequate control of expenditures for the care and treatment of those groups of society that fall below the normal standard of living.

The Survey (New York) explains that a county board, as proposed, will consist of six members, appointed by the county commissioners, who shall receive no compensation but shall be allowed their necessary expenses. The board shall have power to manage and govern the county infirmary, detention home, county and district children's home, county orphan asylum and hospital, the tuberculosis hospital and the detention hospital. It shall have charge of all municipal, township and county poor funds, board of education poor funds, general medical relief, mothers' pensions, blind relief, soliders' relief, and soldiers' burials and burial plots. It shall also perform the duties of the present board of county visitors and supervise social centers.

Pending the establishment of such boards, an effort will be made to train young men and women to be secretaries of such boards and to organize for social service groups to co-operate with these public agencies when created. A number of colleges have already agreed to give a uniform course of study to this end.

Several from Ohio will attend the sixth annual meeting of the American Association for the Study and Prevention of Infant Mortality, to be held at the Bellevue Stratford, Philadelphia, November 10 to 12. Dr. H. J. Gerstenberger, Cleveland, is member of the committee on pediatrics; Dr. C. E. Ford, Cleveland, of the committee on economic aspects. The term of Dr. J. Morison Howell, Dayton, as director expires this year.

## MONTGOMERY IS ONLY LARGE COUNTY THAT HASN'T PAID ASSESSMENT; OVER 2500 MEMBERS RESPOND

Has your county society paid its per capita assessment into the State Association?

Have you paid your dollar?

On October 1, two months after the amount was due, 30 counties had failed to forward a cent, and a few of the remaining 55 had paid less than half. Of the 4,150 members of the State Society, 2,559 have met the assessment levied by the House of Delegates.

The tardiness of the remaining 1,591 members is making it very difficult for The Journal and the State Society to "make ends meet."

Please hand your dollar at once to the treasurer of your county society, and ask him to forward it immediately to Dr. Selby, Spitzer Building, Toledo, the Treasurer of the State Society. If this is not convenient, send your check directly to Dr. Selby, and he in turn will notify the secretary of your county society that you have been placed in good standing.

Here are the 55 counties which have either paid the assessment in full or made a payment toward same:

### THESE COUNTIES HAVE HELPED MEET THE INCREASED EXPENSE

County	Membership Assessment		County	Membership Assessment	
	1915	Paid		1915	Paid
Adams .....	23	22	Licking .....	35	15
Allen .....	80	49	Lorain .....	47	20
Ashtabula .....	27	16	Lucas .....	214	214
Butler .....	57	7	Mahoning .....	95	95
Champaign .....	28	13	Marion .....	29	29
Clark .....	64	63	Mercer .....	29	22
Clinton .....	24	21	Medina .....	21	21
Columbiana .....	39	10	Miami .....	46	25
Coshocton .....	21	13	Monroe .....	14	6
Cuyahoga .....	513	497	Morgan .....	16	12
Darke .....	57	31	Muskingum .....	38	22
Defiance .....	6	1	Noble .....	12	12
Delaware .....	26	25	Ottawa .....	15	11
Fairfield .....	44	23	Paulding .....	23	18
Franklin .....	310	309	Pickaway .....	22	22
Fulton .....	25	1	Pike .....	13	9
Geauga .....	7	7	Portage .....	27	27
Greene .....	31	11	Preble .....	11	5
Guernsey .....	29	18	Putnam .....	30	16
Hamilton .....	452	452	Richland .....	30	28
Hancock .....	37	22	Ross .....	21	7
Henry .....	12	8	Seneca .....	37	8
Highland .....	22	1	Stark .....	125	32
Holmes .....	8	6	Summit .....	159	63
Huron .....	12	2	Tuscarawas .....	43	42
Jackson .....	21	21	Van Wert .....	27	19
Jefferson .....	39	39	Warren .....	33	17
Lake .....	8	8	Williams .....	34	32
Lawrence .....	17	14			

### THESE 30 COUNTIES, THUS FAR, HAVE NEGLECTED TO RESPOND

Counties	Membership Assessment		County	Membership Assessment	
	1915	Paid		1915	Paid
Athens .....	51	..	Logan .....	36	..
Crawford .....	28	..	Harrison .....	13	..
Erie .....	24	..	Scioto .....	48	..
Hocking .....	11	..	Shelby .....	18	..
Madison .....	9	..	Meigs .....	11	..
Perry .....	17	..	Wyandot .....	16	..
Union .....	13	..	Montgomery .....	167	..
Washington .....	35	..	Knox .....	33	..
Wayne .....	25	..	Fayette .....	18	..
Hardin .....	29	..	Ashland .....	20	..
Gallia .....	31	..	Sandusky .....	21	..
Vinton .....	9	..	Wood .....	28	..
Belmont .....	52	..	Auglaize .....	26	..
Morrow .....	15	..	Brown .....	18	..
Clermont .....	15	..	Trumbull .....	28	..



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 WILLIAM F. DUFFY, Deputy State Inspector

Drastic action has been taken by the board to remove the danger of infection through soda fountains. After collecting evidence that disease has been transmitted by the promiscuous use of unsterilized cups, spoons, dishes, etc., the board at its October meeting, adopted a code of regulations governing soda fountains, prepared by Dr. J. M. Howell, of Dayton, copy of which follows:

Rule 1. In order that the sale of ice cream, sodas and soda fountain sundries may be conducted under sanitary conditions the operators of ice cream parlors and soda fountains are hereby instructed that all such goods shall be dispensed only in sterile containers. To this end it is ordered that all soda fountains and ice cream parlors be provided with facilities for the sterilization of dippers, glasses, spoons, serving dishes and any other vessel or utensil coming in contact with ice cream, sodas, or soda fountain sundries.

Rule 2. Facilities for the sterilization of dippers, glasses, spoons, serving dishes and any other

vessel or utensil coming in contact with ice cream, sodas or soda fountain sundries shall include:

(1) An adequate supply of hot and cold water of a quality suitable for drinking purposes. (2) Suitable arrangements for supplying boiling water or live steam. (3) An adequate supply of clean towels for drying glasses, dishes, etc. (4) Suitable provision for taking care of sterile glasses, dishes, etc., so as to keep same clean until wanted for use.

Rule 3. All dishes and utensils, after each individual service, shall be washed by (a) rinsing in cold water, (b) then thorough washing in hot water with soap or suitable cleansing powder, (c) then exposing to live steam or boiling water for a period of three to five minutes, (d) then rinsing in clean cold water and draining or wiping dry with a clean towel.

In lieu of the above requirements or where it is found impossible or inexpedient to use live steam or boiling water, paper cups or paper tumblers with individual spoons will be allowed for individual use only.

Rule 4. Refrigerators at soda fountains shall be kept clean by washing with hot water and soap or washing powder.

Rule 5. Employes in ice cream parlors and at soda fountains shall be cleanly in person and dress, free from infectious and contagious disease and trained in the conduct of their work.

Rule 6. The use of straws is forbidden except when such straws are protected from dust, dirt and handling by employes or others.

Rule 7. As soon as empty all ice cream containers, milk and cream cans shall be thoroughly rinsed with cold water and covered so that no foreign matter may enter said containers or cans.

Rule 8. The foregoing rules and regulations shall take effect and be in force on and after January 1, 1916.

Dr. McCampbell, secretary of the board, in a circular letter to the health officers of the state, calls their attention to Section 1238 of the General Code, which gives the board unlimited power to enforce its regulations through police officers, sheriffs, constables, and other law enforcement officials, and further calls their attention to Section 4144, which provides that any person who violates a regulation or order of the board of health shall be fined not to exceed \$100.00 or imprisonment not to exceed 90 days, or both.

**An Appeal to Physicians for More Complete Morbidity Reports.**—Dr. E. F. McCampbell is sending an appeal to all the county medical societies in the state to obtain better co-operation from physicians in securing morbidity reports. This is in the form of a letter to the secretaries asking that the subject of morbidity reports be discussed at the next meeting of the societies. Together with the letter, samples of physicians' cards, pamphlets of instructions, and lists of notifiable

diseases are enclosed for distribution. A copy of the letter follows:

"My Dear Doctor:—On January 1st, 1915, a new system of collecting morbidity reports in Ohio was inaugurated by the United States Public Health Service and the State Board of Health. Although physicians have on the whole supported the system very well, morbidity reports in Ohio are still very far from complete, as you may judge by noting that in 1914, 912 deaths from typhoid fever were certified, while only 4,796 cases were reported, or in other words half of the cases presumably attended by physicians were not reported.

"During the early months of 1915, a book of blanks was sent to every physician in Ohio whose name appeared in the current medical directory. The physician is expected to fill out a blank for each case of notifiable disease he attends, and mail or hand it to the health officer. He is also expected to telephone or report to the health officer in the most expeditious manner possible as soon as any cases of diphtheria, scarlet fever, or smallpox develop in his practice. The advantages of this system of reporting are numerous, but it will suffice to mention that these cards form a record of each case which will be kept in the files of the State Department of Health, and this record may be referred to in case of any subsequent question. For instance a person who had smallpox in Ohio and is later quarantined for exposure to the disease in this or another state, may secure from the State Department of Health a copy of the card filed by his physician at the time of his illness, and so will escape unnecessary quarantine.

"When cases are properly quarantined the patient is more apt to receive public aid if it is necessary, and any directions or assistance furnished by the health department. The most important benefit derived by prompt morbidity reports is that epidemics will be prevented and the spread of disease restricted if prompt action is taken by the local health department.

"You will observe on the reverse side of each physician's blank certain questions to be answered by the health officer. The information submitted in reply to these questions will be an index of the activity of health officers, and the State Department of Health will endeavor to secure more efficient action on the part of health officers, in preventing the spread of disease. Under separate cover you will receive booklets of physicians' report blanks, lists of notifiable diseases, and a pamphlet explaining the system.

"The State Department of Health is anxious to have the whole matter of morbidity reports accurately presented and thoroughly discussed by all Ohio physicians, and I would respectfully suggest that you take up this matter at an early meeting of your county society. Any questions which may arise will be promptly answered if transmitted to the department, and suggestions offered for

the improvement of the system will be appreciated and acted upon if possible.

"Allow me to leave this thought with you in closing, that every person in the community has a right to the health protection afforded by physicians' morbidity reports.

"Very cordially yours,

"(Signed),

E. F. McCampbell,

"Secretary and Executive Officer."

#### Milk-Bourne Diphtheria at Strasburg, Ohio.—

During the week of September 11th, Dr. F. G. Boudreau discovered an outbreak of diphtheria in Strasburg, Ohio, transmitted by milk. Strasburg is a thriving village of about 900 inhabitants in Tuscarawas county. The milk supplied in the village is practically all collected and distributed by one dairyman, who sells about thirty-five gallons daily. A few cases of diphtheria occurred in July in Strasburg and the surrounding territory, and the disease spread slowly in the characteristic way until September 13th. Prior to that date not more than two or three cases developed weekly, but on September 13th and the following days cases developed at the rate of seven or eight daily, until more than forty cases were under treatment. Over ninety per cent of the patients had used the same milk supply during the week preceding their illness, and in only a few of the remaining ten per cent could this source be absolutely ruled out. A careful inquiry into the question of contact revealed the fact that only a small proportion of the cases could have been infected in this way. A visit to the dairy farm was made and a history of "sore throat" obtained from five members of the family. Only one of this number had assisted in milking. This patient took sick about September 10th, assisted in milking September 11th, and is now paralyzed as a result of a typical and untreated case of diphtheria. Cultures were taken from all members of the family, and in four, including the patient mentioned above, diphtheria bacilli were found. Dr. J. C. Schutzback, health officer of the village, and Dr. G. F. Bainter, health officer of the township, stopped the milk supply as soon as suspicion of it as a source of the outbreak was aroused. Every case of the disease was quarantined, and antitoxin administered for immunizing as well as curative purposes. The only death so far occurred in a family which objected to the use of antitoxin and delayed its administration. Only a few cases are occurring at present, and these are probably secondary cases due to contact infection.

On October 19 the traveling public health exhibit will be taken to Byesville for a week's showing, under the auspices of the public schools. This will open the itinerary for the winter, during which the exhibit will be taken through eastern and northern Ohio. A tentative schedule provides for the following: Cambridge, October 26-29, under the auspices of the Public Health



League; Dayton, November 3 to 5, State Conference of Charities and Correction; New Philadelphia, November 9-12 Tuscarawas County Anti-Tuberculosis League; Kent, November 16-19, Civic and Health League; Ravenna, November 23-26, Visiting Nurses' Association; Youngstown, November 30-December 3, Associated Charities. From there it is planned to take the exhibit over the following route: Warren, Conneaut, Jefferson, Ashtabula, Chardon, Elyria, Norwalk, Bellevue, Tiffin, Fremont, Port Clinton, Toledo (where it will be shown early in March under the auspices of the public health committee of the Commerce Club), Bowling Green, Upper Sandusky and Mt. Gilead.

Regulations governing the examination of private wells have been published, as follows:

(a) Private wells will be examined:

1. Where the use of the water is suspected to have been the means of communicating a water-borne disease.

2. Where suspected to be infected with intestinal discharges.

3. Where the health officer has reason to believe the water to be unfit for domestic use.

4. Where the well is used by such number of persons as would class the supply as semi-public. In this class come wells on school property, at factories and in public streets.

(b) The physician or house-holder who suspects the well to be contaminated should inform the local health officer, who will make an investigation. If an analysis of the water appears necessary the local health officer will request water containers of the State Board of Health, stating his reasons for asking that an examination be made.

(c) The samples must be collected in accordance with the explicit directions given, and forwarded to the Division of Hygienic Laboratories in the bottles furnished by the State Board of Health.

(d) The local board of health or the health officer must enforce the recommendations of the State Board of Health when the report on the water supply is submitted. If an order is given to close the well it must be closed, and the local health officer will be held responsible for full compliance with the instructions of the State Board of Health.

(e) When samples of water from private wells are examined, the local board of health will be expected to pay all transportation charges on the containers from Columbus to points of destination and to prepay the charges in returning the containers to Columbus. Funds are not furnished to the State Board of Health for this purpose.

(f) Under no circumstances will samples of water be examined where it is the intention of the owner or lessee to sell the water. Such samples should be submitted to an analyst engaged in commercial work.

A total of 923 examinations were made in the laboratories for the month ending August 31, classified as follows: Diphtheria—Positive 65; negative 118; suspicious 23. Tuberculosis—Positive 84; negative 172. Typhoid—Positive 23; negative 71; suspicious 23. Rabies—Positive 10; negative 5; unsatisfactory 1. Malaria—Unsatisfactory 1. Chemical and bacteriological examinations of water, 327.

The next meeting of the board will be held in Dayton, November 10. On November 11 and 12 the annual conference between the staff of the department and local health officers of southern Ohio will be held in Dayton.

Mr. Fred Berry, assistant bacteriologist, resumed his position on October 1, after a year's absence, during which he took advanced work at the University of Chicago.

The division of public health education and tuberculosis has prepared a four-page leaflet on "The Prevention of Blindness" designed for distribution to mothers. Physicians may secure copies of same by application to the board.

On September 24 members of the board inspected the new water purification plant for the city of Cleveland, which is nearing completion and will probably be ready to furnish water to the city by January 1.

## FILE YOUR PROTEST

Acting under an old ruling of the attorney general, issued several months ago, State Insurance Commissioner Taggart has ordered insurance companies to discontinue writing physician's liability insurance. Most of the companies early in October returned to policyholders their premium balances.

Dr. J. H. J. Upham, chairman of the legislative committee of the state society, has filed with Judge Taggart a brief setting forth several reasons why this ruling works a serious hardship on physicians and surgeons who have been carrying this insurance.

Every surgeon having one of these policies should protest directly to Judge Taggart, State Insurance Department, Hartman Building, Columbus.

Dr. Lewis R. Mundhenk, Middletown, after a long and severe illness, has resumed the practice of medicine.

Dr. Walter H. Rieger, Cleveland, is taking a six months' post-graduate course at Harvard Medical School.

# NEWS OF STATE MEDICAL BOARD

## OFFICIAL BOARD

LEE HUMPHREY, M. D., President, Malta, March 17, 1917  
 J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920  
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 LESTER E. SIEMON, M. D., Cleveland, March 17, 1918  
 T. A. McCANN, M. D., Dayton, March 17, 1916  
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919  
 BEN. R. MCCLELLAN, M. D., Xenia, March 17, 1922.

GEO. H. MATSON, M. D., Secretary,  
 Office, State House, Columbus.  
 Examiner in Preliminary Education,  
 K. D. SWARTZEL, M. Sc., Columbus.

The attention of the department for the past month has been devoted almost exclusively to the receipt of applications for registration under the provisions of the Platt-Ellis law regulating "drugless healers."

The law became effective August first, and provided that those who may be registered under the years of practice exemption clause must file their applications prior to October 1. On October 12 the board held a special meeting to consider the hundreds of applications on file, and to work out a plan of sifting the honest from the dishonest applications. Evidence of fraud in the filing of several applications has been detected, and the statements of all applicants will be subjected to careful scrutiny.

Considerable opposition to the law on the part of the cult practitioners developed in the past month. The so-called Federated Association of Drugless Healers of Ohio held a mass meeting at the Statler Hotel in Cleveland on September 20, and after adopting resolutions denouncing the Platt-Ellis law as "instrument of the organized medical trust to wipe out of business the drugless practitioners," they raised a fund to attack the measure in the courts.

It was quickly demonstrated that the association was not able to hold in line its membership, however, and a majority of them filed their applications for certificates under the law.

The Ohio Association of Optometrists likewise organized to secure the exemption of opticians from the law. Another special mass meeting of opticians was held at the Neil House in Columbus in October, and it was decided to carry the test case to the Supreme Court, if necessary.

Despite the violent protestations of their so-called leaders, many of the leading opticians of the state filed their applications with the board.

Not all of the cult practitioners are fighting. The Ohio Naturopathic Physicians Association, another clique of drugless healers, met in Columbus, September 21, and voted to comply with the provisions of the law.

It will be another month before we will be able

to give any clear idea of the probable effects of the law relative to the admittance to limited practice those who will qualify under the exemption clauses—the most serious defect in the measure.

If it were not so serious, the character of many of the communications received at the office of the State Medical Board regarding licenses for practicing drugless healing would be very amusing. Here is a sample—the original was scrawled in a child-like hand:

"S 11 of 1915 Xenia Greene co ohio

"Sir and medical Bord of Surjorey i Prof ——— of Xenia Greene co ohio request that you send me ——— full pertlers for making aplicanction for State lciins for Drugles heling of Suggestive theriputics

"Send full pertlicurs for the form on this law now past the hous Direct to Prof ——— Xenia green co ohio."

Dr. Matson, Secretary of the Medical Bord of Surjorey, sent the application blanks as requested.

Here is another—from Mr. G. W. S., of Dennison, Ohio:

"Gentlemen—I am just in reset of a leter frome Wettmer Institute I reseved it today they inform me to rite to you at Columbus apply in under this new law I hav practes magnetic healing Ever sins 1902 when I reseved My Papers frome Wettmer instute So plese informe Me what to doo under this new law and Oblige me as yors"

The Wettmer "Institute" turns out natural "healers" at so much per in Nevada, Mo. It should be very proud of this graduate.

**The status of optometrists under the Platt-Ellis law is undecided.**—The injunction case now pending in the Franklin County Courts will be heard this month. Until the court procedure is disposed of the board will make no effort to license optometrists.

Organized optometrists throughout the country are exerting every influence to prevent registration of optometrists in Ohio under the state medical board. Their association has been campaigning for years for separate boards to examine and license these practitioners. They feel that if Ohio lodges this registration with the medical board it will be establishing a dangerous practice, from their standpoint.

The American Optical Association is doing everything in its power to prevent Ohio optometrists from taking advantage of the Platt-Ellis law. On September 26, Mr. Albert Myer, of Albert Lea, Minn., the national secretary, sent a letter to every optician in Ohio, violently attacking the "medical oligarchy" and pledging the financial and



moral support of the national association to Ohio opticians who refuse to register and who desire to fight the law.

Until the middle of October little attention was given to the question of registering nurses, other than to file the hundreds of applications that are being received. The number far exceeds the estimated total, and it is possible that the registration fee will be reduced and a portion of that collected returned to the applicants. The executive committee of the new Ohio Hospital Association is co-operating with the board in developing the details of the nurse registration law.

### APPLICANTS TO PRACTICE UNDER PLATT-ELLIS LAW

We are unable to print the entire list of those who applied for limited practice certificates under the Platt-Ellis law, as many of the applications are imperfect and have to be changed. Neither are we listing, this month, the applicants from the larger cities of the state, as the State Medical Board has made special arrangements to investigate the claims of these practitioners. The list we present includes the applicants from the towns and smaller cities.

The medical board requests information concerning these applicants—confidential or otherwise. If you know of reasons why they should not be licensed by the state, to practice in the limited branches they have selected, file your information with the State Medical Board immediately. We are printing this list to give you an opportunity to do this.

The list likewise does not include applicants to practice optometry, although a large number of applications are on file. These will not be published until the courts settle their status.

**Adena**—Wm. M. Stiers, chiropractic, massage, hydro-therapy; practiced 10 years, Uhrichsville, Cadiz, Adena, Kimbolton and Newcomerstown.

**Alliance**—Jesse J. Newcomer, 856 South Arch St., chiropractic, spondylotherapy, electro-therapy, hydro-therapy, neuropathy, mechano-therapy, psycho-therapy, magnetic healing, massage, Swedish movements; practiced 1913-1914, Massillon; 1914-1915, Alliance. Sylvia C. Kaufman, 27 S. Arclie Ave., electro-therapy, massage, vapor baths; practiced since 1913, Alliance. Minnie Drunkenbrod, 35 S. Arch St., electro-therapy, massage; practiced 9 years, Alliance.

**Ashtabula**—Henry W. Meier, 7 Booth St., chiropractic, spondylotherapy; practiced 3 years, Ashtabula. John Wolotira, 226 Main St., chiropractic; practiced three and one-half years, Wilkes Barre, Pa.; one year, Grand Rapids, Mich.; one year, Richmond, Indiana; four months, Toledo; five months, Ashtabula.

**Ashland**—Charles M. Flory, 311 Vesper St., chiropody; practiced from 1905-1906, Akron; 1906-1907, Plymouth; 1908-1910, Greenwich; since 1911, Ashland.

**Bremen**—Grace L. Coney, suggestive therapy; practiced July to October, Middleport; since 1910, Bremen.

**Byesville**—Edward Porter Finley, 203 East Main St., chiropractic, hydro-therapy, electro-therapy, mechano-therapy, spondylo-therapy; practiced since 1914, Byesville.

**Bowling Green**—Chas. E. Norris, chiropractic, spondylo-therapy, hydro-therapy; practiced, 1911-1913, Breckenridge, Mich.; since 1913, Bowling Green.

**Bellaire**—Geo. F. Malin, Belmont St., chiropractic; practiced, April to July, 1915, Nutwood; since July, 1915, Bellaire.

**Coshocton**—Malinda T. Liggins (colored), 836 Locust St., chiropody; practiced 20 years, Coshocton. Marion H. Goodhart, chiropractic, spondylo-therapy, electro-therapy, hydro-therapy, magnetic healing, massage, mechano-therapy, neuropathy; practiced 11 years, Wellston and Coshocton. Charles S. Geese, 553 Main, chiropractic, spondylo-therapy; practiced one month, Cambridge; since 1914, Coshocton.

**Cambridge**—Carrie V. Felumlee, mechano-therapy, massage, physical culture, chiropractic, hydrotherapy; practiced five years, Cambridge.

**Conneaut**—Roy E. Paton, 131 West 18th St., chiropractic, electro-therapy, hydro-therapy; practiced from 1906-1911, Springfield; since 1911, Conneaut. Jerome S. Blair, 415 State St., chiropody; practiced six years, Conneaut. Howard D. Reynolds, Conneaut, chiropractic, spondylo-therapy; practiced, 1913-1914, Beaver Falls; since 1914, Conneaut.

**Chillicothe**—Peter L. McKellar, Paint St., electro-therapy; practiced from 1888-1889, Jackson; 1889-1891, Chillicothe; 1891-1895, Greenfield; 1895-1908, Jackson; since 1908, Chillicothe. Minnie P. Medley, (colored), Nipgen Blk., chiropody; practiced since 1907, Chillicothe. Daniel W. Getter, R. R. No. 3, mechano-therapy; practiced since 1913, Sulphur Lick Springs.

**Canal Dover**—Ernest A. Monce, 217 West Third St., chiropractic; practiced since May, 1914, Canal Dover. Albert E. Long, mechano-therapy; practiced four years, Cleveland; three years, Canal Dover.

**Carey**—J. E. Myers, chiropractic, massage; practiced since 1905, Carey.

**Delphos**—Luther Wideman, 226 East 10th St., suggestive therapeutics, magnetic healing; practiced since 1899, Delphos.

**Delta**—Kathryn C. Skeele, chiropractic, neuropathy; practiced two years in Madison and Franklin Counties. William N. Skeele, chiropractic, neuropathy; practiced two years, Franklin County; nine months, Delta.

**Deshler**—Alice Beeman, chiropractic; practiced, 1914-1915, Custar; since April, 1915, Deshler.

**Defiance**—Floyd S. Moon, chiropractic; practiced three years, Defiance.

**Elyria**—Lenora S. Stevick, 5th St., chiropody, massage; practiced, 1900-1910, Pinehurst and Southern Pines, N. C.; since 1900, Elyria. Everett T. Clauser, Broad St., chiropractic, spondylo-therapy; practiced since 1912, Elyria. Judson M. Blanchard, Broad St., mechano-therapy, massage, Swedish movements; practiced since 1907, Elyria. Cutler Ettinger, East Broad St., suggestive therapeutics; practiced since 1912, Elyria.

**East Liverpool**—Chas. A. McAndre, chiropractic; practiced since 1911, East Liverpool. Alfred F. Birbec, mechano-therapy; practiced five years, East Liverpool.

**Fremont**—George E. Varsey, 612 Court St., chiropractic, spondylo-therapy; practiced, June to October, 1912, Grand Rapids, Mich.; since 1912, Fremont. Ella M. Schuck, 527 North Jackson St., massage, Swedish movements; practiced since 1908, Fremont and Green Spring. Thomas W. Egan, Rawson Ave., chiropractic; practiced 1911-1912, Toledo; 1912 to date, Fremont.

**Fredericktown**—Frank E. Hosack, mechano-therapy, suggestive-therapy; practiced three years, Morrow, Richland and Knox Counties.

**Findlay**—Addie Richards, 121½ West Sandusky St., massage, Swedish movements, electro-therapy, hydro-therapy; practiced since 1907, Findlay. Wm. H. Richards, 121½ West Sandusky St., electro-therapy, hydro-therapy, massage, Swedish movements; practiced since 1907, Findlay. Eugene C. Snyder, 319 Portz Ave., chiropractic; practiced since 1911, Findlay. Fred E. Bair, Ash Ave., chiropractic; practiced since 1913, Findlay. Jacob Hesch, 314 N. Cory St., home remedies; practiced 28 years, Hancock, Lucas, Van Wert, Henry and Wood Counties.

**Hemlock**—Alexander Springer, magnetic healing; practiced seven years, Hemlock.

**Greenfield**—James A. Nuckols, 207 South 7th St., chiropractic, spondylo-therapy, neuropathy; practiced since March, 1914, Greenfield.

**Kenton**—Emmet Johnson, 114 Detroit Ave., chiropractic; practiced since 1913, Kenton. Geo. W. LeHew, Main St., neuro-magnetic; practiced since 1907, Kenton.

**Lima**—Richard A. Deken, 120 West Kibby St., chiropractic, hydro-therapy, magnetic healing, suggestive therapy, psycho-therapy, mechano-therapy, electro-therapy; practiced three years, Rimer; 12 years, Lima. Elmer Mackin, 130 East North St., Swedish movements, massage, hydro-therapy, electro-therapy; practiced since 1903, Lima. Bessie G. Mackin, 130 East North St., massage, Swedish movements, hydro-therapy, electro-therapy; practiced since 1903, Lima. Philip Albert, 116 West Market St., chiropody; practiced 20 years, Lima. Zilar W. Wise, Holland Blk., chiropractic; practiced, 1913-1914, Maplewood; since 1914, Lima. Elizabeth Fox, 127 W. Circular, suggestive therapy, psycho-therapy, mental healing; practiced since 1909, Lima.

**Lorain**—Della Hawk, 1814 Reid Ave., chiropractic; practiced since 1910, Lorain.

**Lancaster**—Nelle C. Hummel, Lancaster, chiropractic, spondylotherapy; since 1914, Lancaster. Abraham F. Hummel, chiropractic, spondylotherapy; practiced since 1914, Lancaster. Susie Carter, 423 East Mulberry, chiropody; practiced since 1900, Lancaster.

**Lakewood**—Thomas Volk, 1275 Beach Ave., electro-therapy, hydro-therapy, massage, Swedish movements, neuropathy, mechano-therapy, chiropody; practiced since 1907, Cleveland. David Johnson, 1349 Lakeland Ave., hydro-therapy, mechano-therapy, psycho-therapy, chiropractic, electro-therapy; practiced since 1914, Lakewood.

**Logan**—Wm. R. Linn, Main St., suggestive therapeutics, magnetic; practiced in 1910, Union Furnice; since 1911, Logan. Joseph Lahond, Main St., mechano-therapy, hydro-therapy; practiced two years, Logan.

**Marion**—Minna D. Royle, 207½ West Center St., electro-therapy; practiced eight years, Marion. Robert C. Price, 208 West Center St., neurology; 1908-1913, Plymouth; since 1913, Marion. Wm. W. Doughty, Center St., chiropractic, spondylotherapy; practiced since April, 1914, Marion. Dawson W. Sett, massage, Swedish movements. Ester Sett, massage, Swedish movements. Lewis Mendinghall, massage, Swedish movements. Mary G. More, massage, Swedish movements; practiced since 1904. Joseph F. Neidhart, 696 East Farming St., spondylotherapy, magnetic healing; chiropractic, suggestive therapeutics; practiced since 1909, Marion.

**Mt. Vernon**—Marguerite K. Fisher, 9 West Sugar St., electro-therapy, mechano-therapy, hydro-therapy; practiced since 1906, Mt. Vernon. Paul S. Stokes, Sr., 9 East Chestnut, massage, Swedish movements, electro-therapy, chiropody; practiced, 1905-1908, Columbus; since 1908, Mt. Vernon. Chas. E. Robshaw, hydro-therapy, massage, Swedish movements; practiced, 1906-1908, Cincinnati; since 1908, Mt. Vernon. Chas. E. Welch, electro-therapy, hydro-therapy, massage, Swedish movements, mechano-therapy; practiced eight and one-half years, Mt. Vernon Hospital. Maud Darrah, 713 North Main St., massage; practiced six years, Mt. Vernon. Charles H. Taylor, 607 East Front St., chiropractic; practiced since 1914, Mt. Vernon. Edna E. Shearn, 9 Sugar St., hydro-therapy, electro-therapy; practiced since 1910, Mt. Vernon. Russell H. Skeels, 15 West High St., chiropractic, naturopathy; practiced since 1911, Delaware. Cardington, Ashley, Bridgeport, Freeport, Mt. Vernon.

**Millersburg**—Mary E. Elder, S. Washington St., neuropathy; practiced one year, Rochester, Ind.; four years, Kewanee, Ill.; two years, Delaware; seven years, Millersburg. Lawrence J. Smith, mechano-therapy; practiced since 1913, Millersburg.

**Martins Ferry**—James W. Rogers, 335 North 5th St., psycho-therapy; practiced since 1910, Martins Ferry.

**Middleport**—Quinn Waugh, magnetic healing or suggestive therapeutics; practiced 11 years, Middleport.

**Mansfield**—Stella Galena, 211 Bird Bldg., chiropody; practiced five years, Mansfield. Robert E. Kerr, 439 South Main, Chiropractic; practiced since 1906, Mansfield. Clarence E. Yarman, Mohican Bld., chiropractic, spondylotherapy; practiced one month, Alliance; since 1914, Mansfield. Maude M. Yarman, Mohican Bld., chiropractic, spondylotherapy; practiced one month, Alliance; since 1914, Mansfield.

**Marietta**—Josiah H. Cornell, Marietta, suggestive therapeutics; practiced 1910-1911, Marietta; January, 1911, to May, 1911, Alliance; since May, 1911, Marietta. George T. Wood, 304 Putnam St., chiropractic; practiced 1911-1912, Bay City, Mich.; since 1912, Marietta. Flora C. McLaren, 504 2nd St., chiropractic; practiced since 1908, Marietta.

**Middletown**—Gideon B. Strehl, 419 3rd St., chiropractic; practiced since 1913, Toledo.

**Newark**—Ben E. Creighton, 54 Hudson Ave., chiropractic; practiced 1914-1915, Marietta; since February, 1915, Newark. Gale C. Drumm, Newark, chiropractic; practiced since 1913, Columbus. Alfred A. Taylor, 300 Hudson Ave., chiropractic, naprapathy, spondylotherapy, electro-therapy, suggestive therapy, magnetic healing; practiced since 1905, Newark.

**New Weston**—Earl D. Mendenhall, chiropractic; practiced since March, 1914, New Weston.

**North Baltimore**—John V. Hughes, North Baltimore, suggestive therapeutics; practiced from 1900-1903, Carlisle, Pa.; 1903-1910, Mt. Cory and North Baltimore; 1910-1914, Carlisle, Pa.; since 1914, North Baltimore.

**New Philadelphia**—Frank C. Levine, 126½ East High St., hydro-therapy, electro-therapy; practiced, 1909-1910, Clyde; 1910-1915, Canton; since July, 1915, New Philadelphia. Robert W. Frederick, North Broadway, chiropractic, neuro-magnetic; practiced since 1913, New Philadelphia.

**New London**—Lena B. Parkin, chiropractic; practiced since March, 1915, Crestline and New London.

**Norwood**—William H. Kratz, 2440 Mound Ave., spondylotherapy and general mechanical treatment; practiced, 1903-1907, Indianapolis; since 1907, Cincinnati.

**Ohio City**—Anna McEllirney, suggestive therapeutics; practiced since 1900, Ohio City.

**Oberlin**—Joseph Schillig, chiropractic; practiced 1912-1915, Norwalk; since September, 1915, Oberlin.

**Piqua**—Simon R. Jansheski, 124 N. Wayne St., chiropractic, spondylotherapy; practiced, March to September, 1912, Detroit, Mich.; since 1912, Piqua. Ollie B. Pettiford, colored, Wayne St., chiropody; practiced since 1903, Piqua.

**Port Jefferson**—Harry F. Ogden, chiropractic; practiced since 1913, Port Jefferson.

**Pemberville**—Calvin C. Rutledge, chiropractic, hydro-therapy; practiced three months, Grant Michigan; two months, Bowling Green; since 1913, Pemberville.

**Ravenna**—Silas Ingram, chiropractic; practiced, 1906-1911, Charleston; 1911-1912, Ravenna; 1912-1913, West Farmington; since 1913, Ravenna.

**Painesville**—Katherine M. Griswold, 213 North State St., chiropractic, spondylotherapy; practiced since 1912, Painesville.

**Steubenville**—John Eynon, chiropractic; practiced six months, Toledo; five years six months, Steubenville.

**Seaman**—Omer L. Kechtly, chiropractic; practiced since March, 1915, Seaman.

**St. Paris**—Olive M. Browning, chiropractic; practiced since 1906, Columbus, Springfield, Urbana, St. Paris.

**Springfield**—Wilson K. Bryan, Y. M. C. A., hydro-therapy, neuropathy; practiced 1911-1912, Columbus. Richard J. Winn, chiropody; practiced, 1887-1895, Cincinnati; since 1895, Springfield. Henry Riebold, 228 West North St., mechano-therapy; practiced from 1909-1910, Dayton; since 1910, Springfield. James R. Randolph, 432 Clifton St., chiropractic, magnetic healing; practiced, 1910-1912, Nelsonville; since 1912, Springfield. Chas. E. Stewart, 536 South Fountain St., neuropathy, chiropractic; practiced, 1910-1912, Sinking Springs; 1912-1914, Washington C. H.; since 1914, Springfield. Samuel R. Patterson, chiropractic; practiced one and one-half years, Springfield and Dayton. Benjamin P. Rathbun, Main and Lime Sts., chiropractic; practiced since 1914, Springfield. Rachel V. Weigamood, South Fountain Ave., suggestive-therapy, neuro-therapy, magnetic healing; practiced since 1912, Springfield.

**St. Mary's**—M. Leroy Crills, Box 651, chiropractic; practiced five months, Hartings, Mich.; 1911-1913, Knightstown, Ind.; since 1913, St. Mary's.

**Salem**—Ralph H. Campbell, 53 Depot St., chiropractic; practiced from 1905-1907, Yonkers, N. Y.; 1907-1909, Boston; 1909-1914, Cleveland; 1914-1915, Canton; since April, 1915, Sebring. C. F. Kesselmyre, 33 East Main St., magnetic healing; chiropractic; practiced 10 years, Salem.

**Sandusky**—Milton E. Freeman, 403 Market St., chiropody; practiced since 1909, Sandusky. Euphemia Lemon, 229 Jackson St., chiropody; practiced since 1909, Sandusky. Wm. Keenan, chiropractic; practiced, 1913-1914, Lorain; since 1914, Sandusky.

**Spencerville**—Harry L. Briggs, chiropractic, spondylotherapy; practiced since 1914, Spencerville.

**Toronto**—Louis P. Putti, Fourth St., chiropractic; practiced since 1913, Toronto.

**Tiffin**—Cloyce B. Taylor, South Washington St., chiropractic, spondylotherapy, Swedish massage; practiced one month, Findlay; since 1914, Tiffin. Nellie V. Taylor, South Washington St., chiropractic, spondylotherapy; practiced one month, Findlay; since 1914, Tiffin. Orlen O. Shafer, 60½ Monroe Ave., mechano-therapy; practiced, Tiffin and Fostoria.

**Trotwood**—Wm. I. Bixler, R. F. D., chiropractic, hydro-therapy, neuropathy, mechano-therapy; practiced 16 months, Dayton and Trotwood.

**Trimble**—J. Dwight Haskins, chiropractic; spondylotherapy; practiced six months, Spokane, Washington; since 1913, Trimble. Wm. T. Robinson, chiropractic; practiced, 1914-1915, Ft. Wayne, Ind.; since May, 1915, Trimble.

**Troy**—Harry B. Bolt, 21 West Water St., chiropractic; practiced since 1913, Dayton and Troy.

**Van Wert**—Wm. W. Ulan, 214 South Tyler St., chiropractic; practiced since 1911, Van Wert.

**Wooster**—Clyde F. Hahn, chiropractic, spondylotherapy; practiced, three months, Cleveland; since January, 1915, Wooster.

**West Salem**—Clara E. Scott, suggestive-therapy, psycho-therapy, magnetic healing; practiced 15 years, West Salem.

**Washington C. H.**—George C. Emmans, chiropractic; practiced since 1913, Washington C. H.

**Warren**—John H. Oswalt, East Market St., chiropractic; practiced, 1905-1909, Hicksville; since 1909, Warren. James E. Disley, North Elm St., chiropractic; practiced since 1915, Warren.

**Wauseon**—Samuel Yoder, chiropractic, hydro-therapy, electro-therapy, psycho-therapy, mechano-therapy; practiced since 1912, Wauseon.

**Xenia**—Lulu Jobe, 115 North Detroit Ave., magnetic healing; practiced 15 years, Xenia; 10 years, Covington; three years, Yellow Springs. Emma Zill, South Detroit St., suggestive therapeutics; practiced since 1905, Xenia. Martha J. Dougherty, 26 Detroit St., chiropractic; practiced, 1910-1913, Indianapolis, Ind.; since 1913, Xenia. Arthur A. Brown, South Detroit St., chiropody; practiced, 1909-1910, Chicago, Ill.; since 1910, Xenia and Dayton.



# **PUBLIC HEALTH SECTION ADDED TO STATE CHARITIES CONFERENCE**

**Program at Dayton Includes Discussion of Medico-Social Problems of Interest.**

A new section on public health has been added to the State Conference of Charities and Correction which holds its meeting this year in Dayton, November 3, 4, and 5. Dr. Robert H. Bishop, of Cleveland, is chairman of the section and Mr. R. G. Paterson, of the State Department of Health, is secretary. The following section program has been announced:

Wednesday, November 3, at 2:30 p. m., "Hospitals, a Community Asset," 10 minutes, in charge of Dr. A. R. Warner, Lakeside Hospital, Cleveland; "City Hospitals," 20 minutes, Howell Wright, Cleveland; 20 minutes, Dr. A. C. Bachmeyer, Cincinnati. Discussion, Dr. J. C. M. Floyd, Steubenville.

Thursday, November 4, at 9:00 a. m., "Nursing," 10 minutes, in charge of Helena R. Stewart, R. N., Columbus; 20 minutes, Miss Ella P. Crandall, New York; 20 minutes, Miss Edna R. Foley, Chicago. Discussion, Miss Elizabeth Holt, Dayton.

Friday, November 5, at 9:00 a. m., "Social Service," 10 minutes, in charge of Dr. J. C. M. Floyd, Steubenville; 20 minutes, C. V. Williams, director Children's Bureau, State Board of Charities; 20 minutes, Dr. Frances Hollingshead, director, Division of Child Hygiene, State Board of Health; 20 minutes, Dr. Thos. L. Haines, director, Bureau Juvenile Research, State Board of Administration.

Public health workers have been trying for years to secure the addition of a Public Health Section to this conference. Their success should be responsible for a closer relationship between medical men and social workers. All physicians interested in public health work are urged to attend this meeting and to take part in the section program.

## **NEWSPAPERS PROTEST AGAINST MEDICAL ADVERTISING CLAUSE**

The Ohio Associated Dailies (an organization including 150 of the leading daily newspapers of the state) filed formal protest with the state medical board against requiring applicants for licenses to practice limited certificates under the Platt-Ellis law, to state in their written applications that they will not become advertising or itinerant physicians. The communication declared it to be the opinion of the dailies that such a requirement is "unjust to the applicant and unfair to the optician or similar practitioner who desires to buy advertising space, in which every newspaper in Ohio is vitally concerned." The communication was signed by G. W. C. Perry, Chillicothe, president, and L. H. Brush, Salem, secretary.

## **ANNOUNCEMENTS**

Hereafter in this column the Journal will publish announcements of the programs of the academies and county societies for the month following the date of publication whenever it is possible to secure same. Secretaries are requested to co-operate. Announcements must reach the editor not later than the fifth of the month.

Many members in other counties want to know what your society is doing. By giving them advance notice through this column they may arrange to attend.

### **COLUMBUS ACADEMY OF MEDICINE.**

October 25—Prof. Max. Einhorn, of New York City, will address the Academy.

November 1—Dr. J. W. Means, "Research Work on Cancer of the Breast"; Dr. F. F. Lawrence, "Progress of Surgery in the Last One Hundred Years."

### **LAKE COUNTY TO THE FRONT.**

The Lake County Medical Society landed in the right hand column of the One Hundred Per Cent Club early in October, when Dr. C. M. Hawley, of Painesville, secretary-treasurer, sent the state society \$20.00 in full payment for eight brand new members—the check including not only the full dues for the year but the amount of the extra assessment.

This brings Lake county membership up to 16 and gives them six more members than they had last year. We need a little excitement like this in a few other counties.

Every county medical society in the state should outline some definite program for public health work for the winter, in addition to its scientific and social program. Determine the most pressing need of your county in preventive medicine or sanitation, then proceed to meet that need. A number of societies are co-operating with the school boards in introducing medical inspection of school children, thus demonstrating the feasibility of this work as a permanent feature for the local schools. This is important educational work for any society where the local schools lack this inspection service.

**Coshocton Items.**—Dr. Jesse McClean has returned from Rochester, Minn., where he attended the Mayo clinic. Dr. A. C. Carr attended pediatric clinics in Chicago. Dr. J. D. Lower has completed six weeks' post-graduate course in internal medicine and bacteriology at the University of Michigan.

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## COMMUNICATIONS

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To The Editor:—"Nitrous Oxide Oxygen—The Most Dangerous Anesthetic," was the subject of a paper read by Dr. J. F. Baldwin, of Columbus, before the Tenth District Medical Association, Chillicothe, Ohio, September 22, 1915.

Since no record was kept of the very brief discussions allowed by the chair, may I comment on Dr. Baldwin's paper through your columns?

Dr. Baldwin read the case reports of some twenty fatalities, part of which were his own, and he contended that they all were due to nitrous oxide. This claim was severely criticized by several of those present, whose cases were included in Dr. Baldwin's report. Dr. Baldwin insinuated that nitrous oxide was being used by some for advertising purposes and stated that all authorities on the subject who had tried this anesthetic had abandoned it as too dangerous and unsatisfactory. The statement that with nitrous oxide anesthesia there was a one per cent mortality due to the anesthetic was most terrifying to the uninformed. Such a mortality, if existing, is certainly a local one, demand thorough examination and correction and not general condemnation of one of the greatest advances in modern surgery.

Dr. Baldwin's paper was the most adverse criticism of the use of nitrous oxide oxygen anesthesia that it has ever been my misfortune to hear. Viewed from Dr. Baldwin's standpoint entirely, such criticism is justified, but there is without any question some explanation for the most unfortunate results which he reports following the use of nitrous oxide as an anesthetic. When scientifically considering a question of such vital importance as the choice of an anesthetic, we must lay aside all personalities and the effects that the increased use of this or any other anesthetic may have on the size of our own individual practices. Dr. Baldwin's statement that nitrous oxide oxygen is the most dangerous anesthetic might possibly be allowed to pass had he supplemented his remark with—"in the hands of the inexperienced or incompetent and unless the gas used is pure."

I have no explanation for Dr. Baldwin's failure in the use of nitrous oxide, but that there is something or some one at fault seems assured, since in the hands of such men as Bloodgood, Hugh Young, Howard Kelley, Crile, Lower, Selby and a host of others, nitrous oxide has not only proven less dangerous than any other means of anesthesia but has been so beneficial to the patients in many other ways that it is being used almost exclusively.

Concerning the administration, let me repeat that it be only at the hands of the experienced, and that another prime requisite is that the gas be pure. The patient should have pre-operative

narcotization with morphia scopolamin. Anesthesia should be induced by a slow, even and constant flow of gas which is at a slightly greater than atmospheric pressure. Re-breathing to a very moderate extent is beneficial, and it is of advantage to have the gases warmed. The patient should be kept with a normal complexion, never cyanosed and not given an excess of oxygen. It is quite advantageous to temporarily add a low percentage of ether to alcoholic, very large robust patients, and if necessary, to any patient when doing deep abdominal work.

There must be a well regulated co-operation between the surgeon and anesthetist. Should the patient begin straining during the operation, he is merely notifying the surgeon that he is being hurt and requires more anesthesia, not brute force from the hands of the operator. Crile's anociation, infiltrating the tissues with novocain 1-400 before cutting, combined with gentleness in handling the tissues are necessary requisites to the complete success of nitrous oxide oxygen anesthesia. Failing to realize these facts is the explanation of the failure of the anesthesia in the hands of many of those who are opposed to it.

The cost of this anesthesia has frequently been considered a disadvantage, but I can state that the cost of maintaining anesthesia by this means in the Lakeside Hospital of Cleveland, which manufactures its own nitrous oxide, and employs full time expert anesthetists, is but four dollars per hour, and this includes every expense incidental to the manufacture and administration of the anesthetic. This may be somewhat above the institutional cost of ether, but when one considers the extra time demanded of the nurses and doctors by the post operative ether patient and the increase in the supplies, such as linen, gauze, etc., required for their care, nitrous oxide is materially less expensive than ether.

The statistics for the surgical service of Lakeside Hospital for the past five years, during which time nitrous oxide has been used exclusively, excepting for the anesthetization of very young children and for tonsil and adenoid cases, and here it is used preliminary to ether, are as follows:

The total admissions have increased from 1,155 to 2,801, or 142 per cent; the percentage of admissions not operated on has decreased from 29.4 per cent to 15 to 20 per cent. The mortality from surgical causes was 1.5 per cent in 1914, and the post operative mortality from any cause whatsoever of all cases operated on for the past five years, including both surgical and gynecological services, was 2.8 per cent; the mortality for all cases admitted, whether operated on or not, including both services, was 2.9 per cent.

Nitrous oxide has been used in this clinic since 1907 and since that time there has been 14,000 nitrous oxide anesthetics on the surgical service without a death due to the anesthetic. During the same period there has been about 3,500 anes-



thesias on the gynecological service with two deaths attributable to the anesthetic. One was due to impure gas and the other to the inexperience on the part of the anesthetist with a very ill patient. Considering the fact that this clinic has borne the great brunt of developing this method of anesthesia for major surgery and that the two fatalities have been recognized and means taken to prevent future disasters we feel quite justified in continuing and recommending its use.

Now to sum up very briefly the disadvantages; dangers of the anesthetic in unskilled hands and the difficulty in obtaining trained anesthetists; very young children do not take the anesthetic well; the apparatus and the gas are hard to transport and lastly that it is not an anesthetic to be administered by the general practitioner.

The advantages of nitrous oxide may be briefly stated as follows: In trained hands and of pure composition it is the safest anesthetic known; it is not unpleasant to take; the rapidity of its action saves the surgeon's time; it is followed by less post-operative nausea and gas pains than ether; it is not irritating to the pulmonary tract and there is less post-operative pneumonia; it is less toxic, especially for nephritics, diabetics and all infectious cases, and of great advantage in shock, hemorrhage and eclampsia. It is economical in that it shortens the stay in the hospital of minor operative cases, and saves supplies and the time required in post-operative care; a larger percentage of hazardous cases can be given the advantage of operative procedures using nitrous oxide, whereas the same procedure with ether would show a very much higher mortality.

Wm. D. Fullerton, M. D.

1021 Prospect St., Cleveland, O.

#### BOARD OF CHARITIES SEEKS CO-OPERATION OF PHYSICIANS

##### Find Violations of Law Relative to Placing of Children for Adoption from Maternity Hospitals.

The first report of the Children's Welfare department of the Ohio State Board of Charities, directs some criticism toward carelessness on the part of physicians, and even violations of the law, in placing infants for adoption from maternity boarding houses and lying in hospitals.

Section 6272 of the General Code specifically provides that a child under two years of age, whether an inmate of such house or hospital, born therein or brought thereto or otherwise, shall not be given out for adoption, except by and with the consent of a charitable organization, society or institution, having the care of children under its control and duly incorporated under the laws of this state, or of a juvenile court.

In commenting upon violations of this section, Director C. V. Williams in his report says:

"The department has discovered that it is not an uncommon thing for reputable physicians to engage in this practice of placing infants who are born in these institutions. One child was placed when two weeks old from a maternity hospital, patronized by the leading people of the community. The mother claims that the child was taken from her in the hospital without her consent, and placed, through the instrumentality of the physician, with a good family. After the discharge of the mother from the hospital she made futile efforts for nearly six months to locate her child. The physician refused to give her information. She wandered about the streets of the city, hoping to find her baby by observing houses where infant's clothing was in use. She finally appealed to attorneys for relief, who presented the case of the young mother to the Children's Welfare Department. As the physician had no legal right to place the child, the court directed its removal from the nearly broken-hearted foster parents, and returned it to the mother. Comment is unnecessary to show how the violation of the law by the physician resulted in unspeakable heart anguish to the foster parents as well as the mother.

"Another physician desiring to comply with the wishes of the parents of a young girl who gave birth to an illegitimate child in a hospital, told her that the child died at birth. He sent the infant to a children's hospital and falsified the birth records. This child deprived of its mother's milk later died.

"Another maternity hospital engages extensively in the practice of placing infants in family homes. The superintendent of this institution told the visitor that the babies were retained for at least two weeks after their birth before placement. The particularly unfortunate feature of this institution is the fact that many girls who could nurse their babies come to the hospital with the expectation of giving them away and are not disappointed. The practice of thus disposing of these infants is unlawful and inhumane, and should be discouraged, and the Board of State Charities is seeking the co-operation of the physicians to this end."

Mother-in-Law—The doctor said I was all run down and needed strychnine as a tonic. Now I don't want to take too much. How big a dose do you recommend?

Son-in-Law (hopefully)—I wouldn't take more than a teaspoonful to begin with.—Popular Health Magazine.—Judge.

If we had more of a taste for statistics, we should attempt to collect authoritative data showing whether our prominent citizens who could run a given paper better than the editor or our prominent citizens who could handle a given case better than the doctors are in the majority.—The Ohio State Journal.

## MAY BUILD HOSPITAL FOR CRIPPLED CHILDREN AT O. S. U.

Ohio Commission Now Investigating Plans  
Adopted by Other States.

The state commission appointed to select a site and build a home for indigent crippled and deformed children met in Columbus, September 16, and organized by selecting Dr. W. D. Haines, Cincinnati, as temporary chairman. It was unanimously agreed to collect information as to methods pursued by other states in meeting this problem. State Auditor Donahey, one of the four members of the commission, is in favor of adopting the Michigan plan and establishing the hospital in connection with the medical college at Ohio State University. Mr. Donahey in a recent newspaper statement points out that it would be useless to spend \$200,000 or more for a new institution, thereby creating a permanent maintenance expense, when the proposed hospital could be added to the State University equipment for a comparatively small sum.

This plan, it is believed, would meet with general favor and it is said to be approved by the members of the commission. Mr. H. H. Timkin, Canton, Mr. J. A. McDowell, Ashland, Mr. Donahey and Dr. Haines constitute the commission, with Governor Willis as member ex-officio and president.

## OHIO MEDICAL MEN ATTEND ANTI-TUBERCULOSIS CONFERENCE

A large delegation of physicians and social workers from Ohio attended the third session of the Mississippi Valley Conference of Tuberculosis, held in Indianapolis, September 29 and 30, October 1 and 2. Several from Ohio were on the program. R. G. Paterson, director of the division of tuberculosis, State Board of Health, presented a paper on "The Problems of Insufficiently Financed Local Anti-tuberculosis Societies." Dr. J. H. J. Upham, Columbus, led the discussion on reporting cases of tuberculosis; Dr. Kenon Dunham, Cincinnati, "The X-Ray and Tuberculosis"; Mr. John Voll, Zanesville, president of the Ohio Federation of Labor, "Tuberculosis Prevention from the Employes' Standpoint," and "Tuberculosis from the Standpoint of the Labor Leader," by William Green, secretary of the United Mine Workers of America. Dr. R. H. Bishop, Jr., of Cleveland, member of the central council of the conference, who was scheduled for an important part in the program, was prevented by illness from attending. Delegates were present from 19 states. Governor Willis named a list of twenty official representatives from Ohio.

Pennsylvania railway surgeons hold their annual meeting at Hotel Martinique, New York City, October 18, 19 and 20.

## NEWS NOTES OF OHIO

Dr. Walter Hartung has been appointed jail physician, Toledo.

Dr. and Mrs. R. W. Chalfont, Bellefontaine, have returned from a western trip.

Dr. and Mrs. E. W. Mitchell, Cincinnati, have returned from an extensive Western trip.

Dr. Philip Dorger has been appointed district physician by the Cincinnati board of health.

Dr. Frank Burns, Cincinnati, has been appointed federal jail physician, vice Dr. Francis Dowling.

Born to Dr. and Mrs. H. A. Thomas, Lima, O., an eight-pound girl, Elizabeth Ann, September 4, 1915.

Dr. Walter Mytinger, Cincinnati, has been elected to membership in the American Association of Anesthetists.

Dr. W. D. Fenker, house physician of St. Francis Hospital, Columbus, has accepted a staff position at the Ohio Soldiers' and Sailors' Home, Sandusky.

The sixth annual session of the Clinical Congress of Surgeons of North America will be held in Boston, October 25 to 29, under the presidency of Dr. John B. Murphy.

Dr. C. O. ImOberstag, Toledo, announces that he has established his offices at 309 Fifty Associates Building, for the examination and treatment of diseases of the stomach and bowels exclusively.

Dr. Edwin A. Hamilton, Columbus, who has served as head of a Red Cross hospital unit at Gleitwitz, Germany, since May, sailed from Rotterdam early in October. Dr. H. H. Snively, Columbus, has been in Red Cross service at Kiev, Russia, expects to return this month.

Members of the Pennsylvania State Medical Society in session at Philadelphia last month dodged a vote on the question of endorsing statewide prohibition. Instead they enacted a resolution "recognizing the evil effect of excessive use of distilled liquor as beverages"; but held that it was not the province of the society to enter the political field, either for or against prohibition. The Philadelphia Ledger quotes the author of the radical prohibition resolution, which was tabled, as charging that its defeat was due to members who "like their cocktails."



# \*\*\*\*\* \* ACTIVITIES OF OHIO CITIES \* \* IN PUBLIC HEALTH WORK \* \* HOW ABOUT YOUR CITY? \* \*\*\*\*\*

Acute poliomyelitis was epidemic in Akron early in September, resulting in twelve deaths.

The Marietta Federation of Women's Clubs plans to place an instructive visiting nurse in the field.

In Martins Ferry, the local physicians have established a school clinic where school children will be treated for defects, regardless of their ability to pay. School authorities are co-operating heartily.

R. G. Paterson, chief of the division of tuberculosis, State Board of Health, addressed the Central Council of Social Agencies of Youngstown on September 22, on "Prevention of Tuberculosis Through Institutional Care."

The Thalian Anti-tuberculosis Society, Toledo, during September, presented moving pictures in various theatres, showing how the money is spent in fighting tuberculosis in that city. Their annual tag day was held October 9.

Of the 52 pupils enrolled in 1914 in the open air school maintained by the Columbus Society for the Prevention of Tuberculosis, 34 have regained health and returned to the public school. Their places were immediately filled and the school has a waiting list.

The Miami Valley Health Officers' Association met in Hamilton, September 23. Dr. R. B. Blume, chief food inspector of Cincinnati health department, delivered a public talk on "Meat Inspection and Food Adulteration, and Their Relation to Public Health."

Drs. W. J. Gillette, W. A. Dickey and W. E. Moseley, of Robinhood Hospital staff, Toledo, delivered a series of public health lectures during the past month in the First United Presbyterian Church. Subjects were illustrated by slides prepared by Dr. A. J. Hartman.

Cincinnati is first in the federal list of cities for exercising the greatest vigilance over its milk supply, according to a printed report issued by the United States Public Health Service. Cincinnati makes more bacterial and chemical tests of its milk and cream than any other city in the country, the report states, and exercises greater

precautions in its dairy inspections than any other.

The trustees of the Toledo District Nursing Association announce the establishment of an hourly nursing service. Charges will be 75 cents when the nurse's visit does not exceed one hour, and 50 cents for the second hour or part thereof. Arrangements may be made by telephoning the office of the association.

Dr. Otto P. Geier, Cincinnati, is chairman of the medical section of the National Safety Council which holds its fourth annual congress in Philadelphia, October 19-21. The section will consider medical supervision of industries, standardization of records of medical data, first aid outfits, etc. Drs. Sidney A. McCurdy, Youngstown, and E. R. Hayhurst, of the state department of health, are on the program.

## \*\*\*\*\* \* NEWS OF INTEREST \* \* FROM OHIO HOSPITALS \* \*\*\*\*\*

The executive committee of the new Ohio Hospital Association met in Columbus, September 20. It was decided to extend formal invitations to the Association of Tuberculosis Hospital Superintendents and to the Association of State Hospital Physicians to affiliate. A resolution was unanimously adopted providing that the secretary inform the state medical board that the executive council of the association holds itself in readiness at all times to meet with the state medical board and to render its full co-operation in all matters pertaining to the establishment of nurse registration. Mr. Howell Wright, superintendent of City Hospital, Cleveland, secretary of the new organization, is conducting an active canvas for new members. It is hoped to include, before the first of the year, superintendents and others interested in practically every hospital in the state.

Dr. J. Walter Stern, Cleveland, addressed the staff of Elyria Memorial Hospital, September 20, on "Modern Problems in Orthopedic Surgery."

The new Good Samaritan Hospital, Clinton avenue, Cincinnati, was thrown open for public inspection, October 2. Dr. John B. Murphy, Chicago, and Dr. Charles L. Bonifield, president of the staff, were among the speakers. The hospital group—a triangle of buildings on a fourteen-acre site—is one of the most modern institutions of its kind in the country. The buildings in front are five stories in height and eight stories in the rear, with four wards having a capacity of 17 patients each and 62 rooms for private patients. The five operating rooms are said to be particularly complete.

Bishop Farrelly, September 23, announced the appointment of the following staff for new St. Elizabeth's Hospital, Youngstown: Senior surgical, C. D. Hauser, H. M. Osborne, W. E. Ranz, J. W. Shaffer, Raymond Whelan; junior surgical, W. L. Jones, B. B. McElhaney, F. W. McNamara, R. G. Mossman, J. B. Nelson, J. M. Ranz; medical, T. J. Arundel, M. Lynn Beers, E. W. Coe, Wm. P. Connor, M. V. Cunningham, C. W. Boughton, J. F. Elder, J. E. Hardman, R. A. Montani, R. J. Moore, F. S. Myers, S. P. Proudfit, A. M. Rosenblum, C. H. Slosson, Arthur P. Smythe, J. E. Vogan, H. W. Weinberg; obstetrical, J. K. Hamilton, W. W. Ryall, John L. Smythe; eye, ear and throat, Wm. L. Carroll, Howard B. Hills, C. A. Moore, Arthur C. Tidd; dentists, J. I. Gilmore, Israel J. Tatro; X-ray, Dr. N. N. Myers; children under four years old, Dr. Julia March-Baird. Since the hospital was opened in 1911 it has been operated without a staff. The bishop announces other staff positions will be filled later. Appointments announced are for five-year terms.

The staff of the Lucas County Hospital, Toledo, including internes, have resigned owing to a change in the political status of the board of county commissioners.

Tuberculosis hospital superintendents of the state have formed a permanent organization. Dr. A. C. Bachmeyer, superintendent of Cincinnati General, is chairman; Dr. J. D. Kramer, Dayton, is vice chairman, and R. G. Paterson, chief of the division of tuberculosis of the State Board of Health, is secretary.

F. E. Chapman, superintendent of City Hospital, St. Louis, has been appointed superintendent of the new Mt. Sinai Hospital, Cleveland. He will assist in completing details for the opening of the hospital next July.

Peter Kuntz, wealthy Dayton lumber merchant, has announced the probable donation of \$500,000 to establish a tuberculosis hospital on a forty-acre tract west of Dayton, to be operated under the direction of the Sisters of the Poor of St. Francis. The hospital will be non-denominational.

On September 18 the Kelly's Island Lime and Transport Company opened a modern 20-bed hospital at Marblehead. It was built to care for the 1200 men employed in their plant, and for the convenience of the village.

Lakewood Sanitarium, Cleveland, will build a three-story addition to cost approximately \$30,000.

Dr. L. N. Otis, Celina, has purchased a residence property which will be remodeled for hospital purposes.

Dr. J. M. Ratliff, superintendent of Grandview Sanitarium, Cincinnati, announces that his son, Dr. Thomas A. Ratliff, has resigned his commission as assistant surgeon in the United States navy and will hereafter be associated with him as resident physician at Grandview in the treatment of nervous and mental diseases.

Miss Frances Munroe, who resigned as assistant executive at Huron Road Hospital, Cleveland, to join the British army as a war nurse, died in service. Incomplete details indicate she lost her life during the Dardenelles campaign.

A salary of \$900 per annum has been found too meagre to secure competent assistant physicians by the Cincinnati Tuberculosis Sanatorium. Recently the service has been crippled because of inability to secure men at this salary. Dr. Bachmeyer has asked that a minimum of \$1,000 be paid in the future, and a first assistant at \$1,500.

St. Elizabeth's Hospital, Dayton, on September 6 started a training school for nurses.

An effort is to be made by Hamilton county commissioners to relieve the seriously overcrowded conditions of Longview Hospital for the Insane. A \$250,000 bond issue will be floated this fall and the amount added to \$110,000 now on hand for the erection of a new building. The receiving ward of the hospital, with a capacity of 53 patients, has been housing between 100 and 130.

There have recently been a number of changes of medical staff in the state hospitals. Dr. Mary K. Isham, assistant physician Columbus State Hospital, has resigned to enter private practice in New York City. Dr. Mary A. Wilson, of Delaware, has been appointed physician at the Girls' Industrial School, Delaware. Dr. W. J. Reuter has resigned as physician at the Boys' Industrial School at Lancaster to resume private practice. Dr. R. V. Myers has resigned as assistant physician at Ohio State Reformatory. Dr. C. V. Irish, Columbus, has been appointed assistant physician Athens State Hospital.

Promoters of the Gast Sanatorium at Prospect have incorporated for \$100,000, under the name of "Gast Sanatorium Company," and have announced that a new hospital will be built. Incorporators: A. E. and G. F. Gast, Prospect; C. S. and C. E. Hauck, Columbus, and N. R. Lewis, Denver.

"The doctor told Tomkins he must walk three miles every day."

"Where does he take it?"

"Around a pool table, generally."—Boston Transcript.



## DISTRICT MEETINGS

### EIGHTH DISTRICT.

The twelfth annual meeting of the Eighth Councilor District Society was held in McConnellsville, September 22, with a registration of 45. Dr. F. R. Dew, of Belle Valley, was elected president, succeeding Dr. Clyde Leeper, of McConnellsville. Dr. A. B. Headley, of Cambridge, was re-elected secretary. Caldwell was selected for the 1916 meeting.

Attorney Charles H. Fouts, of McConnellsville, delivered the address of welcome. It was followed by a short business session. In the afternoon, at the opera house, Dr. Charles F. Bowen, Columbus, delivered an interesting lecture on X-ray therapeutics, dealing particularly with the removal of foreign bodies. Dr. S. A. Cunningham, of Marietta, presented a splendid paper on the diagnosis and treatment of gastric and duodenal ulcer. Dr. A. M. Steinfeld, Columbus, discussed the diagnosis and treatment of infantile paralysis. Dr. A. F. Shepherd, Columbus, president of the State Board of Administration, who has been closely affiliated with the insane hospitals of the state for more than twenty years, delivered the address of the afternoon, in the absence of Dr. W. E. Lower, president of the state society.

Dr. Shepherd briefly outlined the needs of the large state hospitals and told of the serious results of overcrowding. He explained the plans for the new state juvenile research bureau, for the inauguration of which he was largely responsible, and urged the support of all medical men in securing adequate appropriations for carrying on this work. Dr. James Ball Naylor entertained the visiting physicians in a delightful talk, delivered in his inimitable style.

The association unanimously adopted resolutions asking the state legislature to appropriate funds to relieve overcrowded conditions in the state institutions, and declaring the society to be in sympathy with the efforts of the Ohio Anti-Saloon League to prohibit the sale of intoxicants in Ohio.

In the evening the members were taken to Rocky Glen Sanatorium in autos, where they were the guests of Dr. Leeper.

A. B. Headley, Secretary.

### SIXTH DISTRICT—NOVEMBER 9.

The next meeting of The Union Medical Association of the Sixth Councilor District will be held in Canton Chamber of Commerce rooms, on Tuesday, November 9. Dr. Martin H. Fischer, of Cincinnati, will be present to give an address (subject announced later). The other papers

already promised assure us a program of unusual interest. The arrangement will be unique, inasmuch as the Canton Medical Society is taking it upon themselves to do a double stunt—they will entertain the Stark County Medical Society, and the Sixth Councilor District at noon luncheon, in the banquet hall of The Chamber of Commerce. These Canton fellows never know when they have had enough.

J. H. Seller, Secretary.

### TENTH DISTRICT.

The largest meeting in the history of the Tenth District Medical Association was held at Chillicothe, Wednesday, September 22, with a registration of approximately 250. There were present several from almost every county in the district.

The Ross County Academy of Medicine gave the visitors a royal welcome. The annual fall festival was in session and added to the gaiety of the occasion.

At the business session, Dr. Howard Jones, Circleville, was elected president to succeed Dr. H. R. Brown, of Chillicothe. Dr. L. L. Bigelow, of Columbus, was re-elected secretary-treasurer for the third time. Invitation of the Pickaway County Medical Society to hold the 1916 meeting in Circleville was accepted.

In his presidential address, Dr. Brown took occasion to severely criticize the State Industrial Commission for its continued failure to adequately compensate the medical men of the state for services rendered. Dr. Brown feels that the trouble is due chiefly to the composition of the commission, and not to its personnel. It is composed of a lawyer, representative of the labor interests and a business man. These men perhaps are fitted to judge many of the problems coming under the scope of the act but they cannot have an adequate idea of the medical problems involved. Dr. Brown deplored the failure of Governor Willis to appoint a medical man to fill the vacancy which existed on this commission a few months ago.

Dr. J. F. Baldwin's paper, "Nitrous Oxide-Oxygen—the Most Dangerous Anesthetic," elicited an exceedingly lively discussion. Dr. Baldwin has collected statistics regarding deaths which he attributes to this cause and presented his facts in a well-written paper. It was discussed by the following: Drs. F. C. Larimore, Mt. Vernon; W. D. Fullerton, Cleveland; Joseph Ransohoff and Moses Salzer, Cincinnati; W. I. Jones, S. J. Goodman and C. F. Clark, Columbus.

The drawn-out discussion regarding the value of the anesthetic occupied the major portion of the afternoon with the result that two excellent papers did not have as large an audience as they deserved.

Dr. Frank H. Lamb, Cincinnati, presented a splendid treatise on "Classification and Treatment

of Diarrheas in Childhood." It was discussed by Drs. E. G. Horton, John Rauschkolb, C. H. Wells, J. S. Carleton and J. M. Rector, of Columbus, and Robert Carothers, of Cincinnati.

Dr. George H. Matson, secretary of the Ohio State Medical Board, presented an extremely timely paper dealing with the registration of nurses and limited practitioners of medicine and surgery, under recent legislative enactments. Dr. Matson dealt with the details of laws which were enacted last winter. The paper was discussed by Miss Mary A. Jameson, superintendent Grant Hospital, and Miss Atkinson, superintendent of Children's Hospital, Columbus.

#### SECOND DISTRICT—NOVEMBER 16.

The program of the meeting of the Second Councilor Society, which will be held in Dayton, November 16, has not been completed. In the morning there will be surgical clinics at Miami and St. Elizabeth's Hospitals by Dr. C. A. L. Reed, of Cincinnati, and Dr. Carl Hamann, of Cleveland. In the afternoon there will be medical clinics at Dayton State Hospital by Drs. Warthin, of the University of Michigan; Fischer, of the University of Cincinnati, and Emerson, of the University of Indiana. In the evening a banquet will be served at Dayton State Hospital.

#### MIDDLETOWN'S NEW HOSPITAL

##### WILL BE OPENED IN JANUARY

##### Complete Institution Costing \$60,000 Built by Public Subscription.

Middletown's new hospital, built by public subscription at a cost of \$60,000, is completed. The committees are now engaged in furnishing and installing equipment and expect to formally open the hospital January 1. It is a handsome, two-story brick structure, providing eight single rooms, three two-bed wards and two eight-bed wards, with the usual equipment of operating rooms, service kitchen, etc. It will be one of the finest small hospitals in the country.

It was constructed through the efforts of the Middletown Business Men's Club, which in 1913 appointed a committee of five citizens to raise funds. Drs. H. H. Smith, George D. Lummis, D. E. Garber, and O. E. Bauer served as a physician's advisory board in constructing and equipping the hospital. One bequest netted \$17,500 and the balance was raised by popular subscription.

The exact method of operation has not been determined. It is possible that the Middletown city commission will take over the building and operate it as a city institution. The alternative will be the operation by a hospital association, with financial help from the city. Albert E. Pretzinger, Dayton, designed the building.

## NEWS NOTES FROM THE INDUSTRIAL COMMISSION

The anticipated change in the medical department of the Industrial Commission, which has charge of the administration of the workmen's compensation, has developed. Dr. A. W. Binckley, who has been chief examiner since the department was established two years ago, resigned on September 18. Dr. William H. White (Western Reserve University, 1903) was appointed as his successor and assumed charge of the office on October 7. Dr. White is a resident of Bedford, Cuyahoga county, and practices in Cleveland. Dr. Binckley on retiring from the position as chief examiner, was appointed local medical examiner of Cleveland. He will locate there and confine his practice exclusively to industrial accident surgery and physical examination.

With the resignation of Dr. Binckley, the entire medical staff changed, with one exception. The terms of Drs. H. H. Emerson, C. J. Altmaier and O. S. Cox expired October 1. They were not reappointed. Dr. Thurman R. Fletcher, of Bidwell, formerly local examiner for Gallia county, succeeded Dr Cox, who returned to McArthur to resume practice. Drs. Emerson and Altmaier resumed private practice in Columbus. The term of Dr. Dorr does not expire for some time.

Surgeons on the staff of the Cleveland City Hospital will, in the future, devote the fees received from the State Industrial Commission patients in the hospital to the establishment of a medical library in the institution. The state commission will not pay fees directly to the hospital, holding that in every instance medical fees must be paid to a licensed practitioner. The Cleveland plan offers a solution of the difficulty arising where staff members are not permitted to accept remuneration for staff service.

#### REQUIRES TWO YEARS.

In our September number, commenting upon the annual report of the council on medical education of the American Medical Association, we stated that the University of Cincinnati School of Medicine is included in the list of 44 colleges that require but one year of collegiate work as a prerequisite. This statement appeared in the original A. M. A. report issued August 21 but was corrected in their issue of September 18. The University of Cincinnati College of Medicine requires two years of pre-medical work, in addition to graduation from a first-class high school.

**WANTED**—Doctor for large country practice. Four small towns in territory. Moving to Jackson. Address A. G. Ray, M. D., Byer, Ohio.





## DOES YOUR COMMUNITY REALLY NEED A HOSPITAL? LET *EVERY* CITIZEN HAVE A PART IN BUILDING IT

**Editorial Note.**—Several Ohio communities need hospitals. Our attention has been called to the plan followed in erecting People's Hospital, Akron, and Glenville Hospital, Cleveland, and in building the new Barberton Hospital. The basic idea was to secure as many small subscriptions as possible—to interest the largest number of people. We asked Dr. J. E. Allport, of Akron, who promoted these projects, to explain the plan, feeling that it might interest other communities.

In the past only the favored community could boast of a hospital. It was usually the result of a bequest or some other adventitious stroke of good fortune.

In recent times, however, communities even though small in population have begun to understand that good modern hospitals, whether large or small, are a much needed part of their equipment. It has long since been conceded that even a small community is not complete without a school, church, town hall, store and perhaps a library or theater, as well as other useful institutions and buildings. But some have excluded the hospital from the list of necessities, while in fact it is needed much more than some of the community features enumerated above.

This statement is too obvious to require further explication or proof.

Physicians as well as the public in general are

awakening to this truth and are seeking to supply the need by instituting hospitals in many places which were previously without such blessings. Numerous communities which have not yet equipped themselves with this necessity are looking about to find some way of supplying the need.

The purpose of this article is to offer suggestions that might possibly help to plant a hospital in every community as small as 5000 in population, or indeed smaller, when such a community is isolated from a good hospital center.

The rule is that one hospital bed should be provided for every 200 population. Hence a town of 5000 could well support a 25-bed hospital; a town of 3000 would find a 15-bed hospital none too large. It might be said in this connection that a 10-bed hospital well managed can be made entirely self supporting and is a perfectly feasible undertaking.

Since it is pretty generally established in the minds of thinking people that there is pressing need—not only that the people may have a proper place to be cared for when sick or injured, but that the physician may have a well equipped place

## CITIZENS OF BARBERTON BUILD HOSPITAL ON BUSINESS-LIKE PLAN



New Citizen's Hospital, Barberton, Ohio, which was opened Oct. 1. Built on the plan outlined by Dr. Allport. Stock held by nearly 4000 citizens, ranging from one dollar to \$5000. Cost of building grounds and equipment about \$55,000. Capacity, 50 beds. It is expected that this hospital will be entirely self-supporting.



in which to care for his patient and thus render the most efficient service—the next question that confronts us is how we shall proceed to obtain the hospital.

Here is the answer: **Just exactly as you would proceed to establish any business enterprise.** Your town has a number of sick and injured automobiles. It does not take long for some enterprising citizen or a company of citizens to get a hospital in which to "doctor" crippled cars. You will find a well established garage in almost every hamlet in the country and some are marvels of business sagacity.

Why not use the same business tact, foresight, and energy in supplying a place for the care of sick and injured human beings? This is not only a business, but a business of the highest order. And it is more than a business; it is a humanitarian project.

Most towns are waiting for some rich citizen to die and leave money to build a hospital. They would not think of waiting for legacies to supply other needs not half so great. There are many disappointments in store for those waiting for dead mens shoes; and, besides, a hospital that costs the community nothing is often appreciated to about the extent of its cost.

#### Community Proposition.

You need a house to live in, and you build it single handed. You need a church, and a certain few who believe in that particular creed build it collectively. When you need a hospital in which every member of the community is interested, why should not every member of the community join in its construction?

Your house is to live in when you are well; you own it and built it for that purpose. Your hospital is for sick members of the community, a house in which they can be cared for when sick. They should build it and own it, not wait for some one to build it for them.

If you can build a house single handed for well folks, why can an entire community not build a house for the sick of the community?

They can and will. They need only a leader to organize them into a company or corporation for this purpose. The formation of such a company will give each member of the community an opportunity to take as many \$1 shares in such an enterprise as their financial resources and earning power will permit. Thus, every member of the community is a part owner of the hospital and has a voice to the extent of the number of shares he owns in electing the directors, in whose hands the property is placed for safe keeping and management.

A hospital of 25 beds for a town of 5000 should cost, fully equipped, \$25,000. This means a corporation with capital stock of \$25,000 represented by 25,000 share of \$1 each. Each inhabitant should assume on an average five shares, or each house-holder 25 shares, to be paid for in install-

ments covering a period of one or two years in the same manner as taxes on the pavement of their streets.

Thus your community hospital is quickly and readily provided by each citizen assuming shares in proportion to his means. Thus it is not only accomplished, but accomplished in a clean, business-like way. It does not smack of charity, gifts or bequests. The owners (the community) can feel independent. They are the owners and directors of their own house.

This plan systematically pursued places any community in a position to obtain a hospital forthwith.

J. E. Allport, M. D., Akron, Ohio.

#### HOURLY NURSING SERVICE PLAN

##### INAUGURATED IN CLEVELAND

The Cleveland Visiting Nurses Association has inaugurated an hourly nursing service designed to meet the needs of those able to pay for skilled nursing care and not desirous of having a nurse resident in the home. Arrangements have been made whereby such service on a visiting basis can now be obtained by application to the main office of the association. Charges for this service are 75 cents per visit when the visit does not exceed one hour, and an additional charge of 50 cents for the second hour or part thereof. Preparations for and services during minor operations and confinement may be arranged for at the rate of \$5 per case, with subsequent visits at the regular rate. The association has addressed a letter to members of the Cleveland Academy of Medicine, asking co-operation in this plan. It is believed that the services will fill a long felt want.

One B. J. Palmer, who poses as a "Doctor" and who in reality operates a so-called chiropractic school in Davenport, Iowa, is quoted by Cleveland newspapers as stating that more soldiers in the European war are being killed by serums, injected into them before entering battle, than die by shot and shell. Palmer is quoted as saying that six kinds of serum are being injected into each soldier in Canada before he is sent to the battle front, and that these serums are "hardening the arteries."

Palmer is the chief promoter of a cult of so-called "drugless healers." It is possible, therefore, that he is a trifle prejudiced against the use of drugs and it is further barely possible that he may have permitted this prejudice to slightly color his statements on the subject. Further, it is even barely possible that he knows not whereof he speaks.

Incidentally the newspapers which devoted space to such rapid ramblings must have been hard up for "news."

TABLE I—SHOWING DEATHS IN OHIO IN 1914 FROM TUBERCULOSIS, ALL FORMS, AND BY ALL AGE PERIODS, IN THE VARIOUS CLASSIFICATION OF OCCUPATIONS.

Age Periods	15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60 and over
<b>Total, males</b>	284	175	393	430	404	381	344	322	253	220	497
Agricultural pursuits	14	36	39	29	24	33	32	36	31	144	
Professional service	8	12	14	12	10	12	11	6	5	16	
Domestic service	37	123	135	131	130	121	105	65	64	96	
Trade and transportation	17	87	86	88	71	62	55	38	30	35	
Manufacturing and mechanical pursuits	18	80	102	97	88	86	74	48	62	100	
Miscellaneous industries	283	81	55	54	47	58	30	45	60	28	106
<b>Total, female</b>	279	235	413	372	318	264	195	152	125	111	396
Agricultural pursuits	1	11	1	1	1	2	1	1	1	2	
Professional service	1	11	1	7	9	3	2	2	4	2	
Domestic service	4	87	257	296	264	220	160	129	99	90	314
Trade and transportation	11	36	12	13	3	6	3	1	1	1	
Manufacturing and mechanical pursuits	3	5	2	1	1	1	1	1	1	1	
Miscellaneous industries	274	123	103	54	30	38	27	17	21	20	78

TABLE II—SHOWING DEATHS IN OHIO IN 1914 FROM PULMONARY TUBERCULOSIS, DIVIDED BY OCCUPATIONS AND AGE PERIODS.

## MALES.

Age Periods	15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60 and over
Agricultural pursuits	12	31	35	26	22	30	26	32	26	125	
Professional service	6	11	13	12	10	10	10	5	4	14	
Domestic service	30	110	128	119	119	112	98	57	60	84	
Trade and transportation	13	77	80	83	65	58	53	32	28	33	
Manufacturing and mechanical pursuits	17	76	93	95	80	79	71	45	59	85	
Miscellaneous industries	96	69	47	48	41	54	28	42	53	24	92
<b>Total, males</b>	96	147	352	397	376	350	317	300	224	201	433

## FEMALES.

Agricultural pursuits	1	1	1	1	1	1	1	1	1	1	2
Domestic service	2	78	227	275	241	199	139	114	87	79	273
Professional service	1	11	9	6	9	1	1	1	3	1	
Trade and transportation	10	31	8	10	2	3	3	1	1	1	
Manufacturing and mechanical pursuits	3	1	1	1	1	1	1	1	1	1	
Miscellaneous industries	106	105	91	49	27	31	25	14	19	15	66
<b>Total, females</b>	109	204	362	340	289	233	168	132	110	95	342

TABLE III—SHOWING COMPARISON OF NUMBER OF DEATHS IN OHIO IN 1913 AND 1914 FROM TUBERCULOSIS (ALL FORMS) IN SELECTED LIST OF OCCUPATION.

## MALES.

	1913	1914
Farmers and farm laborers	441	396
Clergymen	12	13
Teachers and professors	10	15
Barbers	38	28
Bartenders	22	28
Laborers (general)	753	814
Watchmen and policemen	14	12
Bookkeepers and accountants	32	19
Clerks and stenographers	103	107
Mail carriers	8	8
Commercial travelers	24	11
Drugs and medicine	6	10
Porters and helpers	34	52
Brakemen	4	3
Railroad conductors	6	13
Engineers and firemen	31	26
Station agents and operators	9	17
Carpenters and joiners	70	55
Masons	36	29
Painters and paper hangers	79	107
Plasterers	11	15
Plumbers and gas fitters	19	20
Glass workers	19	19
Marble and stone cutters	21	17
Potters	22	20
Coal miners	22	25
Bakers	6	13
Blacksmiths	33	27
Iron and steel workers	18	36
Moulders	46	45
Machinists	110	101
Brass workers	8	16
Printers and pressmen	30	16
Tailors	31	33
Tobacco factory operators	27	22

## FEMALES.

Housekeepers and stewardesses	1664	1645
Telephone and telegraph operators	20	9
Milliners	4	4
Salesmen and cash girls	17	12
Bookkeepers and stenographers	40	58
Nurses and midwives	10	8
Teachers and professors	33	26

## TUBERCULOSIS IN OHIO.

Dr. Morton W. Bland, registrar of the State Bureau of Vital Statistics, has prepared for The Journal the accompanying tables, based on the total number of deaths in Ohio in 1914 due to tuberculosis. They again emphasize one of the sinister phases of the tuberculosis death loss—the increased rate of death in the more productive years of life. Pulmonary tuberculosis claims its largest number of lives between the age periods of 20 and 40. It claims its victims at an age when they should be the most useful.

The statistics quoted on this page will be widely used in the publicity campaign of the Ohio Society for the Prevention of Tuberculosis. It is hoped to sell more Red Cross Christmas seals in Ohio this year than ever before, and thus raise more money to carry on the fight against the disease.

At present the chief effort of the anti-tuberculosis forces is to secure the employment by local agencies of public health nurses in the smaller cities of the state, and to promote the erection of district tuberculosis hospitals.





## CINCINNATI'S "BETTER BABIES" CONTEST, WITH 447 ENTRIES, MATERIALLY AIDS INFANT WELFARE CAMPAIGN

(By Wm. H. Peters, M. D., Assistant Health Officer of Cincinnati.\*)

Cincinnati's second annual Better Babies Contest, conducted by the Health Department under the auspices of the Woman's Home Companion, took place at Chester Park on the 15th, 16th and 17th of June, 1915. Four hundred and forty-seven babies were entered and of this number all but forty were examined by the judges.

Preparations for the contest were begun six weeks in advance. Our requisition for the necessary forms, medals, diplomas, literature, etc., were acknowledged with prompt dispatch by the magazine. As soon as the first announcements appeared in the daily papers, Colonel I. M. Martin, manager of Chester Park, volunteered the use of the park and all of its resources for the movement.

Representatives from the Academy of Medicine, the Woman's Club, the Visiting Association, Woman's City Club, Jewish Infant Welfare Circle, the Cincinnati Graduate Nurses Association and the Federation of Catholic Women, enlisted to serve on the Municipal Committee, expressed themselves actively in this work.

Various bulletins, feature stories and editorials appearing in the newspapers from time to time, stimulated and crystallized sentiment in favor of this phase of child welfare.

The contest was limited to children between the ages of six months and three years. To those who contemplate a Better Babies Contest I would suggest that they make the age limit from one to four years.

Parents were instructed to come to our office to register their children on and after the first of June. Entries for the six divisions (three for boys and three for girls) came in so fast that we had to close our books on the 12th of June.

### Device to Save Time.

The personal history of each child was taken by the clerk of entries as the parents made application. By taking the histories at this particular stage, we were able to save time and avoid confusion on the days of the contest. Appointment cards were then issued stating the day and hour at which the mother should appear with her child at the park. When you know that one doctor can examine only four children in an hour, it is an easy matter to arrange the appointments.

\* This article was prepared by Dr. Peters at the request of the Committee on Public Health Education of the State Society. The committee desires to stimulate the "better babies" movement, and will urge county societies to inaugurate such contests in every community. They have proven to be of immense value in educating the public in better methods of infant care.

Our preliminary arrangements were concluded on the afternoon of the 14th with a rehearsal.

As the mothers entered the garden they approached the chief of the Committee on Entries. Here the appointment card was exchanged for the Better Babies Standard Score Card and the mother directed to review the exhibits and watch



By a unanimous vote of the judges, Goodale Roberts Keator, 2851 Melrose Ave., was considered the most perfect entry, irrespective of class. He was awarded the gold medal. The winner in each of the six divisions was presented with a beautiful bronze medal. Those next in merit were given diplomas. The winner scored 99.

the demonstrations until summoned by a messenger for the examination of her child.

Mrs. Ada Stokes, Supervisor of the Children's Department of the Ohio-Miami Clinic, Miss Elizabeth Cocke, Superintendent of the Visiting Nurse Association, and a corps of assistant nurses, gave practical demonstrations pertaining to infant hygiene. The exhibit, kindly loaned by the Russel Sage Foundation, and charts prepared by the Children's Bureau, Washington, D. C., attracted much attention. There was a table containing "Wholesome Foods" for young children and one that was placarded with the inscription "Baby Killers." Proper summer and winter garments were shown. A home-made ice box was very popular. Various styles of beds, basketettes and carioles were on exhibition. The Milk Commission of the Academy of Medicine had an interesting exhibit and distributed certified milk



free of cost to tide children over while they were waiting.

Six tents (12x14) were pitched under shade trees, and in these tents the examinations were conducted by the district physicians, assisted by a complement of nurses from the local hospitals. Volunteers from Woodward High School and the Medical Department of the University acted as scorers. All examinations were conducted privately and, as far as possible, to the exclusion of the general public.

The Better Babies Contest should be conducted along educational rather than competitive lines. Keen interest was manifested by parents. Physical defects were discussed, parents being advised how and by whom the conditions should be remedied.

#### Educational Work.

Following the examination of her child, the mother was directed to the official stenographer, who computed the total score and incorporated the same in a certificate of examination which was issued, together with the following pamphlets: "Little Helps for Expectant Mothers," "What Every Mother Wants to Know About Her Baby," "Hints to Mothers," and the department's booklet on "The Care of the Baby."

On the Saturday following the contest, the medals and diplomas awarded by Col. I. M. Martin and the Woman's Home Companion were presented to the winners by the director.

Moving pictures of the contest were taken by Mr. Runey, the authorized agent of several film companies.

Barnum, the official photographer, issued coupons to the parents as they entered their babies, entitling them to two photographs, one of which was for the department's exhibit.

It is interesting to note that of the 447 children entered, 365 or 82 per cent were breast-fed infants. This seems to indicate that those who are interested in the prevention of infant mortality are making the desired impression on the parents.

The number of babies who sleep alone (368 or 82 per cent) is encouraging. Practically all of the parents gave the history that children slept in rooms with windows open.

Fifty children were discovered with hypertrophied tonsils and adenoids.

The most common defect noted among the boys was an adherent prepuce. Of the 221 boys examined 62 or 28 per cent were penalized on this account. Our observation emphasizes the importance of early circumcision.

#### Vital Statistics.

Shortly after the contest the Registrar of Vital Statistics made a little survey which is interesting. Going over 447 entries he found that 48 children had been born in other cities. Of the 399 who were delivered in Cincinnati, 386 or 96.75 per cent had been registered. In a short time we hope to have the necessary information which

will insure birth certificates for the thirteen babies who had not been reported.

We were glad to furnish the State Registrar of Vital Statistics with the names, addresses and other data concerning the children who were born in other parts of the state.

These surveys, although based upon a relatively small number of cases, lead us to believe that 95 per cent of the births are being reported in accordance with the provisions of the statute.

The Better Babies contests are of decided value to the community. They crystalize public sentiment in favor of a better race; they awaken an interest in child welfare, and best of all, they promote in the parents a hitherto unknown responsibility for the proper development of their children.

## LOCAL ANESTHESIA IN RECTAL AND INTESTINAL SURGERY

LOUIS J. HIRSCHMAN, M. D., F. A. C. S.

Detroit, Michigan.

In an experience covering several thousand cases of ano-rectal surgery and over two hundred cases of abdominal surgery performed under local anesthesia, the author, from the satisfactory results of his work advocates the further employment of local anesthesia in not only rectal and intestinal surgery, but also in every branch of surgical activity where absolute unconsciousness of the patient is not a strict necessity.

Several essentials to be rigidly observed are: the surgeon's thorough familiarity with contraindications to local anesthesia, the patient's temperament, surgical surroundings, extent of operation, its probable duration, idiosyncrasy of patient and psychic surroundings as governed by the surgeon himself, must be given serious consideration. The attitude and method of approach of the surgeon and assistants, their conversation and general handling of the case is fully as important as the selection of the anesthetic employed. While many operations can be performed successfully in one's office operating room or the patient's home, it is far better to operate in a modern hospital.

The preparation of the patient should be just as thorough as though general anesthesia was to be employed. It is the author's custom to administer fifteen to twenty grains of chlorotone with or without one-fourth grain of morphine with a hot drink an hour before operating. In abdominal cases one-fourth grain of morphine and one-hundredth grain of scopolamin is administered hypodermically one-half hour before operating. The patient and the operating room attendants are kept as quiet as possible, success of the local anesthetic being entirely nullified by lack of attention to surrounding details. The operating room is fully prepared before the patient is brought in; instruments, utensils, etc. are kept out of sight and hearing of

\* Abstract of a paper presented at the meeting of the Sixth Councillor District Medical Society in Youngstown, Ohio, August 10, 1915.

the patient and a code of signs and signals used in asking for instruments, pads and other things. The table is covered with a thick pad or mattress, the patient's ears are stopped with cotton and a towel placed over the eyes. Pillows or anything which are conducive to comfort are allowed. The patient is placed in the dorsal position if the operation is abdominal and the arms placed at his sides but not strapped or restrained in any way. The iodine skin sterilization is used and assistants and interns taught to constantly keep in mind that the patient is not asleep and all handling should be as gentle as possible. One-eighth of one per cent solution of beta-eucian lactate is used for skin anesthesia and a thirty CC all-metal syringe armed with a twenty-six gauge needle is used. The fascia, muscles and peritoneum along the line of incision are surrounded by an ellipse of one-half of one per cent solution of quinine and urea. One point to remember is not to start the operation too quickly after injecting the anesthetic. Five minutes after eucain and ten to fifteen after the quinine solution should be the minimum wait. Under the proper technic the abdomen can be explored as satisfactorily as if the patient were asleep. By injecting the mesentery of the bowel retraction can be made painlessly. The author always places his colostomies in the median line using the coeliotomy wound for the purpose as it can be better controlled by the patient here than in the flank.

In ano-rectal surgery local anesthesia has reached a high stage of development is now used in the author's practice in by far the majority of his cases. Practically every operation excepting dissecting of extensive fistulas and extirpation of strictures and cancers can be successfully performed by skilled rectal surgeons under local anesthesia.

The technic of hemorrhoidectomy will serve to illustrate local anesthesia in proctology: With the patient in the left lateral position, anesthesia of the sphincter muscles is accomplished by blocking the posterior sphincterian nerves at the junction of posterior and middle thirds of the anus. The anterior nerves are anesthetized in like manner. The entire anal circumference is injected from these anesthetized areas. The external hemorrhoids are distended to a waxy white color, pressure anesthesia accomplishing more than chemical strength of anesthetic. After four or five minutes wait the injected skin is grasped at the four points of the compass with Pennington triangular forceps. Traction of these forceps everts the anus and prolapses the hemorrhoids.

This may be assisted by expulsive efforts on the patient's part. The hemorrhoids starting with the most dependent one are anesthetized by distension with one-half of one per cent quinine and urea solution. After a wait of ten minutes the operation can be started. Note that the use of rectal speculum or dilatating the sphincter is not mentioned. If properly anesthetized, the sphincter re-

laxes without any effort to dilate, and the four everting forceps expose the operative field in a most satisfactory manner.

In the author's operation the hemorrhoid is seized with the Hirschman forceps in its long axis and a chromic ligature passed into, underneath and around the hemorrhoid at its junction with the healthy mucosa, a curved blunt ligature carrier being used. The ligature is tied securely leaving one end fourteen and the other five inches long. All hemorrhoids are treated likewise thus reducing the operative hemorrhage to a minimum. The hemorrhoids are then excised from without with curved scissors, care being taken to remove as much hemorrhoid with as little mucosa as possible. Any varicosities presenting in the wound are carefully excised down to the sphincter muscles. The long end of the ligature threaded into a small round curved needle is used to close the wound. It is then tied to the short end and is used more for hemostasis than for coaptation. After all the hemorrhoids are treated likewise quinine and urea solution is injected under the suture lines for post-operative anesthesia.

This technic is very simple and is efficacious for the following reasons:

First. The anesthesia is complete and satisfactory.

Second. There is no necessity of damaging the sphincter by dilating or divulsing it by mechanical means.

Third. By the everting forceps the use of specula, which only obstruct the view is obviated.

Fourth. The method of placing the ligature at the junction of pile and healthy mucosa by shutting off the blood supply from the branches of the superior hemorrhoidal vessels, renders the operation almost bloodless. The only hemorrhage, which one meets with comes from the lower position of the wound which is largely supplied by the inferior hemorrhoidal vessels and is of no consequence.

Fifth. By tying the ligature with a long and short end, the long end of the ligature is used as a suture and when tied to the short end at the top of the wound, brings the edges together in such a way that good hemostasis is assured.

Sixth. By excising the hemorrhoid and removing all diseased tissue below the mucous level and down to the sphincter all of the pathology is eradicated and recurrence is impossible. The clamp-and-cautery or clamp-and-suture operations are so often followed by recurrence because only the top of the hemorrhoid is removed. All under the bite of the clamp is left behind and that very often is the major part of the hemorrhoid. By the open operation and the excision, nothing can be left behind and all of the hemorrhoid is accounted for. If the average surgeon who uses a clamp would before he sews or sears, remove the clamp, opening the wound and discover what he leaves behind, the author is sure there would be no more



clamp operations performed for the removal of hemorrhoids.

Seventh. Post-operative anesthesia is so satisfactory when quinine and urea is employed, that the patient is able to be up and around after the first day or two, and many of them refuse to stay in bed at all.

Eighth. The lateral position prevents any sacroiliac strain which is so often caused from the lithotomy position.

The use of local anesthesia in the operative treatment of anal fissure is so satisfactory that in the author's practice, a general anesthetic is never employed for this operation.

A fissure is an elongated ulcer of the anal canal, which by its in-folding has erroneously been called a split crack and so designated. The principle involved in the treatment of fissure is the putting of the sphincter muscle at rest, at least that part of it involved by the fissure.

We were taught formerly that the best way to treat an anal fissure was to administer a general anesthetic and divulse the sphincter muscles. It is true that this procedure did relieve some cases of fissure, but it was a brutal and unnecessarily damaging method of putting the sphincter at rest. We now know that divulsion of the sphincter really means tearing the fibres of this muscle. How much more rational, scientific and surgical it is to put that muscle at rest by a clean-cut incision at right angles with its fibres, than to tear it by brute force.

The operative treatment of many other diseased conditions of this region can be just as successfully performed under local anesthesia as the types of surgical operations described above.

Among these may be mentioned, abscesses, prolapse of the anus or rectum up to the second degree, the removal of polyps, hypertrophied anal papillae, the excision of diseased Morgagnian crypts, the section of hypertrophied rectal valves, the removal of foreign bodies and impactions, Krouse's modification of Balls' operation for pruritus and many others.

The principles to be observed in all surgical operations under local anesthesia are the conservation of the patient's peace of mind, the prevention of unnecessary pain, both operative and post-operative, the lessening of anesthetic shock, prevention of post-operative pneumonia, and nephritis, the shortening of the period of hospital confinement and detention from daily activities, the simplification of surgical technic and detail, the constant reiteration both in precept and in action, that the patient is the most important thing to be considered in any surgical operation, and the use of local anesthesia teaches the surgeon to perform every operation with the least handling and injury to the tissues. What he is forced to do in operating under local anesthesia, he becomes accustomed to do under general anesthesia.

The thousands upon thousands of patients who

have been successfully treated surgically, under local anesthesia, not only in entero-proctology but in other branches of surgery, offer the best testimony as to the value, efficacy and success of the use of local anesthesia.

#### COLLEAGUES PAY FINE TRIBUTE TO DR. BANNING ON HIS BIRTHDAY

Occasion Celebrated Two Important Anniversaries  
in His Life.

Probably the largest gathering of physicians ever held in Logan county assembled Wednesday, September 16, at the home of Dr. J. C. Banning, of Bellecenter, and helped him celebrate two interesting anniversaries—the seventieth of his birth and the forty-fourth of his practice of medicine. It was a remarkable tribute to Dr. Banning, indicating the high regard he is held by his colleagues throughout that section of the state.

Dr. W. W. Hamer presided as master of ceremonies and after the guests had been welcomed by Dr. Banning, Dr. P. D. Covington made the response. Dr. Banning and Dr. Covington started practice together at Roundhead and their reminiscences of the early days were exceedingly interesting.

At the home of Mrs. Ramsey, daughter of Dr. Banning, the visitors were served with a delightful three-course dinner, following which, with Dr. R. C. McNeill acting at toastmaster, several responded to the toast, "The Doctor, Past and Present." Mrs. Banning was likewise toasted.

Dr. Banning's Logan county colleagues, through President J. H. Wilson, of the county medical society, presented him with a silver water pitcher, emblematic of his temperate life. His Hardin county colleagues, through Dr. Snodgrass, presented him with a hunting outfit. Those present were. Bellefontaine—P. D. Covington, J. H. Wilson, W. W. Hamer, J. W. Young, W. G. Stinchcomb, J. W. Arbegast, W. C. Pay, Carrie Richeson, Clyde Startzman, A. J. McCracken, E. R. Henning, Guy Swan, Robert Butler, W. H. Carey, J. P. Harbert, C. C. Peale. West Liberty—J. W. Croft, B. S. Leonard, Guy Kent. DeGraff—J. H. Wolfe, O. W. Loffer. Lewistown—Frank Makemson. Huntsville—J. S. Montgomery. West Mansfield—G. F. Plotner, E. Louthan. Bellecenter—R. C. McNeill, F. H. Thomas, W. S. Phillips. Lakeview—V. F. Barrett. East Liberty—R. D. Clippinger. Lima—Dr. Huntley. Kenton—Drs. Protzman, McKitrick and Jesse Snodgrass.

Dr. Seichu Kinoshita, professor of gynecology, Imperial University, Tokio, Japan, spent a week late in September with Dr. Erwin O. Strachley, Cincinnati. He is visiting hospitals of America as a representative of the imperial government and carefully inspected Cincinnati General, the new Good Samaritan and other Cincinnati hospitals.

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## COUNTY SOCIETIES

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### FIRST DISTRICT.

Clinton County Medical Society met in the Commercial Club Rooms, at Wilmington, Thursday, August 27. The following program was presented: "Tetanus," Dr. H. A. Brown; discussion, Dr. V. E. Hutchens; "Management of the Neurasthenic Patient in Private Practice," Dr. Elizabeth Shrieves; discussion, Dr. J. E. Fisher; "Traumatism of Spinal Cord—Case Report," Dr. F. A. Peelle.

Robert Conard, Correspondent.

Cincinnati Academy of Medicine resumed its fall work September 27. The evening was devoted to the following case reports:

Dr. J. Ambrose Johnston, "A Case of Popliteal Aneurysm"; Dr. John Ranly, "Removal of Foreign Body from the Ball of the Eye"; Dr. E. O. Smith, "Traumatic Rupture of Horseshoe Kidney, Operation, Recovery"; Dr. C. T. Souther, "Resection of Inferior Maxilla for Carcinoma"; Dr. W. D. Haines, "Colles' Serum in a Case of Osteosarcoma."

The program for October includes the following:

October 4.—Dr. E. O. Smith will read a paper on "Urinary Calculi." October 11.—Drs. Klebs and T. H. Garrison, of the surgeon general's office, the latter editor of the Index Medicus, will read a joint paper on Leonardo da Vinci and Vesalius. October 18.—Dr. Joseph A. Capps, of Chicago, will address the academy; subject to be announced later.

It is expected that the building committee, which is considering plans for the erection of a new home for the academy, will report at an early meeting. Tentative plans discussed last year provided for a building to cost \$250,000, to be erected on Seventh, Eighth, or Ninth streets, with business rooms and offices on the first four floors and the upper floor for meetings rooms, libraries, lecture rooms and laboratories for the Academy of Medicine. The committee engaged in working out the general plan is composed of Drs. R. W. Greiss, C. L. Bonifield, G. Strohbach, A. B. Thrasher, and Samuel Iglauder.

Warren County.—Dr. Ben McClellan, of Xenia, addressed the September meeting of the Warren county society, speaking on extra-uterine gestation. He was followed by Drs. Grube, of Xenia; Smith, of Spring Valley; Humphries, of Yellow Springs; Randall, of Harveysburg; Blair and Fisher, of Lebanon, and others who discussed his paper.

Herschel Fisher, Correspondent.

### SECOND DISTRICT.

Logan County Medical Society held its fourth and last out-of-town summer meeting in the Methodist Church, West Liberty, September 8. There were ten members present. Dr. Ben Leonard, West Liberty, read a paper on the opportunities of clinical study afforded the examiner of life insurance. The absolute necessity of life insurance for the man of moderate means with family responsibilities makes it desirable from all points that he carry an amount of protection commensurate with the needs of his family and his ability to buy. Life insurance has developed until it is now almost a science, and nearly anyone can find a policy that will fit his case. This encourages savings, relieves poverty and is a help to all. Insurance is based on the law of averages, the medical examiner being the individual who fixes the average and the rate. But it is not the man who is insured and passes successfully who receives all the benefit. The physician has at his disposal a splendid chance of clinical study in all its details. It is care that may reveal some pathological condition of which he was not aware, and if not able to pass in one class, he may be able to in another and so not be denied some protection. This was a splendid setting forth of this subject which is not often discussed in our societies, and every one took part in a lively discussion.

W. C. Pay, Correspondent.

Greene County Medical Society met Thursday, September 2, at 11 A. M. in the rooms of the Business Men's Association. Fourteen members were present. Some very interesting cases were reported and commented upon. The application for membership of Dr. Harold Clay Messenger was received and referred to the board of censors, not all of the board being present.

D. E. Spahr, Correspondent.

Miami County Medical Society met at the Troy Club, Troy, Thursday, September 2. Frank Thomas, of Piqua, read a paper on, "The Eye and Ear in its Relation to General Disease." A general discussion followed. Pathological specimens and Roentgen ray plates of a recent cholecystectomy and appendectomy were presented by J. R. Caywood and R. D. Spencer. There was an excellent attendance.

R. D. Spencer, Correspondent.

Champaign County Medical Society scheduled meeting of September 9, was abandoned owing to lack of attendance. The next meeting will be October 16.

David H. Moore, Correspondent.

Poble County Medical Society met Thursday, September 16, in the rooms of the Commercial Club at Eaton, with a fine attendance. Dr. C. A. Coleman, Dayton, read an interesting paper on



"Renal Tuberculosis," and Dr. A. F. Sarver, Greenville, a paper on "Incipient Pulmonary Tuberculosis." The papers developed a good discussion. Dr. A. F. Shepherd, Columbus, president of the Ohio State Board of Administration, gave a brief talk on the needs of state hospitals for the insane and told of the work which is now being carried on in these institutions. Mr. Sheridan, of Columbus, briefly reviewed the work of the Journal and explained the provisions of the medical legislation enacted by the last general assembly.

Dr. J. E. Hunter, Greenville, counselor of the Second District, complimented the Society on its splendid showing and urged the members to keep up the good work. Preble is rapidly becoming one of the first class organizations of the state.

**Darke County Medical Society** met Thursday afternoon, September 9. Dr. Matthew Porter, of Dayton, presented an interesting paper on obstructions to the urinary outflow, considering stricture and prostatic hypertrophy as etiologic factors. He demonstrated the passage of sounds on a clinical case, impressing on those present the importance of hugging the roof of the canal throughout its entirety and speaking a word of caution against force being used under any circumstance in the passage of sounds. His experience leads him to conclude that practically all cases of urethral stricture can be successfully treated with sounds and that urethrotomy is now practically extinct. Those present entered into a very helpful discussion of the paper, after which Dr. C. F. Puterbaugh, of Painter Creek, presented the subject of intestinal diseases in children in a well prepared manner.

Acting under a communication from Doctor Lower, president of our State Society, a resolution was adopted condemning certain Cleveland papers for carrying fraudulent medical advertisements guaranteeing to cure diseases known to be incurable—thereby becoming a party to the fraud.

B. F. Metcalfe, Correspondent.

**The Academy of Medicine of Dayton** on September 10 heard Dr. George B. Evans' lecture: "Some Observations on the A. M. A. Meeting at San Francisco, and a Trip to Alaska."

On September 24 the following program was presented: "Chronic Gastritis," K. M. Ellsworth; "Diagnostic Pains," M. E. Moorman; "Difficult Obstetrical Problems," M. E. Coy.

The meeting of October 6 was devoted to a symposium on eye, ear, nose and throat.

### THIRD DISTRICT.

**Hardin County Medical Society** met September 23 in the Public Library at Kenton, 1:30 P. M. Program: "Remarks on the Psychological Aspect of Surgical Cases," Dr. Charles W. Moots, Toledo; "The Prophylaxis and Treatment of Sterility in the Male from Gonococcic Infection," Dr. Robert

S. Walker, Toledo; "Pterygium," Dr. R. L. Souder, Ada, Ohio.

**Van Wert County Medical Society** met August 30 with Dr. E. E. Zolman, in Ohio City. Program: "Personal Observations of Cancer," J. B. Sampsell; "Earache," A. C. Bartholomew. General discussion of both papers.

C. G. Church, Correspondent.

**Mercer County Medical Society** met Tuesday, September 28, at 1 P. M., in the mayor's office at Celina. Program: "The Wassermann Reaction," W. A. Lieser; "Some Diagnostic Points," Harry S. Noble, of St. Mary's.

D. H. Richardson, Correspondent.

**Marion County Medical Society** added two new members—Dr. C. F. Burnside, of Meeker, and L. H. Bricker, of Adelaide, at its meeting of September 7, raising its total membership to 31. Annual meeting and banquet was held October 5. Report later.

**Allen County Medical Society** resumed regular meetings September 7 when Dr. W. B. VanNote delivered a paper on "Defective Eyesight in Children" at the meeting in the assembly room of the City Hospital, Lima. Discussed by Dr. F. A. Steuber and Prof. J. E. Collins, superintendent of public schools, who outlined plans for school inspection, which will be inaugurated in Lima this year. Attendance 40.

### FOURTH DISTRICT.

**Putnam County Medical Society** met Thursday, September 2, at Schuty Hall, Pandora, with good attendance. Visitors were present from Bluffton and Delphos. Dr. C. E. Beardsley presided.

Dr. C. M. Thurston, Cleveland, after a few preliminary remarks on benefits obtained from county or local societies, gave a discussion on prophylaxis as applied to cancer. In searching for a definite cure for cancer, up to the present time all medication has failed. X-ray was at one time thought to be the long sought remedy; serum treatment was also tried with great expectations, and then radium was to be the specific cure—many false publications concerning the latter being exploited for mere personal gain. All have proven to be of little value. The speaker stated that he used mechanical or surgical methods in his treatment. A large number of malignancies come from benign growths. Each neoplasm shows its specialization according to the individual in which it develops and the organ effected. A malignant growth grows more rapidly than a benign tumor. The etiology of all benign and malignant neoplasms are primary expression of repair. It becomes the sum of all changes toward repair which takes place in tissue. Waste and repair are perfectly balanced after maturity except in injury of a part, when repair must exceed waste in order

to restore it to normal. The history of a neoplasm will always lead back to some traumatism or some constant chronic irritation prior to its development, probably a number of years. This irritation may be a direct or a reflex cause. Cancer of the breast, outside of direct injury, invariably may be traced in the female to some pelvic irritation, usually uterine. The speaker cited a case of a young lady, 20, with tumor in both breasts and, on a further examination, pelvic lesions were found. After the pelvic lesions were satisfactorily cared for tumors of breast disappeared. Cancer of liver shows a history of gall stones, cholecystitis or some form of chronic irritation. Cancer of the rectum shows a history of hemorrhoids, fissures or some other chronic affection. Cancer of stomach is probably due to neurosis, an inflammatory condition located somewhere (as in the appendix for example). This he illustrated by citing a case and showed that at times the neoplasm will disappear by short circuiting the digestive tract. Carcinoma of mouth or throat will also show a history of long standing irritation of one form or another. The modern physician cannot be too thorough in his diagnosis. In all chronic cases, a patient should be made to thoroughly understand the condition, and treatment should be active, whether conservative or radical. Temporizing may lose the life.

The paper was freely discussed and was appreciated by all. Dr. Begg, Columbus Grove, made mention of the auto-intoxication which is somewhat propounded by certain medical journals. Several cases were reported by different members of the society which apparently verified the thought which the paper presented.

Dr. F. G. Steuber, Lima, next gave a paper on the subject of keratomalacia. He first gave an anatomical description for the nerve supply of the eye and face. In speaking of neuralgia, he stated that neuralgia is a clinical diagnosis of symptoms while neuritis is a pathological condition. The causes of neuralgia are syphilis, rheumatism, tonsillitis and various other troubles; reflex causes such as eye-strain and hypertrophied turbinate bodies. Inability to breathe through both nostrils is one of the most frequent causes. The teeth are often found to be the cause. Crowned or filled teeth should not be overlooked and non-erupted teeth should not be forgotten. This condition will yield only to treatment of the underlying cause. Cases which do not yield to specific medication should be operated. Alcohol may be applied to the nerve causing the trouble. Excision of the nerve gives only temporary relief. Plugging of the foreamen is also of only temporary effect as the nerve will grow directly through the bony tissue. Removal of the ganglion is the last resort. Softening of the cornea found in children occurs in marasmus or diminished vitality due many times to tuberculosis or syphilis. The sequel is diarrhoea and vomiting. The victims of keratomalacia are marasmic with-

out exception. Keratomalacia is a result of insufficient corneal nourishment. The conjunctiva appears dry. There is no photophobia. The lesion spreads very rapidly. In a few hours the whole cornea may melt away. Corneal degeneration may develop at any age but keratomalacia only a short time after birth, according to a certain writer. Treatment consists of constitutional treatment with atrophine; hot fermentation and yellow oxid of mercury for local conditions.

This paper was freely discussed after which Dr. Bixel, of Pandora, reported one case, beginning with enteritis and later diagnosed as typhoid fever, recovery being complete with the exception of an effected eye. The society then adjourned to the Hilty drug store where light refreshments were served. The next meeting will be omitted on account of the Putnam county fair which will be held at Ottawa at the time of our regular meeting.

H. A. Neiswander, Correspondent.

#### FIFTH DISTRICT.

The Academy of Medicine of Cleveland resumed regular meetings Friday, September 24. Program: "The Diagnosis of Cerebro-Spinal Syphilis by Laboratory Means," Clyde L. Cummer; "The Results Obtained with Salvarsan Intravenously and with Auto-Salvarsanized Serum Intraspinaly in Treatment of Syphilis of the Central Nervous System," Richard Dexter.

**Dues Raised.**—The council of the academy has proposed an amendment to the by-laws, raising the total annual dues from \$5.00 to \$10.00. A statement to the members explains the necessity for the raise, as follows:

"The council of the academy finds it necessary to ask that the dues of the academy be increased. For the past three years the academy has operated at a deficit and with the recent dollar assessment made by the Ohio State Medical Association the entire reserve fund of the academy (about \$700) has been depleted.

"In the year 1916 the state association will collect \$3.00 per member. We pay the Cleveland Library Association a room rental of \$1.00 per member. We will probably have to increase our support to the local medical journal to \$2.00 per member. The expense of programs, printing, postage and general office work has hitherto required more than \$1.50 per member, and this coming year will certainly not be less than \$2.00 per member. Hitherto when the society has been asked to meet any expense outside of routine, it has had to do so by drawing upon its now depleted reserve fund or through voluntary contributions by some of its members.

It is therefore essential that dues be so increased as to provide for all expenses and the re-establishing of a reserve fund to meet emergencies or special assessments which may from time to time be levied."



**Clinical and Pathological.**—The one hundred and tenth regular meeting of the Clinical and Pathological Section was held Friday, October 1, at the Newburgh State Hospital. Program: "Presentation of Cases of Dementia Praecox," Dr. Cryde; "Chronic Depressive Insanity," Dr. K. R. Moses; "Paranoia and the Paranoic State," Dr. G. C. Stewart; "Involution Melancholia," Dr. Grossman; "General Paralysis of the Insane," Dr. A. G. Hyde, and "Review of the Treatment of Cerebral Lues at the State Hospital," Dr. Reeve.

At a meeting of the council of the academy of medicine held Wednesday, September 3, 1915, on motion the following were elected to active membership: Walter J. Irwin, M. D., and H. W. Krapohl, M. D. The names of the following applicants were ordered published: Morrison H. Castle, M. D.; John F. Corrigan, M. D.; Lyle Steen Hill, M. D., and W. J. Quigley, M. D. For non-resident membership: N. M. Ailes, M. D., Garrettsville, O. The following were given letters of transfer: Dr. R. L. Cameron, to The Mahoning County Medical Society at Youngstown, O.; Dr. Pio Milani, to The Medical Society of Utica, N. Y. Dr. Don B. Lowe, now of Akron, O., was transferred to non-resident membership in the academy.

Ashtabula County Medical Society held its 105th regular meeting at Ashtabula General Hospital, Tuesday evening, September 7, 1915. President M. M. Battels in chair.

Dr. A. J. Skeel, Cleveland, obstetrician to St. Lukes Hospital, read an interesting and practical paper on "Analgesia and Anesthesia in Labor." A splendid discussion followed. A vote of thanks was tendered Dr. Skeel for his address. Notice was given members of extra assessment, for State Society dues. All present responded. No further business. Meeting adjourned.

J. J. Hogan, Correspondent.

Lorain County Medical Society met Tuesday evening, September 14 in Y. W. C. A., Elyria. Program, "Nasal Obstruction and its Treatment," by Dr. C. O. Jaster. "Remarks on Insurance Examination," by Dr. W. E. Hart. Dinner was served to 12 members preceding the meeting.

Geauga County Medical Society met at Burton, August 26. Dr. Martin Friedrich, of Cleveland department of health, read an interesting paper on communicable diseases.

#### SIXTH DISTRICT.

Summit County Medical Society resumed its meetings September 7, 1915, with an attendance of 85 from Akron, Canton, Columbus, Barberton, Cuyahoga Falls, Copley, Uniontown, Inland, Wadsworth, Kenmore, Marietta, Cleveland. The attendance is the record, beating November, 1914, which until now held the mark. **Eleven applications for membership were presented** from four municipalities in the county.

The guest was J. F. Baldwin, A. M., M. D., F. A. C. S., of Columbus. Upon his arrival he performed an operation at the People's Hospital. At 6:30 he was entertained at supper at the University Club by the officers, surgical section and graduates of Starling-Ohio Medical College.

"The Eternal Why," is the title of the paper read by Dr. Baldwin. In his address Dr. Baldwin said: Wundt says "Men think but little." Eucken, German philosopher, says that only one person in 25,000 actually thinks. Socrates taught his pupils to think, his great question being "Why?" Applying the "why" to medicine and surgery the physician who does not think about the "why," especially in diagnosis, but uses slap-dash, jump-at-conclusion methods is guilty of unpardonable sin. The most skillful physicians of the world make mistakes after careful logical deduction; but such error is pardonable. Dr. Baldwin gave examples from his long practice of cases which possessing identically the same symptoms were yet found to have entirely different pathological conditions. He discussed appendicitis, cancer, hemorrhage, peritonitis. In obstetrics the many types of complications; in medicine, pneumonia, pleurisy, etc; in therapeutic the many needless drugs and the host of valueless patent medicine. All but about fifty drugs could be removed from the pharmacopea. Most physicians use only about 24. James MacKenzie of London has proved that strychnine is of no benefit in heart disease, yet many use it extensively. In Austrian Silesia an uneducated farmer, Priessnitz, made a fortune with his quack money scheme "hydropathy." The general public likes to be fooled. The brilliant orator is seldom, if ever, a great thinker. One man can think quickly, another slowly; but think they must if correct conclusion be desired. We may never learn the "how" of most of life's problems; but by intelligent thinking we can discover the "why" of most of them. In no science is this as true as in the greatest science of all—medicine.

A vote of thanks was tendered Dr. Baldwin for his excellent paper, the truth of which is unquestionable. A. S. McCormick, Correspondent.

Portage County Medical Society met Thursday evening, September 9, at the office of John F. Hill, Ravenna. G. J. Waggoner, vice-president, presided. Dr. R. H. McKay, Akron, read a very interesting paper on the "Use and Abuse of Surgery." Discussion was heartily entered into by all present. We were especially glad to have Drs. C. E. Norris, Monning and Held present and enjoyed their remarks on Dr. McKay's paper. After partaking of some light refreshments the meeting adjourned. John F. Hill, Correspondent.

Richland County Medical Society held its regular meeting September 21. A regular program was omitted. Dr. K. G. Parker, state reformatory physician, brought before the society the subject of holding clinics at the reformatory and upon mo-

tion the society unanimously approved of the project. The president was authorized to appoint a committee to work in conjunction with Drs. Parker and Myers in selecting material and arranging for the clinics.

Rev. G. A. Kienly, chairman of the committee on by-laws of the new Mansfield General Hospital Association, presented for approval or rejection, the plan of that part of the by-laws pertaining to the appointment and *modus operandi* of the medical staff. The association wishes the staff to be under the control and management of the Richland County Medical Society.. (The physicians are represented in no other way in the association.) The plan will be worked out in a committee to be appointed by President Garber and a special meeting of the society will be called to thresh it out later. A greater number of physicians were present than at any previous meeting of the year. Drs. Salzman, McCullough and Parker and Rev. Kienly were guests, making the attendance twenty-three.

J. Lillian McBride, Correspondent.

**Stark County.**—The 151st regular meeting of the Stark County Medical Society consisted of a symposium on obstetrics. The meeting was held September 21, 1915, in the Chamber of Commerce rooms, Canton. A very large attendance of physicians and nurses were present.

The program was opened by Dr. E. J. March, of Canton, who dwelt with the subject of extra-uterine pregnancy. Dr. March's wide experience with these cases has especially fitted him to deal with this subject. The condition, he stated, is one of the most frequent complications occurring in a woman's child-bearing period. Undoubtedly many cases are never recognized before rupture. The mortality is 80 per cent in unrecognized or unoperated cases. The principal symptoms and signs are: Onset of pain in either lower abdominal quadrant about one to three weeks after a missed menstruation, usually accompanied with a bloody vaginal discharge. A careful bi-manual examination at this time usually reveals a mass at one side of the uterus or if the tube has ruptured, a boggy mass in the cul-de-sac. The pelvic and abdominal cavity soon fill with blood. The patient shows symptoms of loss of blood and shock and soon succumbs unless prompt surgical aid is obtained.

Among other conditions, ectopic gestation must be differentiated from salpingitis, abortion, acute appendicitis, ovarian cyst with twisted pedicle, acute ovaritis, uterine fibroid, gall stone colic, intestinal perforation, perforated pus tube.

The treatment is surgical, it is imperative to immediately control the hemorrhage.

Dr. B. C. Barnard, Alliance, followed with an excellent presentation of the subject, Caesarian section. He pointed out that whereas the operation formerly was a method of last resort, it is now frequently a method of choice. This change

has been brought about by the improvement in technique which was described in detail and to the early recognition of a probable difficult or impossible labor. The operation is advised in cases of eclampsia, placenta praevia and abnormal pelvis.

Seven cases of Caesarian section were reported with the recovery of all mothers and with one infant death due to prematurity. In the diagnosis of abnormal pelves the use of the pelvimeter is essential.

Through a misunderstanding of the date of the meeting the other essayists were not present.

In response to a communication from Dr. Lower, president of the O. S. M. A., the society voted that the secretary write a letter to the Cleveland Plain Dealer and Cleveland Leader protesting against their objectionable medical advertising.

A committee was appointed to inquire into the conditions obtaining in Stark county relative to contract practice among physicians.

Charles A. LaMont, Correspondent.

**Canton Medical Society** met Friday evening, September 24. Program:

"Some Cases of Interest with X-ray Plate Demonstration," Dr. J. P. DeWitt; "Here and There in Roentgenology," plate demonstration, Dr. J. E. Shorb.

#### SEVENTH DISTRICT.

**Columbiana County Medical Society** met in East Liverpool, September 14 at 1 p. m. with a fair attendance. Dr. F. J. Bierkamp, Youngstown, read a paper on the modern treatment of hay fever, including the vaccine method. A number of cases were cited, with results which were very good, under the pollenized vaccines. In the discussion it was brought out by a physician present that not only the pollens, but some other properties produce hay fever or coryza symptoms. This physician had symptoms as noted both summer and winter. He had changed his location and went south, but not finding a location to his liking, returned. Then he sold his horse and bought an automobile and his old symptoms gradually left. They have apparently gone to stay, since there has been no trouble for about five years. It was the horse that furnished the irritant in this case. It was also brought out that some people are prone to these irritant symptoms when working about cows. Dr. Bierkamp was given a vote of thanks by the society for his good paper.

W. E. Morris, Correspondent.

**Monroe County Medical Society** held its regular meeting in Woodsfield September 8. Notwithstanding the inclemency of the weather, there was a good attendance. Dr. C. D. Hoy, of Columbus, was the speaker of the evening. His subject was non-union of fractures and was handled in a very efficient and masterful manner. He illustrated his remarks with a series of stereoptican views



taken from his own cases. Dr. Hoy was assisted by Dr. Ben Casey, of Columbus. Both Dr. Hoy and Dr. Casey were given a vote of thanks, and were made honorary members of our society. The next meeting will be held at Woodsfield on the second Wednesday in October.

W. E. Thomson, Correspondent.

**Jefferson County** Medical Society met Tuesday, September 14, at 2 p. m. in the I. O. O. F. building, Steubenville. Dr. J. S. McClellan, Bellaire, councilor of the Seventh District, was present and delivered a councilor talk. Dr. J. A. Bradley presented a paper, "Recent Clinical Observations."

J. R. Mossgrove, Correspondent.

**Belmont County** Medical Society held its annual basket picnic and outing at Epworth Park, Bethesda, on Wednesday, September 1, with the members of Monroe and Guernsey County Medical Societies as their guests. An inter-county medical association was formed. Dr. J. R. Parry, of Woodsfield, Monroe county, was elected president and Dr. J. S. McClellan, Bellaire, Belmont county, was elected secretary.

#### EIGHTH DISTRICT

**Fairfield County** Medical Society met Tuesday September 14 at 8 p. m. in the new Sherman Memorial Armory, Lancaster. Dr. Clark G. Axline read an interesting paper on "Heart Failure." Attendance, ten.

**Muskingum County** Medical Society held its September meeting (and their twenty-fourth annual meeting), on September 29. Eighteen members were present. The following officers were elected: Dr. E. M. Brown, president; Dr. L. F. Long, vice-president; Dr. H. T. Sutton, secretary-treasurer; Dr. W. A. Melick, censor for three years; Dr. E. R. Brush, delegate to state association; Dr. F. S. Baron, alternate. Dr. T. H. Infield reported an interesting case of pellagra—the sixth reported to the Ohio State Board of Health. The case was making favorable progress, seemingly, after using five injections of an autogenous serum.

Dr. L. R. Culbertson, Correspondent.

**Washington County** Medical Society met Wednesday evening, September 15 in the assembly room of the court house, Marietta. Dr. S. A. Cunningham occupied the evening with an interesting account of his recent clinical experiences in London and Edinburgh and of clinics attended in the east and at Rochetser, Minn. In addition to 15 Marietta physicians present, were the following: Dr. Adair, of Beverly; Dr. Sturgiss, of Lower Salem; Dr. Grimm, of St. Marys; Dr. Mason, of Lowell; Dr. Beebout, of Dexter City, and Dr. Sellew, of Watertown.

#### NINTH DISTRICT.

**Noble County** Medical Society met Thursday evening, September 2, and after regular business was disposed of the members devoted the most of the time to topics of local interest. Our society has passed the 100 per cent mark and can boast of having all the available active physicians of the county as members.

F. R. Dew, Correspondent.

#### TENTH DISTRICT.

**Columbus Academy of Medicine** resumed its weekly meetings Monday, September 20, with a well attended session in the auditorium of the Columbus Public Library. Dr. E. F. McCampbell, secretary of the State Board of Health, presented an interesting paper on "Microbic Carriers in Disease." Dr. Philip D. Wilson, who has recently returned from service in France with the Harvard unit of the American Ambulance, presented an illustrated lecture on military surgery in France.

An unusually large attendance greeted Dr. Charles A. L. Reed, of Cincinnati, on September 27, when he presented his interesting paper on "The Relation of Intestinal Conditions to the Convulsive Toxemias." This was a supplementary report on the probable cause and logical treatment of epilepsy (see Journal, June, 1915, page 377). A resume of this paper will appear in the next issue of The Journal.

**Pickaway County** Medical Society met in regular session September 3, devoting the entire eve-

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ning to Councilor Teachnor who discussed matters pertaining to the State Association.

D. V. Courtright, Correspondent.

**Morrow County Medical Society** held its regular monthly meeting in Mt. Gilead, September 1. Only six of its members were present. Supt. M. C. Warren of the Mt. Gilead high school, read a very interesting and scientific paper on psychotherapy, explaining briefly the neuron theory, dealing largely in the conscious and sub-conscious mind, also giving illustrations of the psychic effect over bodily ailments. Supt. Warren was strong in his belief that it will be but a very short time until all the leading medical colleges will take up this line of study and place it on a parallel with our medical therapeutics. This paper was greatly appreciated by all present and brought forth a very interesting discussion. The president appointed on the program Drs. Case and J. H. Jackson for October and Pierce and Johnston for the November meetings. Each of the members present paid their one dollar assessment, called for by the State House of Delegates.

R. L. Pierce, Correspondent.

#### POST GRADUATE SCHOOL AT SARANAC.

New York papers announce that Mr. Samuel Mather, of Cleveland, has provided money for the

establishment of a post graduate school for the study of tuberculosis, to be administered by the trustees of Adirondack Cottage Sanatorium, Saranac Lake. The course will start next May and will include both laboratory and clinical work. All Saranac institutions will be utilized and associated physicians will serve as lecturers. The course at the start will be chiefly for physicians who wish to enter sanatorium work and later will be extended, through co-operation with municipal tuberculosis departments of the eastern cities, to train those who desire to enter this field.

**Formamint.**—Formamint are throat tablets said to contain a compound of formaldehyd and milk sugar. In the United States it is advertised to physicians while in England the public is asked to use it for affections of many kind. The Council on Pharmacy and Chemistry reports that questionable statements are made in regard to the composition of Formamint; grossly unwarranted claims are made for its therapeutic properties, and therefore its exploitation to the public is a public danger. The Council published the account of the exhaustive bacteriologic examination to call attention to the evils connected with Formamint and to the inefficiency of all methods of sterilizing the throat (Jour. A. M. A., Aug. 28, 1915, p. 816.)

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## STATE CHILD WELFARE BUREAU URGES ADEQUATE "PHYSICAL SUPERVISION" OF ALL JUVENILE WARDS

The child welfare department of the Board of State Charities is engaged in a careful survey of the agencies and institutions in Ohio which receive and care for children. Miss Esther Eaton, assistant director of the department, has prepared an interesting manual for the use of these institutions through which many helpful suggestions are offered. The manual is designed as a general guide to aid in the standardization of the child welfare work.

It is interesting to note that in compiling that section of the manual dealing with institutional administration, the author has given very careful thought to the subject of medical attention. Upon this point, the manual reads as follows:

"A negative bill of health for children of a children's home is not adequate. Some institution workers have prided themselves that 'no doctor has been inside our home for over a year and a half!' This is not a matter for congratulation. It is, rather, a serious comment upon the prevalent lack of understanding of the service the doctor should render. It is a dangerous presumption for any institution worker to assume that the

children are absolutely well until he sees that they are ill. Accurate knowledge of the physical condition of a child is a prerequisite to his perfect health. This knowledge the layman can never have to a sufficient degree to warrant the elimination of the physician's judgment. Preventive measures are the watchword of modern medical science and "no sickness" does not necessarily indicate health.

### Suggested Precautions.

"The following precautions should be observed:

"1. Careful medical inspection of every child before or immediately after admission is essential for absolute safety. A detailed report on forms approved by the Board of State Charities, indicating the condition of the child, with recommendations for treatment, should be made out by the examining physician and should be filed in the institution with the child's record.

"2. At least annual medical inspection of every child in the institution is recommended. Special emphasis should be given to the following:

"a. An oculist, to be approved by the Ohio

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Commission for the Blind, should inspect for trachoma and other eye diseases and defects.

"b. Teeth should be examined by a reputable dentist.

"c. Noses and throats should be inspected for adenoids and diseased tonsils.

"d. Orthopedic defects should be carefully watched for.

"e. Skin and scalp affections, often painless and apparently of minor importance, may be of serious nature. These should be guarded against.

"f. Whenever necessary, treatment for the above and any other remediable conditions should be given."

#### Four General Groups.

The department has recently completed a preliminary survey of the 200 child-caring institutions and associations in the state and finds a great diversity of conditions. These are grouped under four general classifications: (a) The well managed and well equipped plants; (b) those which are doing as much as possible, considering their equipment; (c) those in which the equipment is poor, the management is lax and which have been permitted to exist for years owing to a lack of sufficient interest in the community; and (d) a few institutions which have been found to be wholly useless, and either a disreputable or illicit nature.

In the foreword of the pamphlet are the following significant paragraphs:

"It is a comment upon the low standards that prevail in many of our orphanages, children's homes, day nurseries and maternity hospitals, that mention must be made of the needs so simple and elementary as a weekly bath for each child, the use of individual towels, the need of night garments and a weekly change of under-clothing. It has come as a shock to many who are conducting well-ordered children's homes, that there are, anywhere in Ohio, persons engaged in such responsible work, whose standards are so low that they need to be urged to provide these first essentials for the children entrusted to their care.

"It is necessary, so long as such conditions exist widely, that the manual should deal almost wholly with fundamentals. Yet the board desires that standardization of Ohio child-caring institutions shall mean, not a raising up of the many at the expense of the few, but a genuine pricking into new life of the pride and sensibilities of all."

Why not a Disease Prevention Day for Ohio? Governor Willis could give wide publicity to the needs of public health work if he would, by proclamation, set aside a special day for state-wide consideration of this subject.

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The following program of Saturday evening free lectures before the B. Merrill Ricketts Experimental Surgical Research Laboratory, Cincinnati, has been announced for the 1915-1916 season. The lectures will be given in the auditorium of the Cincinnati Society of Natural History, No. 312 Broadway, on the dates noted at 8:30 p. m. The program is as follows:

October 16—Dr. Mortimer Frank, Chicago. The History of Glands. Illustrated.

October 23—Dr. Frank Winders, Columbus. The Heart, Comparative anatomy. Function, uses and Abuses. Illustrated.

October 30—Dr. E. S. McKee, Cincinnati. Two Years Travel Around the World. Medical and Scenic. Illustrated.

November 6—Dr. Axel Werilius, Chicago. Surgery of the Heart, Lungs and Trachea. Illustrated.

November 13—Dr. Chas. T. Souther, Cincinnati. The Stomach Comparative Anatomy, Function and Surgical Aspects. Illustrated.

November 20—Dr. D. D. DeNeen, Cincinnati. The Ureter Anatomy, Function and Restoration. Illustrated.

November 27—Dr. D. I. Wolfstein, Cincinnati. The Cerebellum and Its Function. Illustrated.

December 4—Dr. Wm. E. Schenck, Cincinnati. Optical Instruments Construction and Uses. Illustrated.

December 11—Dr. W. J. Thomasson, Newport, Ky. The Upper Air Passages and Tonsils. Comparative Anatomy and Diseases. Illustrated.

December 18—Dr. S. S. Gale, Roanoke, Va., Chief Surgeon N. & W. R. R. Safety First, How It Saves Life and Property. Demonstrations.

January 8—Prof. Chas. T. P. Fennel, Cincinnati. Poisons and Narcotics (Mineral, Vegetable, Animal and Insect.) Illustrated.

January 15—Dr. W. D. Haines, Cincinnati. Cancer of the Stomach, Precancerous Condition and Surgical Aspects. Illustrated.

January 22—Dr. J. E. Pirrung, Cincinnati. Hare Lip and Cleft Palate. Their Embryology, Causes and Correction. Illustrated.

January 29—Dr. Chas. F. Hicks, Welch, W. Va. Six Hundred Gun Shot Wounds in Mining Practice. Conclusions. Illustration of Miscels.

February 5—Dr. Frank Warner, Columbus. A Study of the Relationship of Arterio-Sclerosis to Malignancy. Illustrated.

February 12—Dr. Wm. M. Doughty, Cincinnati and Mr. J. R. Kelley, (Kelley-Koett.) The X-Ray, Its Use and Abuse, Demonstrations and Development of Plates.

February 19—Dr. Hugh W. MacMillen, Cincinnati. Teeth. Their Comparative Anatomy, Uses, Care and Diseases. Illustrated.

February 26—Dr. R. C. Heflebauer, Cincinnati. Comparative Study of the Eyes. (Continued.) Illustrated.


March 5—Dr. Wm. Seaman Bainbridge, New York City. To be announced.

March 12—Dr. J. A. Stucky, Lexington, Ky. Mountain Ophthalmia. Report to Kentucky State, Investigating Commission as to Cause, Frequency and Cure. Illustrated.

March 19—Dr. F. U. Swing, Cincinnati. Artificial Eyes and Lenses, Old and New. Illustrated.

March 26—Dr. E. B. Shewman, Cincinnati. The Kidney, Its Anatomy With Reference to its Function and Pathology. Illustrated.

April 3—Drs. Ricketts, Wilms and DeNeen. Experiments and Demonstrations.



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The Council of the State Society meeting in Columbus on October 25 took action in two matters which will immeasurably increase the value of membership in the Ohio State Medical Association, and make such membership distinctly worth while for every practicing physician who can qualify:

1. Recognizing the state-wide demand for the installation of a system of co-operative defense against suits for civil malpractice, the Council adopted a resolution instructing the standing committee on Medical Defense to proceed at once with the development of plans for instituting the protective measure. By this action, medical defense may be put into state-wide operation immediately after it is finally passed upon by the House of Delegates at the state meeting in Cleveland next May. *This service will be furnished at no extra cost to the members.*

2. The Council, at the suggestion of President Lower, decided to institute an organized propaganda for improving the programs of all county society meetings. The President was instructed to immediately proceed with the selection of a standing committee on Medical Education to work out the details of several proposed plans. (See report of Council meeting in this issue.)

The development of these two activities alone will so enhance the value of membership in the state society that a big increase in membership for 1916 may be expected, despite the raise in annual dues to \$3.00 a year.

Co-operative medical defense, which is now furnished by many societies in other states, has been under consideration in Ohio for years.

The recent action of the State Superintendent

of Insurance in compelling private liability companies to cancel policies under which physicians are protected, brought the matter to a crisis. From every section of the state demands were received that the State Society enter this field and extend to its members the protection contemplated in the long considered plan.

Under the provisions of the constitution of the State Society this insurance cannot be put in force until after the House of Delegates finally passes upon the pending constitutional amendment. This was introduced at the Cincinnati meeting and must lie over for one year, but it is practically certain that the proposal will pass almost unanimously. The action of Council means that co-operative defense, the detailed plan of which will be arranged in advance, will be put into effect the next day, and will be in full operation by the middle of next May.

The remarkable part of the proposal is that the added protection, which in other state societies demands a per capita assessment of from one to five dollars, will be instituted in Ohio at no extra cost.

This is made possible by the increase in annual dues, ordered by the House of Delegates at the Cincinnati meeting. At that time it was not contemplated that the expense of medical defense could be included in this amount. Since then, however, the state membership has increased steadily, and the liberal response to the dollar assessment levied at that time, for 1915, will permit the association to close the year with a slight balance in the treasury.

There are other fields in which ordinary expenses may be curtailed next year, making it possible to furnish medical defense without extra cost.



The legislature will not hold a regular session in that year, thus eliminating heavy legislative propaganda expense. Council, after estimating the probable income for the year and considering these possibilities in economy, estimates that the heavy extra expense of maintaining a legal department for protecting its members can probably be met by the gross receipts.

One thing that has made this possible, in the past two months, is the growth of advertising receipts of The Journal. The heavy depression that cut down the volume of business early in 1915 is gradually lifting. If business continues to increase at the present rate—and it will if you patronize Journal advertisers—the Journal will not be forced to make excessive demands on the association treasury next year, and more money may be devoted to the defense work.

Since the dues were raised at Cincinnati many persons, inclined to the pessimistic view of things, have feared that the membership in the state would fall off materially next year. They contended that many physicians would not pay three dollars a year.

The Journal is in pretty close touch with conditions throughout the state, and we do not agree with that belief. At every hand we are told that the men of Ohio are willing to pay for an organization, providing the organization "delivers the goods" and gives them something tangible for their money.

If this is true the problem of securing members is definitely solved in Ohio. In the future, as one councilor rather graphically expressed it, we will have to watch very carefully to keep undesirables out of the county societies, instead of "beating the bushes for new recruits."

Next year the members of the Ohio State Medical Association will be "getting something for their money." Let us recapitulate a few of the benefits:

1. Subscription to the Journal, which many people are kind enough to say is both interesting and valuable, and which next year will be materially improved.

2. Membership in the state and national organization, the *practical* value of which is being demonstrated in many ways. Viewed from a purely commercial standpoint, this is valuable. It establishes the rating of the physician in somewhat the same manner that Dun or Bradstreet rates the commercial standing of a business man. Railroads, insurance corporations, state departments and many other agencies having need of physicians for positions of responsibility, are coming more and more to require membership in one's local and state medical society as an initial requirement for consideration. They do this because they know that the best men are affiliated with organized medicine. There may be blackguards and quacks within these ranks, but it is an indisputable fact that

the average of the men within organized medicine is far higher than the average of those without.

3. Co-operative defense against civil malpractice. When this is instituted, it alone will be worth more every year than the amount of your state dues. It will very greatly cut down the number of black-mailing suits—that may be brought against any man—and will relieve the individual of a large measure of the worry and responsibility in those cases which are taken into court.

4. Protection against the legislative assaults of the crooks and the ignorant who seek to exploit the sick by entering medical practice without qualifying with the requirements demanded by the state.

This latter item is becoming of increasing importance to the physicians of Ohio every year. Its importance should not be underestimated by any one. Had it not been for the splendid legislative organization which represented the society before the last session of the Ohio General Assembly that body would undoubtedly have enacted into law measures which would have rendered absolutely valueless a certificate to practice medicine in this state. As it was we weathered the legislative storm very nicely, thank you. The same sinister influence which crowded the legislative halls last winter will undoubtedly be on the job two years hence. Unless we are there to meet them not only will our system of medical licensure be annihilated but the people of the state will, through ignorance of conditions, be placed at the mercy of a pack of ignorant charlatans to whom the life and health of a patient is entirely secondary to the size of his pocketbook.

In other words, the Ohio State Medical Association is not a "paper organization." Not many years ago state medical societies met once a year to discuss scientific matters and elect an imposing list of officers, and permitted things to slide for the other 363 days. That time is past. We are swiftly approaching the point where membership in the state medical association will be necessary to every honest physician.

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Sandusky county is insured a magnificent general hospital by the successful financial campaign conducted during October by a Fremont citizens' committee. Some months ago Mrs. Webb C. Hayes made a conditional gift of \$100,000 for the establishment of a Sandusky County Memorial Hospital, contingent upon the raising of \$75,000 by citizens of the community. The rousing campaign which closed on October 21 resulted in subscriptions totaling \$99,672.85. This will mean that the county will be able to build, equip and maintain one of the finest small hospitals in the country. The county is to be congratulated upon having a resident as generous as Mrs. Hayes.

Dr. Joseph C. Bloodgood, of Baltimore, while in Ohio recently to address the meeting of the Northwestern, called our attention to the work that has been undertaken by the American First Aid Conference which was organized at Washington in August. Its purpose as set forth in resolutions adopted at the initial meeting is to bring about the creation of a federal Board of First Aid Standardization, for the purpose of studying first aid problems and standardizing methods, materials and equipment employed in administration of first aid to those injured in the pursuit of industrial occupations and in war.

The matter was given official co-operation by the Council of our State Society, as is noted in another column, by the appointment of a special committee of three Ohio surgeons to study the problem in this state and to report to the general conference.

A questionnaire has been forwarded to the chief surgeons of railroads, mines, and manufacturies, to be answered by them and their associate surgeons. The questions asked are:

1. What has been your experience with the most available first-aid package and dressing for small and large wounds.
2. What has been your experience with the immediate employment of antiseptics in accidental wounds; what antiseptic have you used, in what strength, and how applied? Have you employed tincture of iodine; if so, how and what have been the results?
3. What in your experience has been the most efficient and most readily applied method of fixation for injuries of (a) the upper and (b) the lower extremity?
4. Have you considered the construction of a stretcher, which, in addition to serving as a means of transportation of injured, will have appliances for the fixation of the upper and lower extremity, somewhat along the lines of a Bradford splint, or the Gihon naval splint?
5. Please state your views on some liquid ointment dressing which would be available for first aid in large wounds and burns with the object of preventing the usual dry-gauze dressing adhering to the wound and rendering subsequent dressings painless.

The accumulation of this information, and the deductions based upon the actual experience of the men engaged in this work throughout the United States will be of immense value. We trust that the Ohio surgeons to whom this questionnaire is submitted will give the matter careful attention, so that Ohio will do its part in working out this important problem.

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**Decision of a New York judge that tuberculosis is a proper cause for divorce when knowledge of its existence is withheld from the prospective bride, has been given extensive publicity recently by the federal public health service. The court action was taken in a case where the husband had told his future wife before marriage that certain symptoms of illness were caused by a cold. After marriage the wife discovered the facts, sought and secured a divorce. The legal basis for the decision was the fraud of the husband in concealing and misrepresenting his condition.**

## ANNOUNCEMENT

Under the plan of reorganizing a part of the activities of the Association, by the election of Mr. Sheridan as Executive Secretary of the State Association, there will be no change in the methods of receiving dues and transacting the fiscal business of the society.

As in the past, dues will be payable at the office of Dr. Selby, Secretary-Treasurer of the State Society, Spitzer Building, Toledo.

Mr. Sheridan will continue in charge of the Journal office, in Columbus, and by the new action is made executive officer of the nine standing and special committees of the Association. He will attend to the details of their work.

This announcement is made to avoid confusion in the conduct of the business affairs of the Association.

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**New Nursing Law Will Not Bar Any Nurse, or Materially Restrict Her Practice.**—The impression has gone abroad that the enactment by the last legislature of the Sprague nursing bill means that after January 1, 1916, when the law becomes effective, a nurse cannot practice in Ohio as a graduate nurse unless she is registered by the state medical board. This is a fallacy.

The law specifically states (Section 17) that nothing contained in the act shall be construed to in any way prevent or prohibit the services either with or without compensation in nursing the sick or injured *by any person*, provided such services are not performed by such person as a "registered nurse." The law is perfectly clear. A nurse, as at present, may, without registering at any time in the future, practice as a trained nurse, graduate nurse, professional nurse, or any other sort of a nurse she pleases to call herself and is only prohibited from holding herself out as a registered nurse or using the letters R. N.

When the bill was before the legislature, the nurses endeavored to broaden its scope, to prevent a nurse from practicing as anything but a practical nurse unless she registered. The legislators refused to meet this demand.

Likewise, it is a fallacy to assume that a hospital in the future cannot operate a nurse training school unless its graduates are to be recognized by the state medical board and accepted for nurse registration. We predict that several of the smaller hospitals of the state will not be able to comply with even the low minimum requirements established by the board, but we further predict that these same hospitals will be able to continue their nurse training schools absolutely unhampered and will continue to turn out splendid nurses, who will be as greatly in demand as they are at present.



Promoters of proprietary cures for consumption—fakes without exception—will stoop to anything to further their dirty business. Recently one of their agents, concealing his identity, endeavored to secure from the Springfield department of health, a list of cases of tuberculosis in the city. Officials became suspicious and immediately issued a newspaper warning against patent preparations exploited to cure this disease. Springfield newspapers gave this full publicity in their editorial and news columns, and the fake consumption cure did little business. The incident illustrates the value to the community of having an active city health department on the job. Otherwise many Springfield citizens who can ill afford to be exploited would have been relieved of their last cent by these human vultures. And the newspapers of the city which gave publicity to this *expose* are to be commended.

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Cleveland Department of Health this year brought about the observance of a municipal "Disease Prevention Day." Mayor Baker issued a proclamation requesting general observance of the occasion on Friday, October 15. In the public schools 125,000 disease prevention pamphlets were distributed. The city's 175 moving picture shows devoted considerable attention to the subject. Banners were displayed through the downtown district, grouped with white flags symbolic of the disease prevention propaganda. Health Commissioner Ford, in discussing the innovation, declared that plans were started this year too late to attain maximum effectiveness in the campaign, but that the experiment completely demonstrated the feasibility of making "Disease Prevention Day" an annual event in each community. Next year the Cleveland health department will start earlier and expects to bring about a much wider observance. This presents an opportunity for other active health departments or organizations to engage in similar work.

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The Wine of Cardui outfit is apparently spending thousands of dollars to win its three-pronged libel suit against the American Medical Association and the Editor of the A. M. A. Journal, for \$300,000; against Harpers' Weekly for \$200,000, and against Dr. Oscar Dowling, president of the Louisiana state board of health, for \$25,000. The patent medicine interests of the country realize, evidently, that upon the outcome of these suits depends the future of their business. Those who in the past have built up huge fortunes by exploiting the sick, know that if these suits fail the publicity given the fall will be a death blow to the patent medicine game.

Proof of this is apparent everywhere. It will be recalled that The Journal reported some months ago that Wine of Cardui agents were busy in Ohio, securing testimony from licensed physicians who are in the retail drug business.

Harpers' Weekly, October 2, prints an astounding article, giving the detailed experience of a Pinkerton detective who was retained by the Chattanooga Medicine Company to collect evidence. The detective became disgusted with the dirty business and printed a complete *expose* of the methods used. The Journal A. M. A. is right when it says that the Wine of Cardui cases are not simply Chattanooga Medicine Company versus the A. M. A., Oscar Dowling and Harpers' Weekly; they are the great American fraud versus the American profession and the public.

If the Chattanooga Medicine Company and the rest of their gang wins in this fight, they will be prompted to fresh boldness. If they lose, we believe that the back of their business will be effectively broken.

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In 1913 the total membership of our State Society was 3559. Last year all previous records were eclipsed but the total did not reach the desired 4,000. This year, by the middle of October, the membership stood 4169, a net gain of 261 over last year. As a matter of fact, we have 421 new members, having lost 160 who were enrolled last year by death, removal from the state, sickness, or in a few instances, failure to pay dues. These figures mean something. They mean that our State Society is having a steady growth, and that its efforts to raise professional standards in Ohio and to improve the conditions of practice in this state are being appreciated. Next year, with the additional benefits planned, we should reach our maximum membership.

### SECRETARIES: GET THIS

In order to stimulate local membership campaigns in every county in the closing months of 1915, the Council of the State Society on October 25, by resolution, authorized Secretaries of County Societies to accept new members for the balance of 1915 and the entire year of 1916 upon payment only of the 1916 annual dues to the State Society—three dollars.

This applies **only to applicants who are new members**, who have not been affiliated with the society during the past three years.

Use this as a lever to get in every available man in your county. When medical defense goes into operation next May there will be a wholesale scramble by those outside the society to get in. Start them now!

Point out that by joining now for 1916 they can come under this protection at the earliest possible moment, will receive the Journal for 14 months, and derive all the benefits of organized medicine.

### Original Articles

## The Psychic Factor in Deafness: With Suggestions as to a More Comprehensive Plan of Treatment of the "Hard-of-Hearing"\*

BY PHILIP D. KERRISON, M. D., OF NEW YORK

**A**LMOST since the beginnings of otology, deafness has been under more or less constant investigation and study. As a result, a considerable store of actual knowledge has been accumulated, but chiefly in one direction, i. e., of the pathologic changes associated with certain forms of deafness. In the development of a practical system of treatment, our progress has not kept pace.

To our failure to reach more uniformly practical results there are several contributing factors. In the first place, some of the underlying lesions are clearly beyond the reach of local treatment. It may be that we have narrowed our mental vision to conform too closely to our conception of certain post-mortem changes seen or recorded, and of others observed, and perhaps not always correctly interpreted, during the physical examination of patients. There is a psychological as well as a pathological factor in most cases of functional impairment, recognition of which would surely lead to a broader and more comprehensive view of the whole subject of deafness. It is to this phase of the subject, in relation to the practical problems of treatment, that I would like to engage your attention.

No thoughtful observer of the hard-of-hearing can fail to have been impressed with the different grades of handicap under which different individuals, having the same degree of auditory impairment, labor. That is to say, of two individuals in whom careful hearing tests show the same degree of impairment, one may have the greatest difficulty in interpreting the average conversational voice, while the other may be under no obvious disadvantage in ordinary conversation. Such differences can be explained in one or both of two ways, viz., (1) that the one is able to make better use of the same degree of residual hearing power, —i. e., to interpret better such speech sounds as still come to him; or (2) that he is possessed of a quicker and more synthetic type of mind, enabling him to grasp more quickly the sense, or meaning, of a sentence imperfectly heard; or in other words, to supply from what he does hear such parts of a conversation as are not clearly heard, or even are not heard at all.

Such a hypothesis, if accepted, would justify certain practical inferences. It is clear that all partially deaf individuals would receive the maximum of practical aid and relief if, in addition to the best obtainable results from local treatment, they could be taught (a) a keener and more accurate differentiation of such speech components, however diminished,

as still reach the ears; and (b) a quicker and more intuitive grasp of the drift of a conversation from such parts of it as are heard and recognized.

There is still another factor which can and should be brought to the aid of patients whose impairment has reached a certain grade, viz., cultivation of the faculty of unconscious lip-reading which all partially deaf people in some degree possess.

As a preface to what I have to say, I would like your consideration of the following propositions:

1. The blind, being deprived of sight as a means of acquiring knowledge, can under scientific methods of instruction so cultivate the senses of touch and hearing as to compensate in large degree for the loss of vision.

2. The totally deaf, under competent instructors, may so cultivate the eyes in the interpretation of the movements of the lips as to compensate largely for the loss of hearing, thereby retaining, or in some cases acquiring, the faculty of verbal intercourse.

The above represents facts universally recognized. My third proposition embodies a fact which has apparently escaped recognition, but which seems to me in some degree self-evident.

3. The partially deaf can, under rational methods of practice, so train the minds and ears in the better interpretation of whatever voice sounds are still heard as to increase materially the value of such hearing power as is still theirs, or may under treatment be restored to them.

#### THE SPEECH TEST.

The final test of the usefulness of the ears to the patient, and the only one which need be discussed here, is his ability to hear and understand the conversational voice. The usual method of applying it is known to every aurist. Either words or numbers are used. The patient stands at one end of the room and closes with a finger the ear not under examination. The examiner, standing some distance from him, speaks or whispers the words or numbers he wishes to use, the patients having been instructed to repeat them after him. If he repeats the words correctly, the examiner must either speak in a lower voice or whisper, or increase the distance between himself and the patient. If the patient fails to repeat the words correctly the examiner moves gradually nearer until he can do so without hesitation or error, this distance being recorded as his hearing distance for the voice or whisper in the ear examined. The test is then repeated in the opposite ear.

The speech test, thus applied, while giving a fairly practical impression of the functional loss at the time of a first examination, is far from scientifically accurate, and becomes progressively less reliable if

\* Annual Invitation Address of the Section on Eye, Ear, Nose and Throat, Ohio State Medical Association, in seventieth annual session at Cincinnati, May 5, 1915.



frequently repeated. As a comparative test—for comparing the acuity of hearing at different times—its value is practically negated by several sources of error which may be mentioned in the following order:

(1) If numbers only are used, the patient quickly becomes accustomed to the sounds of the different numerals as spoken by the physician and is soon able to repeat them correctly or with a much smaller percentage of errors. He shows, therefore, an improvement which may be apparent rather than real.

(2) If words are used, he is apt soon to learn the physician's test-word vocabulary, and also he learns to interpret better the more difficult or faintly-heard speech components as spoken by the physician; his answers may therefore indicate an improvement where no actual auditory gain has been obtained.

(3) When words of more than one syllable are used, certain consonants may be wholly or nearly inaudible to the patient, yet the combination and sequence of the vowel sounds and such consonants as he does hear may give him the clue, and he repeats correctly a word he has not clearly heard. This is a useful faculty which is possessed in varying degree

and his apparent functional improvement disappears. I have found the names of cities convenient test-words, and have repeatedly had the following experience with the word, Chicago. Having called off several numbers which the patient has repeated correctly—e. g., 13, 27, 43, etc.—I have suddenly interjected the word "Chicago," to which the patient has replied with "sixty-four" or "seventy-four," numbers which have a remote general similarity in sound to Chicago. This has occurred not once or twice but any number of times and with as many patients. It not only proved that this word was not correctly heard; but also threw in doubt his hearing of the numbers which he had been able to repeat correctly. Another common experience has its explanation in the patient's effort to supply mentally the elements he does not hear in a word. Thus one calls the word "master" and the patient answers with "faster" or "pastor." Evidently the initial M was not heard or at least not identified. Had he chanced to repeat the word, master, correctly, we should have given him credit for having heard it correctly, yet his answer would still have been the result of a partial guess. These few instances suffice to show how unreliable and mislead-

bad band bed bend bard bold bond	cad can come card kew cold con	dab date dope dew darn dip dun	fad fill fun fall feel fine fold	gap game gone gold quite goat gilt	hard hate hold hint hope heart heat	jay jot jest Jane jog just join	lad lip let lump lord leap late	mad map meet met mint must most
nap not neat net note nut night	pad pot pet pole Pete pun pine	rat rot reap rest rule run Rhine	sat sap seat sole sun sigh sort	tap top team tent tone ton time	vat vent vice vault vow void vine	wall went wind wart wet win wine	zeal zine zone zest zoo	

by different partially deaf individuals; but it reduces the value of the word test as a reliable measure of auditory acuteness.

(4) All partially deaf persons hear certain consonants more distinctly than others. This varying hearing distance for words in which different speech components preponderate renders it difficult or impossible to arrive at an exact hearing distance for conversational speech.

A few instances based on actual experience may illustrate some of the difficulties recorded above. Bezold advised the use of numbers, to the exclusion of words, in testing. I at one time followed this practice, but found that the average patient soon shows an improvement out of all proportion to that shown by other tests. This, I now know, is explained by the fact that the patient, expecting only numbers, is soon able to associate with the sound as it reaches him the number it most resembles and in fact represents. In other words, the correct answer is not so much the result of improved hearing as of acquired ability to translate quickly a diminished or distorted sound into its correct equivalent. A proof of this is the fact that if one suddenly changes from numbers to the use of words, the patient is immediately at sea

ing may be the usual "speech test" as a measure of the patient's actual hearing power.

#### MONOSYLLABLES AS TEST WORDS.

In trying to devise a more reliable speech test, it occurred to me that the use of monosyllables would go far to eliminate the sources of error referred to above. The advantage of monosyllables lies in the fact that, since they contain no sequence of vowel sounds to suggest the word, the patient is left with no other clue than what he actually hears.

A preliminary examination for diagnostic purposes very properly includes a separate functional test of each ear, and for this purpose the acoumeter, tuning forks and Galton whistle are the most reliable instruments. For determining the practical difficulties and needs of the individual patient, however, there is obvious advantage in a qualitative test of the combined efficiency of the two ears in interpreting the conversational voice. In using the test herein described, the patient is, therefore, not required to close either ear.

The list on this page is a table of carefully selected monosyllables which are used in the following way: The patient is seated within four or five feet of the examiner, but looks away from him to

bad band (and) bed (et) bend bold bard bond	cad (cat) can come cue card cold con	dab (ab) date dope dew darn dip (hip) dun	fad (fat) fill fun (one) fall feel fine (wine) fold (cold)	gap game gone (bon) gold (bold) guile (bile) goat (wrote) gilt (kit)	hard (are) hate hat (cat) hold (cold) hint hope heart	jay (day) jot jest (chest) Jane jog just join (joy)	lad (glad) lip (lift) let (that) lump (love) low (glow) leap (trap) late	mad (water) meet mint must most (host) met (went)
nap (lap) not neat (meat) net (met) note nut night (light)	pad pot (hot) pet Pete pole (old) pun (ton) pine	rat rot (lot) reap rest rule (rude) run Rhine	sat sop seat sole sun sign sort	tap top (cop) team tent (ket) tone ton time	vat (that) vent (bent) vice vault (want) vow (flower) void (boy) vine (wine)	wall (walk) went wind wart (want) wet (net) win wine	zeal zine zone zest zoo	

eliminate possible lip-reading. He is instructed to repeat the words or sounds as they are heard, and not try to translate the sounds as they reach his ears into what he thinks should be their equivalents. Also, he is urged to repeat the words or sounds promptly.

Beginning with the first, or B, column, the examiner calls the words in a fairly loud or average tone of voice from left to right,—first the words at the top of each column, then the second line from the top, and so on through the entire table. Only the patient's errors are noted on the test card. Thus if a word is repeated correctly, absence of written comment signifies this fact; if incorrectly, the patient's answer is noted opposite the misinterpreted word. When the whole table has been called off in the manner described, one has only to note the number and character of errors falling in each column to determine the comparative loss of hearing for the various consonants. (Note table at top of this page.)

#### TREATMENT.

A diagnosis of tympanic deafness having been made, the first duty of the aurist is to utilize every rational means known to otology to bring about actual restoration of the auditory function. The means to this end—e. g., correction of naso-pharyngeal lesions, of tubal congestion or constrictions, limited use of inflation, etc.—are known to all aurists and need not be elaborated here. The point I wish to make is that all other measures and considerations are of secondary importance until the maximum gain in actual hearing power has been obtained.

In most cases of fairly advanced impairment *there remains after the best possible results of local treatment have been obtained, an irreducible grade of residual deafness before which the aurist stands helpless, and which may leave but little of practical gain to the patient.* From this point, the problem of further relief is either a hopeless one, or must be met by efforts in two directions, i. e., (1) to train the ears to a keener analysis of such sound impressions as still reach them; and (2) to train the mind to the habit of quick, intuition deduction from what is heard.

The test card (top of Page 681) of a patient under my care shows graphically the comparative loss

of hearing for different consonants. The bracketed words indicate her errors. The impairment in this case being fairly advanced, it was necessary to call the words in rather loud tones, so that perfect hearing cannot be assumed even in those columns in which no errors are recorded.

Analysis of the above shows apparently perfect recognition of C (hard C or K), S and Z; good hearing for R and W; fair hearing for B, D, J, and T; poor hearing for F, L, M, N, and P; with hearing for G and V exceedingly poor.

I made out for this patient the preliminary list of practice words which appears below. I use the word "preliminary," because it is necessary to lesson the monotony of such work by changing the list of words from time to time. It was urged that she enlist the aid of some member of her family with sufficient patience to call off to her several times daily.\*

The first experiences with such exercises are likely to be discouraging. After several days of practice the patient may find that with a short list of twenty words or less, he is still at fault. Usually, however, there is some demonstrable improvement; and in the case of rhyming monosyllables, if the order in which they are called is constantly varied, it is clear that no real improvement is possible except through a better differentiation of the initial consonants. Any sustained improvement, however slight, must therefore indicate a better recognition of just those speech components which have been proved to be his chief difficulty.

In order to determine the possibility of still further improvement, I usually call the words several times in varying order, noting those which still confuse him. It may be that among other uncertainties, the words bent and tent confuse him: i. e., that "bent" is frequently interpreted as "tent" and vice versa. It is now possible to determine whether these two words actually sound exactly alike to him by calling them

\* The assistant in these exercises should not lower his voice unduly. The purpose is not to test the hearing, but to train the ears to a keener detection of slight and diminished sound variations. It is necessary, therefore, that the voice be raised at least to a point at which a definite sound variation for each consonant is audible to the patient.

late fate gate mate	guest lest nest pest	vest feel leal meal	kneel peel veal fail	mail nail pail vail
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together several times, varying their order and requesting the patient to repeat them in the order given. It is a common experience that a patient who may be quite uncertain in his recognition of two words spoken singly and separately, may readily distinguish between them when spoken together, or in quick succession. For example, calling the two words in question thus,—tent, bent; bent, tent; tent, tent; etc., it will usually be found that he has absolutely no difficulty in repeating them correctly. This proves fairly conclusive that his ear does detect a difference between the initial b and t. It also justifies one in saying to him, "If you can distinguish these two words spoken together, with further practice you should in time be able to distinguish and recognize the b- and t- sounds singly, or at least whenever they are spoken in tones of a certain pitch and intensity and with average clearness of articulation."

When a patient after a little practice cannot distinguish between two such rhyming monosyllables spoken in quick succession, it must be inferred that the initial consonants are actually lost to him, and that further effort along this line is useless.

As to the possibilities of such exercises: taken alone, they have little practical value. Whatever advance the patient may make in the keener analysis of diminished speech sounds, a sudden lowering of the speaker's voice or a lapse into careless or slurring articulation, may place them absolutely beyond his range of audition. The purely auditory effort and auditory practice of such exercises are absolutely necessary, however, if only to correct the tendency to relaxation of all effort to hear and understand, which frequently results from advanced and advancing deafness. In any case, the best possible results from these exercises constitute only one step toward a more efficient use of the ears. In other words, whatever gain may come from this source can have no practical value unless at the same time the mind be trained to a quicker and more intuitive faculty of deduction from what is heard. The mental attitude of the hard-of-hearing is, therefore, a factor which must be taken into account.

#### MENTAL ATTITUDE OF THE HARD-OF-HEARING.

One of the most serious and deplorable results of advancing deafness is its psychic effect upon the individual, which may take the form of a gradual and subconscious surrender of his place in relation to the social and working world about him. The effect is in some degree analogous with the change occasionally induced by old age. The individual, realizing that he is at a disadvantage as compared with those of normal hearing, becomes indifferent to, or shuns, society and finally accepts the minor role he must thenceforth play in life. In exceptional instances, of which many striking examples might be adduced, this comparative isolation may lead to a concentration of energy upon certain productive fields of endeavor with a realization of proportionate results. More frequently the tendency is toward a curtailment of minimizing of all productive effort. The patient finally acquires the habit of explaining all the failures

and shortcomings of his life as the result of his deafness. The logical result of this mental attitude, acting as part of a vicious circle, is paralysis of all constructive effort. The patient therefore reaches in comparative youth the mental bias of old age.

The above describes a condition of which the patient may or may not be conscious. There is also in many cases a psychic element in the deafness itself of which a word should be said.

It is clear that normal hearing of speech is a dual process, including (a) reception and appreciation of words and sentences as sounds; and (b) the subconscious conversion of these sounds into the thoughts of the speaker. *Up to a certain stage in every case of deafness, varying with different individuals, the actual auditory impairment is compensated for by the mental processes of the patient.* This compensatory feat, when carried beyond a certain grade of actual impairment, may be merely the expression of a naturally acute and alert mentality, or may be the result of conscious effort and self-training. The reverse picture is seen in the numerous class of partially deaf individuals who, as the acoustic function fails, relax all mental effort to compensate for this loss. The representatives of this class are frequently quite frank in acknowledging their deafness and are content to throw complete responsibility for the conduct of a conversation on the other person. If a sentence is not completely heard, they ask to have it repeated. In some cases, the habit of asking others to repeat becomes so fixed that it may be resorted to when the gist of a sentence or conversation has been, or might easily be, correctly construed. I have frequently seen a deaf person ask to have a remark repeated and then, this request being ignored, reply a minute or two later with perfect understanding. This phenomenon may be explained in one of two ways, either (a) that from fear of not answering correctly he had formed a habit of taking time for his reply, or (b) that he had caught at the time only certain leading words from which he had later deduced the whole. In either case it is clear that the incapacity for conversation may depend in some degree upon faulty mental habits or processes which, if due to timidity, morbid fear of making a false reply, etc., may actually amount to a psychosis.

Actual auditory impairment or its influence upon the patient may, then, in effect be augmented by (1) positive disinclination for any conversational effort, especially with strangers; and (2) when engaged in conversation, by a species of mental inertia adding materially to his practical deafness.

To combat these tendencies it is absolutely essential that the patient himself be stimulated to new and sustained effort in his own behalf. What such a patient needs is not the addition of a few inches or a few feet to his hearing distance for watch or acoumeter, nor the appreciation of a tuning fork one or two notes lower in the musical scale, but the practical stimulus and encouragement of increasing ability to interpret correctly the human voice.

That the ability to follow and interpret speech may

with the hard-of-hearing be largely a psychological process may not at first seem clear. This hypothesis is less difficult to accept, however, if we consider for a moment the contrasting mental qualifications of people with normal hearing. We know, for example, that there are (a) men with quick, synthetic minds, trained to close and concentrated attention, who can glance through a printed page, hardly reading it line by line, and yet grasp the subject matter and hold it; and (b) that there are others who must read more slowly, carefully weighing each sentence or paragraph as they proceed, and may thus master the contents; and (c) still others who must read and re-read—perhaps many times—before they can assimilate what they have read. It seems a fair deduction that any fixed grade of auditory impairment would in general incapacitate the representatives of the first class least, and those of the third class most; for the former would almost inevitably make better use of what they actually hear. It is at least clear that if a person with a certain fixed grade of auditory impairment exhibits a capacity for interpreting conversational speech in excess of that shown by the average sufferer from the same grade of deafness, this superiority must be psychological, or due to variations in the conscious or subconscious mental processes of the individual.

Now let us try briefly to analyze the mental processes of the exceptional individual who thus in some degree escapes the penalty of his auditory defect. If his deafness is at all advanced, it is hardly possible that he will be able to hear every word as spoken by the average speaker. As with the lip-reader, he in certain sentences catches a word here and there, and from these deduces the words which have escaped him. Other sentences he hears completely; of others, only one or two leading words which he may carry subconsciously in memory and piece out later into their equivalent sentences. This is a subconscious faculty which all partially deaf people of average mentality possess and practice to some extent. Still other sentences he loses wholly, but picks up the line of thought from what follows and so keeps in touch with the speaker. This process is by no means phenomenal, and finds its analogue in the stage at which every linguist arrives in the study of a foreign language when he is able to take part in, and follow the drift of, a conversation, though many words and even sentences may escape him. And we may stretch this comparison a little further, for it is a familiar fact that one person may make practical use of a language of which he possesses a very meager knowledge and speak quite glibly, while another with a far broader and a more accurate knowledge is quite unable to do so. It is a difference not of intellect, not even of intelligence, but rather of mental training and largely of mental habits. The same differences explain the variations in the handicap of the hard-of-hearing.

#### MENTAL PRACTICE.

The instructing of a partially deaf individual in the better use of his mind as an aid to hearing may seem

an exceedingly difficult task. As a matter of fact, the directions for such practice are comparatively few and simple. They may be briefly outlined as follows:

(1) He must seek frequent opportunities for conversation—with only one person at a time—but with as many different persons as possible.

(2) He must develop and practice the habit of undivided attention. This at first entails both auditory and general nerve strain, and is purely an exercise of the will. When through auditory and nervous fatigue the attention falters, it is better that the conversation be ended.

(3) Regarding these conversations purely as opportunities for practice, he must divest his mind of anxiety lest he fail to hear every word said. His aim is to grasp and follow the speaker's thought. If he is over-anxious to hear each word, he is the more easily confused by whatever escapes him, and so loses the significance of what he has heard and what follows.

(4) He must not, therefore, hold himself strictly to the task of hearing every word or even clause, but must focus his efforts upon deducing from what he does hear the general trend of what is said.

(5) He must resist the inclination to unnecessary interruptions. If instead of asking the speaker to repeat a word or clause he has not clearly heard, he sharpens his wits to catch the speakers' thought from what follows, he will often be able to do so; and frequently, also, the sentence he has not clearly heard will recur to him in memory and in completed form, thus supplying the gap in the chain of thought.

(6) He should cultivate the habit of constantly watching the lips of a person speaking to him.

Naturally, one pre-requisite to the success of such a method has to do with the patient himself—i. e., he must possess, (a) fair average intelligence, and (b) the desire and the will to learn.

With regard to the importance of watching the lips: Every aurist recognizes the fact that many of his deafer patients are unconscious lip-readers. Yet aurists have never taken account of this observation as pointing to a fact which could be turned to the advantage of the hard-of-hearing. J. A. Pierce<sup>1</sup> believes that speech reading is a universal faculty,—i. e., a faculty possessed by those of normal hearing as well as by the deaf, and which may be used by each according to the individual need. The writer has proved by very simple experiments, which need not be recounted here, that every partially deaf person has this latent faculty in some degree developed. Many of them look into the eyes of a speaker as do people with normal ears, and only incidentally and subconsciously note and interpret the more conspicuous lip-movements. Systematic watching of the lips not only helps to cultivate the habit of undivided attention, but at the same time utilizes an aid which inevitably increases with use.

#### VALUE OF LIP-READING.

To what extent may lip-reading be utilized by the otologist for the relief of the hard-of-hearing? As

<sup>1</sup> *Volta Review*, October, 1914.



bearing upon this question, a personal experience of the writer may be cited. He has for many years been conscious of some impairment of hearing which, however, has been so gradual in its progress that he still finds no difficulty in that crucial test, a general conversation, and can still enjoy a play from most seats in the parquet floor of a theatre. In short, he as yet experiences no practical handicap from this source. When, however, he began to experiment with monosyllables in testing the ears, he met with this practical obstacle—in calling off the monosyllables to patients, he found that he himself was frequently at a loss as to the correctness of their replies. Being anxious to "try out" this test to a conclusion, and seeing no other way, he at once took up the study of lip-reading under competent teachers. He did not prove a very apt student from the practical viewpoint, for one reason perhaps because he never found time to practice the exercises between lessons. But the theory and method were soon learned.

He now took up again the monosyllable test, and found that by watching the lips of patients, he had no difficulty whatever in determining whether they answered correctly or incorrectly.

The next experiment was a natural sequence of the above experience. In the case of certain patients with fairly advanced auditory impairment, and after the best results from local treatment and the auditory practice methods described in this paper had been obtained, the writer tried giving brief explanations of the principal lip-movements with exercises for home practice. In every case it was found that the patient, bringing his eyes to the aid of his ears, was soon able to distinguish the words with certainty, even though spoken in a lower tone of voice, or in some cases without voice.

Apparently lip-reading has been regarded by aurists generally as a last resort for the totally deaf. This view is not only incorrect, but works injustice to a large class of patients. It may be well, therefore, to state briefly the very different purposes and functions of lip-reading (a) *as a substitute for hearing* (i. e., for the totally or extremely deaf); and (b) *as an aid to hearing* (i. e., for the hard-of-hearing).

The totally or profoundly deaf person, depending solely on sight, must recognize both the consonant and the vowel sounds from the movements of the speech organs; and from such words as he detects must grasp the main subject matter, and then keep in touch with the train of thought from what follows. This obviously must with many individuals be an exceedingly difficult faculty to develop. The hard-of-hearing person, on the other hand, has no such difficult task to master. He may hear all the vowel and diphthong sounds perfectly, and the very combination and sequence of the vowel sounds make many leading words perfectly clear to him. Certain consonants, however, are heard with great difficulty, and all are heard less distinctly than normally. To such a patient the average speaker's voice comes loudly enough, but the words lack definition because he fails to distinguish many essential speech

components. For him, therefore, even a moderate familiarity with speech-reading helps to define just those sound variations which his ears fail to detect. The hearing test described in this paper shows fairly definitely just what speech components constitute the patient's chief difficulty, and it is easily within the province and power of the otologist to direct him in a course of exercises which will place this important aid at his disposal.

Analysis of this paper will show that it contains no substitute plan of treatment displacing old and approved therapeutic means. Rather, it is a plea for enlarging the scope of otological activity and usefulness in this particular field. There is need of a broader conception of the relation of otology to the problems of the deaf. If we recognize certain types of auditory impairment as imposing upon the patient a burden which local treatment fails adequately to relieve, it is clear that the aurist must either face a hopeless situation, or make use of all or any supplementary agencies through which such patients may realize more practical results.

#### TO EPITOMIZE.

What may be done for the patient whose impairment of hearing has reached the stage of actual inconvenience, i. e., of auditory, and consequent nervous, strain? I should say that our efforts in his behalf should be in the following directions: We should exhaust every known, rational means to restore, or at least improve, his actual **hearing power**; his ears should be trained to the keenest interpretation of such sound impressions as still reach them; the faculty of intuitive deduction from what is heard should be developed to the patient's maximum limit; and the eyes should be trained to cooperate with the ears in differentiating the more difficult speech sounds.

That there is a limit to the availability and usefulness of the plan outlined in this paper, goes without saying. In the first place it is clear that any method calling for intelligent cooperation and persistent exercises of will on the part of the patient must for obvious reasons fail in a considerable proportion of cases. Except in selected and appropriate cases, it should not be attempted. Again, the end in view may not appeal to the patient. If he is a musician and is chiefly concerned over the loss of certain orchestral values which he formerly appreciated; if he is obsessed by the consciousness of loss or diminution of hearing for his watchtick; in short, if he has fixed upon certain arbitrary criteria of actual hearing by which to gauge his improvement, it is obvious that no gain is possible beyond what may accrue from local treatment. On the other hand, if the most cruel feature of advanced impairment of hearing is the barrier thereby erected between its victim and his fellows, then I believe that the combined measures here outlined, or perhaps a modification of this method to be worked out later by some abler student of this problem, will prove in the long run to constitute the most practical form of treatment in a fairly large class of cases.

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## Surgical Conditions of the Great Omentum\*

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THE importance of the great omentum pathologically and from a surgical standpoint is considerable. It is the purpose of this brief paper to recall some points in the structure and functions of this peritoneal reduplication, and to discuss certain inflammatory affections to which it is subject.

At birth and for sometime thereafter the great omentum is a thin veil-like structure, containing but little fat; the two inner layers have not as yet fused with each other and it is possible to force air or an injection mass between them and thus distend the lesser peritoneal cavity. Owing to its lack of development it is practically never found in the hernias of infancy.

In the adult it varies greatly in length, being sometimes very short and at others reaching quite to the symphysis pubis. Its blood vessels, derived from the gastro-epiploica dextra and sinistra, run in the long axis of the body and turn back in loops at the lower end. The occurrence of hematemesis after ligation of these vessels is occasionally observed and is ascribed by V. Eiselsberg to thrombosis of these vessels.

The functions of the omentum are to fill in irregularities between intestinal coils, to facilitate the movement of these coils, and to afford protection and warmth. It aids in the absorption of fluids from the peritoneal cavity, and there is evidence to show that it is concerned in rendering innocuous septic material. In cases of penetrating wounds of the abdominal wall the omentum may prevent the escape of intestinal coils. By the formation of adhesions it assists in walling off inflammatory processes, or it may prevent the escape of intestinal contents when ulcers rupture; the adhesions to tumors may furnish part of their blood-supply.

The curious tendency of the omentum to undergo hypertrophy when it is an occupant of a hernial sac is familiar to the operating surgeon. This hypertrophy of the protruded part may prevent the reduction of the hernia, and often reaches an enormous extent, so that a half-pound or more of the fatty mass has to be cut away in cases of large umbilical and inguinal hernia.

For the purpose of strengthening the line of suture, the great omentum may be stitched over it, in cases of intestinal resection or after closing perforations.

Congenital slits in the omentum may allow a coil of intestine to pass through and thus strangulation may ensue. Strangulation may also be caused by omental bands which bind down the bowel. The traction exerted by the protruded omentum upon the stomach, in cases of umbilical and epigastric hernia may be productive of digestive disturbances. While paracentesis is being performed, the omentum may close the opening of the cannula.

From the above recapitulation it is evident that the omentum is an important structure to reckon with.

The omentum in a hernial sac is subject to various changes, thus it may of course become strangulated, inflamed, or hypertrophied.

Inflammation of the omental contents of a hernial sac is characterized by the development of a painful, elongated mass which is irreducible; there is nearly always fever, and the condition demands prompt operation. When the sac is opened it will be noted that there are recent and perhaps old adhesions; the fatty tissue is congested, juicy and infiltrated, and at times pus is found. It should be carefully isolated from its surroundings, ligated through healthy tissue and removed.

Enormous hypertrophy of the omentum may be encountered in a hernial sac, particularly in ventral and umbilical hernia, though the same condition may occur in inguinal and femoral hernias in which I have repeatedly seen firm, fibrous masses two or three inches in diameter; these masses are very apt to be pedunculated, and I have known them to be mistaken for lipomas.

It is particularly the subject of inflammation and apparent tumor formation following ligation of portions of the omentum that I desire to call attention to at present. Cases of this sort are not very rare and probably a number escape recognition, for the symptoms are somewhat variable, and not always characteristic, and spontaneous recovery may occur. Furthermore, inflammation of the omentum is not mentioned as a possibility in the vast majority of articles and monographs on hernia; at any rate the condition does not seem to be as generally known as it might be.

The case that attracted my attention to the subject occurred a number of years ago. The patient, a middle-aged man, was operated upon for the radical cure of an inguinal hernia; a portion of the omentum had been tied off with catgut. The wound healed in a week or ten days by first intention, and without complications. He then began to complain of abdominal pain and soon a tender swelling could be felt in the hypogastrium. This reached the size of an orange and his temperature remained elevated for a week or more, 102 3/5 being the highest. The symptoms and physical signs then gradually subsided and he made a complete recovery.

The cause of the disturbance was a mystery to me, till I saw an article by Braun (*Über Entzündliche Geschwulste des Netzes*, Arch. F. Klin. Chir., Bd. 63, 1901, p. 378). This author described five similar cases of his own and has collected 32 cases from the literature. More recently, Leroy (Arch. Gen. de Chir., August, 1907, p. 78), has written extensively upon inflammation of the omentum. He states that omental inflammation after hernia operations is quite rare, Lucas Championniere having encountered only two

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cases in a series of 275 operations, and Dubar but one in a series of 350 operations; there are 60 instances upon record, which is an exceedingly small number when we consider how frequently the operation is done. However, as Morestin points out, a certain number probably pass unrecognized because of the slight disturbance caused.

I have seen two additional instances: One of them occurred in a middle-aged man who had been operated upon for acute appendicitis; the omentum was inflamed and thickened at the time of the operation and had to be separated from the appendix. The patient did well for a week, and then developed fever and a tender swelling three or four inches above the seat of operation. Resolution took place and the patient recovered.

The other instance also was in a patient upon whom I operated for acute appendicitis. Mr. M., aged 38, a rather stout individual, had acute appendicitis on July 27, 1909. As the tumor mass was in the median line, the incision was made here; there was some pus and a gangrenous appendix was removed from the pelvis. The bulky omentum was adherent around the appendix and was inflamed.

His fever promptly subsided after the operation and he progressed nicely for about ten days; then he began to have abdominal pain and his temperature rose to 102. Soon a mass could be felt just below the umbilicus; this increased in size and on the twentieth day after the first operation it was incised and two or three ounces of pus evacuated. It could be definitely determined that the pus was in the lower part of the great omentum. The patient subsequently did well.

These "inflammatory tumors of the omentum," as Braun calls them, appear at a period varying from one to ten weeks after operation in which the omentum is tied off; there are recorded cases in which the interval was as long as four months and even three years. It is natural to infer that infection, either previously existing or resulting from the ligature material, is the cause. The swellings may be found almost anywhere in the lower abdomen, depending partly upon the locality in which the omentum was tied off, usually, however, they are in the vicinity of the umbilicus. The surface is smooth, the mass is firm in consistence, sensitive to pressure, and is not influenced in its position by respiratory movements. If there are parietal adhesions, the swelling is movable laterally and upward but not downward; as the intestines lie behind it, there is dullness on percussion. Usually pain is the first evidence followed by fever, occasionally chills and vomiting. The course of the temperature depends upon whether or not suppuration takes place.

The inflammatory process may undergo resolution in the course of several weeks or longer; or suppuration may occur. In one recorded case the tumor remained stationary till the patient's death a year after its appearance.

The diagnosis is easily made, if one bears in mind the possibility of such inflammatory swellings occur-

ring after ligation of the omentum and can then elicit the physical signs and the symptoms outlined above. In some cases they have been mistaken for ovarian cysts, enlarged spleen and malignant growths, and the diagnostic difficulty will be increased if they occur a long time after operation (Braun).

The treatment need not at first be operative. Rest in bed, of course, is essential; locally, heat and moisture in the form of wet packs may be applied. If the progressive increase in the size of the swelling, fever, parietal adhesions and leukocytosis indicate the presence of pus, an incision is to be made and the abscess cavity evacuated and drained. The ultimate results are in the vast majority of cases favorable. An effort should be made to prevent the condition, by absolute asepsis in the operation and of the ligature material, by ligating only non-inflamed omentum and by including only small portions of the omentum in each ligature.

In this connection it may be mentioned that Braun (*Deutsche Ztschr. f. Chir.*, *bd. C. p. 1*) has described interesting cases of "inflammatory tumors of the intestines" which simulate neoplasms, and Schlosser (*Arch. f. Klin. Chir.*, *Bd. 88. Heft 1*), and Hain (*Arch. f. Klin. Chir.*, *Bd. 90, p. 496*), report cases of inflammatory swellings of the abdominal walls after hernia operations.

Circumscribed omental inflammation may occur and the resulting tumor-like mass may closely simulate a neoplasm, as the following case will illustrate:

A woman, between 40 and 50 years of age, complained of gradually increasing constipation and of pain in the left lumbar region. Upon examination, a distinct mass could be felt, and a diagnosis of carcinoma of the descending colon was made.

At the operation it was found that the supposed carcinoma was a mass of inflamed omentum, about 2 x 3 inches in diameter, that was adherent to the abdominal wall and to the colon; the colon was compressed to a considerable degree, thus explaining the constipation.

It was a simple matter to remove the inflammatory tumor of the omentum and the patient was at once relieved of her symptoms. In this case there had been no preceding injury or operation and the cause of the inflammation of the omentum could not be determined.

Tuberculosis of the great omentum is frequently encountered, as a part of a general peritoneal tuberculosis. The omentum may form a transversely lying rope-like mass, which can be felt at about the level of the umbilicus; its lower border is usually sharply limited, but the mass is apt to be adherent to the abdominal wall and to underlying intestinal coils; it is only slightly movable on respiration.

At other times the tuberculous omentum forms a broad, flat mass, more or less like a placenta. Associated with the thickening of the omentum there is usually a peritoneal exudate, serous in character.

Secondary carcinomatous involvement of the omentum may produce a similar condition.

Various forms of tumor of the omentum have been

described, such as different forms of cysts, fibromata, sarcomata, etc., but I have had no experience with them.

Pean mentioned three symptoms which he regarded as characteristic of omental tumors, viz.: free mobility, (limited, however, in a downward direction), superficial position of the growth, and absence of signs of disturbance in the abdominal viscera; to these might be added ascites. However, as Pagenstecher points out, these tumors are frequently adherent to the viscera or to the abdominal wall, and therefore their mobility will be limited; and as for the absence of functional disturbance in the viscera, this characteristic is also shared by many other forms of tumor. Their superficial position and the dullness on percussion over them would seem to be the most useful sign from a diagnostic point of view.

In one instance in which I diagnosed a solid omental tumor, there was found at operation a subserous fibroid or so-called desmoid.

A curious and unusual omental lesion is torsion or twisting of the omentum on its longitudinal axis. I have encountered one case. The patient was a rather stout young man who had had for some time a large reducible, right-sided inguinal hernia. Upon one occasion he had considerable difficulty in reducing his hernia and used considerable force over quite a period of time; he finally succeeded, but the reduction was followed by severe pain, distension of the abdomen and vomiting. His physician diagnosed appendicitis, and I agreed with him; neither of us knew about the hernia, or if we did, we paid no attention to it and entirely disregarded it in the consideration of the case. The patient had moderate fever, a distended abdomen, pain, tenderness and rigidity in the region of the appendix, together with

a distinctly palpable mass. The case seemed clearly one of acute appendicitis.

Upon opening the abdomen considerable bloody serum escaped and a large piece of omentum (10 to 12 inches long and between 2 and 3 inches in diameter) was at once seen. It was twisted several times on its axis, greatly congested and even hemorrhagic, but nowhere adherent. The entire mass was ligated close to the transverse colon and cut away. The appendix was normal. Recovery ensued.

The history of most of the cases of torsion of the omentum reads about the same as just detailed, the great majority have occurred in patients who had a hernia; and the onset and character of the symptoms were about the same as described.

Of 25 cases, 23 were not recognized as torsion of the omentum till the abdomen was opened.

If one is familiar with the condition, elicits the history and thinks of the possibility of such an occurrence, the diagnosis ought in the majority of cases to be possible.

One should remember the old rule, that in the presence of a hernia, abdominal symptoms and disturbances should in the first place be attributed to the hernia.

The abdominal swelling which forms is rapid in its development—too rapid for almost any other condition. The changes in the hernia—the taxis to which it has been subjected—the pain, vomiting, perhaps collapse—the tumor, all these are to be considered and the diagnosis can probably be correctly made.

The treatment consists in the removal of the twisted mass of omentum. Perhaps, in less severe cases, untwisting will be sufficient.

## Recent Results in the X-Ray Treatment of Menorrhagia and Uterine Myoma\*

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THAT the X-ray has a profound effect upon the ovaries is now a well established fact. Abundant experimental and clinical proof of the changes produced in the ovaries consequent upon X-ray exposures is to be found in the medical literature of the past ten years. Experimental evidence was first recorded by Halberstadter in 1905. Many other investigators have subsequently verified these observations.

Clinical evidence was first recorded by Deutsch, in 1904. Since this time German and French literature attesting the intense action of the X-ray upon the ovaries has become voluminous. In America the fullest significance of this branch of X-ray therapy is not as yet widely appreciated.

The changes produced in the ovaries by X-ray impingement may be briefly said to be a disappearance of Graafian follicles and a decrease in size and

number of primordial follicles. These changes are followed by regeneration and restoration of normal functions if the exposures are mild. After continued heavy exposures the gland becomes permanently atrophied and converted into a non-functionating fibrous mass. In clinical terms the X-ray may be said to inhibit, suppress, or abolish the ovarian functions. The function of producing an internal secretion as well as that of ovulation are affected equally.

The character of the changes resulting in the ovaries from X-ray exposures will depend upon the number and intensity of rays supplied to, and absorbed by the ovaries. Experimentally the characteristic X-ray changes in the ovaries have been comparatively easily brought about, as small animals (guinea pigs, and mice), were used in this experimental work. In these small animals the ovaries are relatively superficial and accessible. In the human female the ovaries lie much farther from the surface and therefore less accessible. Since the loss in in-

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tensity of X-rays when penetrating the human body is extremely high for the first cm. of tissue traversed and increases with each subsequent centimeter, efficient irradiation of the human ovaries becomes quite difficult. To administer to the ovaries an efficient dose the rays should be uniformly hard or penetrating. The X-ray tube in common use up to eighteen months ago hardly fulfilled the requirements for efficient irradiation of the ovaries, as the rays emitted were usually not sufficiently and uniformly penetrating to reach the ovaries in full quantity. Because of these shortcomings of the ordinary X-ray tube the production of prompt and pronounced changes in the ovaries was difficult and often tedious to elicit. It is in the first place difficult to generate in the ordinary X-ray tube rays of very high penetrating power, and it is more difficult to continue the production of such rays over a considerable period of time as the heat produced in such a tube tends to lower the vacuum and thus diminishes the penetrating power of the rays emitted. By the use of proper tubes with heat dissipating devices and proper current generators, it has been possible in the past to inhibit the ovarian activities or abolish them entirely and thus bring on an artificial menopause.

The procedure has been rather tedious, however, and the treatment extended over a considerable period of time. Often the treatments had to be repeated several times over a period of a year to insure permanence of results. The application of the method was furthermore restricted to patients who were past a certain age.

#### THE COOLIDGE TUBE.

The introduction of the Coolidge tube into X-ray therapy has during the past year revolutionized the technique of X-ray therapy and has made possible achievements which were hitherto considered impossible. The Coolidge tube overcomes all of the deficiencies of the older type of tube. By its use it is possible to produce X-rays which approach the gamma rays of radium in their penetrating power. Indeed the harder rays from a Coolidge tube are identical with the lower gamma rays. These hard rays can be produced uniformly as a homogeneous bundle in any quantity desired. The production of such rays can be continued for successive hours without variation in their penetrating power. The heat evolved incident to the generation of such rays does not hinder their production or alter their penetrating qualities. Any desired dose can be quickly and accurately administered. It becomes therefore possible to plan and bring about changes in the ovaries with comparative certainty and, within limits, independent of the age of the patient.

In a recent series of twenty cases in which the ovaries were subjected to X-ray therapy a favorable result was achieved in each case. In the series, 9 were cases of severe and persistent menorrhagia or metrorrhagia. Seven were cases of uterine fibroids and 4 were treated for dysmenorrhœa.

Great care should be exercised in the selection of patients for X-ray treatment of the ovaries. A most

careful local examination should be made to exclude cases having pelvic lesions which demand surgery. Especial care should be exercised to exclude those cases in which there is even a suspicion of malignancy.

The patients treated for menorrhagia varied in age from 19 to 47 years. In all, the condition was very chronic and most of the patients had been curetted one or more times. All were weak and anæmic and several had to be conveyed to the office for treatment.

Treatments were given as a rule once a week. The technique will be outlined later.

In seven patients the bleeding was stopped and an artificial menopause was brought about. In two the abnormal bleeding was stopped, but the menopause was not established as it was not desired. The greatest number of treatments given any patient was eight.

One of the patients in whom a menopause was established was only 28 years of age. This case is unique in that the patient was younger than in any of the cases recorded in the literature. A brief history of this case might be of interest:

Mrs. P., age 28, began to menstruate at 14 and was always regular. The flow was not excessive. She was married at 20 and has one child five years old. She has had two miscarriages, but was always regular up to three years ago when excessive menstruation began. After each period the bleeding continued throughout the month and was controlled only by curettement. She was curetted five times in two years. The bleeding gradually became more severe and she was curetted last on September 19, 1914, and remained well about six weeks. The bleeding then returned and has been almost constant until December 17, when she was referred for X-ray treatments by Drs. E. M. Craig and Dr. Ambrose Johnston.

At the time she presented herself for treatment she was extremely anæmic. She had lost considerable weight and the skin and mucous membranes were almost white. She was so weak that it was with difficulty that she was brought to my office for treatment. Pelvic examination as made by Drs. Craig and Johnston was negative. She was given four X-ray treatments from December 17 to January 9, with very little change in the condition. Bleeding became more severe after the fourth treatment and she was confined to bed as a result. She suffered also with an attack of influenza at this time, which delayed the treatments one month. The next treatment was given February 19, and another February 27. Shortly before the treatment of February 19 she noticed a decided improvement. The flow then stopped entirely and has not returned. Her next period was due March 4, but failed to appear. Likewise her April period failed to appear. From February 19 to the present date (May 5) there has been no return of the hemorrhage and no sign of the menstrual flow. She has gained greatly in weight and strength and is now able to attend to her household duties. She now experiences the hot flushing characteristic of the menopause. She has received a total of eight treatments. The bleeding and menstruation stopped after the sixth treatment.

Another unique case in this series of menorrhagic conditions was that of a woman of 47 years in whom the menopause was established after the first treatment. It is, of course, a constant observation in all cases that the production of the artificial menopause requires less time and fewer treatments as the age of the patients increases.

Mrs. W., aged 47, began to menstruate at 13 years, but has never been very regular. Her periods have usually come on at intervals of three weeks or less. She married at twenty-three. Has had five children, two of them premature births. Since the first child birth, she has suffered with prolapse of the uterus. Since the first child was born 24 years ago the patient has been menstruating twice each month.

Present trouble began nine weeks before she was referred for X-ray treatment when bleeding became constant. It continued without intermission and

became so severe that the patient consulted Dr. J. P. Beneke. He found the uterus enlarged and prolapsed. The patient was given local treatments and the flow stopped for three weeks, after which it began again and X-ray treatments were recommended by Dr. Beneke. At the time of beginning treatments, the patient had been bleeding for three weeks. She was very anaemic and weak. Bleeding stopped after first exposure March 13. The patient has had four treatments to date. The patient has had no period up to the present date and there has been no return of bleeding.

The case of Mrs. R., wife of a physician, is of more than passing interest since it illustrates an important point in the history of this class of cases. She was 32 years of age, had been married about seven years, but had never been pregnant. During the last two years she has had excessive menstrual flows and profuse hemorrhages in the intervals. For some time before beginning the X-ray treatments she had been bleeding almost constantly. Pelvic examination was negative. She was given four X-ray treatments from two to four weeks apart. During the time covered by these treatments the bleeding seemed to be increased and her condition became so bad that it seemed for a time that the X-ray treatments would have to be abandoned, especially since she lived more than 100 miles from Cincinnati and the trips were very difficult for her. After the fifth treatment, however, she began to improve and after the sixth treatment the hemorrhage and the menstrual flow stopped and have not returned to date.

Many of our patients experienced a similar increase of the bleeding during the time occupied by the first few treatments. Then the flow often stopped abruptly and did not return.

In two patients suffering with menorrhagia included in this series, a menopause was not desired and the X-ray treatments were undertaken to simply inhibit the ovarian activity. The patients were young, unmarried girls, aged 19 and 25 years, respectively. In both the excessive bleeding was controlled and normal menstruation resulted. The patient of 19 experienced hot flushes after receiving six treatments, but this symptom disappeared after stopping the treatments.

The other patient, aged 25, presented a most unusual history. Since she was 18 years of age she has had a second period half-way between each regular menstrual period lasting about one week, but the flow was not so profuse as at the regular period. Because of this second flow in the middle of each month and because of the excessive flow at each regular period the patient was referred for X-ray treatment. She began treatment a day before the usual time of the appearance of the intermenstrual flow, which then failed to appear. The next regular menstrual period was about as usual, but the second intermenstrual flow failed to appear. This case is a rather recent one and still under treatment.

The following history is fairly typical of the progress of the average case under X-ray treatment.

Miss M. C. (referred by Dr. E. M. Keefe), a school-teacher, age 40 years, single, had always menstruated regularly, the flow being moderate and lasting five days. About November 1, 1914, she had a profuse menstrual period lasting ten days. After

a brief remittance the bleeding again recurred. The loss of blood was so great that the patient was prostrated and clear vision was lost. After two weeks in bed she was removed to a hospital where a curettement was done by Dr. Keefe. Pelvic examination as made by Dr. Keefe was negative.

On January 8, 1914, the patient was referred for X-ray treatment. From January 8, 1914, to January 22, there was no flow. On January 22 there was a scant menstrual period. The following months there was only a faint show and since then there has been no return of the menstrual flow and no bleeding. This patient experienced no hot flushes or other nervous symptom. In only three of the twenty cases was this symptom noticed.

#### \* UTERINE FIBROIDS.

Of the seven cases treated for uterine fibroids, the artificial menopause was produced in six. In the seventh case the patient was past the menopause and the X-ray treatments were undertaken to relieve certain pressure symptoms by reducing the size of the fibroid. The ages of six of the patients varied from 36 to 48 years. One patient was 65 years old. There was present in five cases, menorrhagia of varying degrees. The fibroids were of the intramural or subserous types. X-ray treatment is usually futile and contraindicated in pedunculated submucous types. The size of the tumor mass or masses was reduced in every case. The reduction varied from 30 to 70%. It has been a constant observation that fibroids which have been subjected to X-ray therapy are reduced in size very slowly and the full amount of shrinkage can not be determined until a year or several years elapse after the establishment of the menopause and the cessation of X-ray treatment. While it was formerly believed that the reduction in the size of uterine fibroids consequent upon the giving of X-ray treatment was due to the accompanying menopause and abolition of the ovarian function, most observers are now convinced that the X-ray has a direct action upon the fibroid itself, causing it to atrophy and shrink. This view seems to be supported by the action of radium upon fibroids which causes the myoma to shrink before the menopause is established.

It should be understood, however, that the purpose of the X-ray treatment in these cases is to control the hemorrhage, stop the growth of the tumor and, by bringing on the menopause, to permanently guard against further hemorrhages and to cause a slow shrinkage of the tumor. The X-ray treatment does not remove the tumor, but the reduction in size has been so prompt in several cases as to relieve certain pressure symptoms.

#### TYPICAL CASE.

The following history gives an outline of a typical case under X-ray treatments:

Mrs. P. A., aged 43, married at 24, and had five children and three miscarriages. Has always been well up to December, 1913, when menorrhagia began. This continued off and on with bleedings in the intervals up to February, 1914, when she was curet-



ted. This operation gave relief for only one week. In April, 1914, the patient consulted Dr. J. P. Beneke, who again performed a curettage. This gave relief for about six weeks, after which bleeding has continued off and on, especially when doing heavy work. Pelvic examination, as made by Dr. Beneke, revealed multiple fibrous nodules scattered through uterine walls.

Patient was referred for X-ray treatments by Dr. Beneke on February 6. From this date until April 12, patient was given eight treatments. The bleeding stopped and the menstrual periods became scant and the last two periods have failed to appear. The size of the uterus is considerably reduced.

In one case of this series the menopause was produced by one X-ray treatment and the fibroid was reduced fully 50%. Considering the small amount of dosage given in the one treatment, this result is very extraordinary. The exact X-ray dose administered during each treatment will be found in the paragraphs on technique.

Mrs. B., age 43, has never been pregnant. For the past year has been suffering with profuse menstrual periods and bleeding in the intervals. This loss of blood has caused great weakness, pallor and emaciation. Pelvic examination revealed a fibroid about the size of a large grape fruit springing from the anterior wall of the uterus. It could be plainly felt through the anterior abdominal wall just above the pubes. Operation has been advised, but was refused. She finally consulted Dr. Alfred Friedlander because of her general weakness and anæmia. He considered her a rather bad surgical risk, and suggested a trial with X-ray therapy. She received one treatment on December 12, 1914, and was instructed to return to her home (which is in Kentucky, about one hundred miles distant), and to come back in two weeks for a second treatment. Instead of coming back she wrote a note stating that all bleeding had stopped and that the tumor was smaller. Up to the present date (five months after giving the treatment) there has been no return of the hemorrhages or of the menstrual flow, and there has been a steady shrinkage of the mass. Her general health is improved and she refuses to take any more treatments.

In the following case there were no hemorrhages. The X-ray treatment was undertaken because of pressure pains.

Mrs. H., aged 48 (referred by Dr. C. N. Heisel of Covington, Ky.), married at 19, had three children, no miscarriages. Present trouble started last September, with pain in lower part of pelvis and profuse hemorrhages lasting two weeks. Since September has had no hemorrhages and menstrual periods were normal. Patient complains, however, of pains and bearing down sensation in pelvis. Pelvic examination revealed a fibroid about the size of fist in posterior wall of uterus.

Nine X-ray treatments were given from January 20, to April 26. After the fourth treatment the menstrual flow diminished to a faint show. Since February 25, there has been no indication of any menstrual flow and pelvic pains have abated. Pa-

tient is now able to walk about with comparative comfort. Pelvic examination, as made by Dr. Murnan, reveals a marked decrease in size of the tumor.

Mrs. M., aged 65, had a small hard fibroid lying very low in pelvis and pressing on rectum and bladder. She had passed the menopause and there was no hemorrhage, but she complained of distressing pressure symptoms on bladder and rectum. She obtained relief only by assuming the knee-chest posture. Surgery had been repeatedly suggested but was refused. She was very thin, anæmic, and nervous.

After six X-ray treatments there was a sufficient reduction in the size of the tumor to afford her almost complete relief from the pressure symptoms.

Of the small series of cases given X-ray treatment for dysmenorrhea, I will cite just one case:

Miss L., aged 42 (referred by Dr. M. Dreyfoos), single, began to menstruate at 14 years. At 21 the periods became very painful and have been very painful more or less constantly since then. Last August the pain associated with the menstrual periods increase in severity and persisted between the periods. The patient became very depressed and neurotic and was confined to the house. The menstrual flow was about normal in amount. Two years previously she was operated for adhesions about the cecum and appendix.

X-ray treatments were begun December 2, 1914, and up to March 18, had received ten treatments. Menstruation ceased after the third treatment (three weeks after beginning the treatments), and has not returned to date (four and one-half months). This patient experienced hot flushes during the latter part of her treatments.

As stated in the title of this paper the results herein reported are recent ones. My experience with the Coolidge tube dates from last September only. It is too early to determine the final outcome of these cases as sufficient time has not elapsed since the cessation of the treatments. I hope to follow this series of cases and to make a later report as to the permanency of the results.

#### TECHNIQUE.

The technique employed in the treatment of these cases follows neither the Gauss nor the Schonberg school, but is a modification of each. Gauss divides the abdomen, back and buttocks into a great number (16 to 32) of areas and gives a full dose through each area, once in three weeks. Schonberg used small oft-repeated doses given through a relatively few ports of entry.

I divide the lower abdomen into halves and the lower part of the back or the sacral region into halves, thus using four portals of entry, each about four inches square. The axis rays is directed in each instance downward and toward the middle so that each dose strikes the uterus and both ovaries. The Coolidge tube is operated at a nine to nine and one-half inch spark gap. The target-skin distance is nine inches. A filter of three mm. of aluminum and a piece of thick sole leather is used. The dose through each portal of entry is 24 milliampere minutes. Eight mil-

liamperes are passed through the tube for three minutes. On the Kienbock scale the dose is 15 X or  $1\frac{1}{2}$  times the erythema dose through each area. Each treatment therefore equals 60 X. Using this technique I find that I can repeat the dose once a week without producing any injury to the skin. From a comparison with the technique of others

this would seem to be an unsafe method, as other operators give doses of 18 to 25 X only once in three weeks. I have not observed any bad effects from the method of dosage employed, however. Upon the first indication of skin irritation I have used an alkaline lotion (Dodd's formula) which has never failed to cause the reaction to subside.

## Ectopic Gestation\*

J. W. FITCH, M. D., F. A. C. S., PORTSMOUTH, OHIO

EVERY general practitioner is interested in the subject of ectopic gestation, as some time in his professional career he will be called upon to make a diagnosis in an extra uterine pregnancy. It is of the highest importance that a correct diagnosis be immediately made, no matter what the treatment may be. The physician in charge of the case has a great advantage in making a diagnosis.

In Ladinski's clinic I was impressed with his positive diagnosis of tubal pregnancy. He was having two cases prepared for operation before the Clinical Congress of Surgeons (New York, 1912). He stated that these two cases had entered the hospital the week previous, and he had saved them for the surgeons' meeting. When he opened the abdomens of these two cases his diagnosis was confirmed, as both proved to be unruptured tubal pregnancies.

Ladinski stated in a paper read before the section on Obstetrics and Gynecology of the American Medical Association, held at Atlantic City, 1912: "In two hundred cases of tubal pregnancy, (operated by the author) of every variety, there were three deaths: One death following immediate operation in an unruptured tubal pregnancy; one death following deferred operation for ruptured tubal pregnancy; one death followed deferred operation for terminated ruptured tubal pregnancy with infection. In other words, we have a record of one death in an unruptured case after 198 immediate operations, and two deaths in two deferred operations. In all immediate operations for ruptured tubal pregnancy there were no deaths. In two deferred operations for ruptured tubal pregnancy both died."

When we note the above figures and the striking contrast between the result of immediate operation, and that of deferred operation, the conclusion is inevitable that the immediate operation is the safe and life-saving procedure, and the longer an operation is delayed the graver is the prognosis.

### DANGER OF DELAY IN OPERATING.

Marvel tabulates the ill effects of the delayed operation as follows: "Greater loss of blood, possible loss of life occasioned by hemorrhage, increased shock depression, recurrent hemorrhage producing a worse condition than first; operation more difficult, more extensive pathology, increased discomforts measured

by time and intensity, crippled organs with deficient functions, protracted invalidism."

The attending physician should recognize that tubal pregnancy is a surgical disease, requiring surgical intervention as soon as possible; that delay is dangerous, and that all cases of ruptured tubal pregnancy should be operated immediately.

The proposal to defer surgical intervention in the interest of the child is simple sentimentality, as the risk to the mother is far too great. On the other hand, you have no assurance that the child can be delivered alive.

Kelly advocates vaginal incision and drainage in all old cases, where there has been repeated hemorrhages. He states the advantages of vaginal drainage are: "(1) The tubes and ovaries are both preserved. (2) The fetus and placenta, etc., are removed without opening into the general peritoneal cavity. (3) The vaginal method is free from danger, if the operator is prepared to open the abdomen at once in case of unexpected hemorrhage. (4) It is quickly performed.

Kelly states that in twelve cases he treated by this method in Johns Hopkins Hospital, he was forced to open the abdomen immediately in one instance, in order to check a hemorrhage from the sac which started up as soon as he cleaned out the coagula. Mann, of Buffalo, lost a life under similar circumstances, in which the abdomen was not opened. I believe it is best to open the abdomen, with a long incision to give the operator an opportunity to examine if active hemorrhage be present; and if you are dealing with a tubal pregnancy, remove the ruptured tube.

Richard R. Smith tabulates 2998 operations for tubal pregnancy in which recurrence followed in 113.

We can have a co-existing intra and extra uterine pregnancy simultaneously, and in making a diagnosis this fact should be kept in mind. In case of doubt in diagnosis the patient should be moved to the hospital and kept under careful observation, as these patients are always in danger of renewed hemorrhage. Except by the gynecologist of large experience, I do not believe a diagnosis of an unruptured tubal pregnancy is very often made. Abderhalden's pregnancy reaction fails in the differential diagnosis of extra uterine pregnancy, according to the best authorities on this subject. The clinical diagnosis is very often dif-

\* Read before the Hempstead Academy of Medicine, of Portsmouth, Ohio, August 10, 1914.



ficult. The most important symptom of ruptured tubal pregnancy is severe localized pain in the abdomen. The symptoms are often obscure. One prominent symptom is always present in every case of ruptured tubal pregnancy—that is, collapse, which denotes that the patient is having an internal hemorrhage. If an artery should be severed in any other part of the anatomy, we would not temporize, but should act immediately, for we know that hemorrhage in the peritoneal cavity will continue an indefinite time.

Too much stress has been placed on shock, and this fact has caused the general practitioner to treat the case from a medical standpoint, and many a poor woman has lost her life by the delay.

Both the general practitioner and surgeon have been guilty of delay in ruptured tubal pregnancy, because of the uncertainty of the diagnosis or the fear of operating in the presence of shock. We should realize that hemorrhage, and not shock, is going to destroy our patient, and that delay means increased risk to the patient. Therefore, the convenient time for operation for ruptured tubal pregnancy is as soon as possible after the diagnosis has been made. The advocates of deferred operation give shock as their reason for delay. Operation when the patient is in a state of shock does not incur any more risk than to operate in many other accidents when we are having hemorrhage, and as I stated, the profuse hemorrhage in these cases is the cause of the death of the patient. There is the increased risk of sepsis producing peritonitis in delay after rupture of the tube. In a large majority of cases of rupture, if surgical intervention is not attempted, death follows either by internal hemorrhage or peritonitis.

Some twenty-five years ago, J. Creig Smith summarized the indications for abdominal section in ectopic pregnancy as follows:

(a) "In all cases before the period of expected tubal rupture (two and a half to three and a half months); in fact, as soon as the condition has been discovered, should electricity fail to kill the ovum."

(b) "In all cases of tubal rupture, as soon as possible after the condition has been diagnosed."

(c) "In all cases up to the fifth month in which the foetus continues to live. Between the fifth month and the period of false labor, operation is not advisable."

(d) "In all cases after false labor when the child is dead and the amnion absorbed. If suppuration takes place operation is imperative; if the foetus is quiescent, operation, though advisable in the view of preventing further trouble, is not urgent. Absorption of the amnion is waited for, because this indicates cessation of circulation of the placenta."

(e) "In all cases, where the condition endangers the life of the mother."

Puppel states as a result of his experience in tubal pregnancy that adhesions, present before or developing after operation, are the cause of recurrent tubal pregnancy. While operating he leaves only those tubes which are absolutely healthy.

Hirsch says that rather than expose a poor woman

to repeated tubal pregnancies, in hopes of getting a normal one, he removes both tubes at the first operation.

I believe that in every case of extra uterine gestation there is a pathological condition of the sexual organs, as torsion, or something that obstructs the lumen of the tube, salpingitis, pelvic peritonitis, or adhesions, or any factor which will arrest the fecundated ovum in its passage to the uterus. A stricture caused by adhesions may stop the ovum in its passage to the uterus.

McGuire believes that a woman just before an operation for ruptured ectopic pregnancy is in no condition to understand or settle a complicated proposition. If she decides either for or against the removal of both tubes she would in after life frequently regret the responsibility of the decision, fearing on the one hand a repetition of her former accident, or indulging on the other in morbid longings for a child whose advent she made impossible. The operator should settle the question for himself, without taking the woman into his confidence, remembering all the time that a surgeon's and a patient's attitude to an operation are often very different, and that their estimate of the desirability of a baby are often very far apart.

If there is a pathological condition existing in the fellow of the opposite side, when operating for tubal pregnancy there is no question but both tubes should be removed to prevent a recurrent tubal pregnancy.

#### RECAPITULATION.

(1) It is of the utmost importance that a diagnosis be made immediately.

(2) Ectopic gestation is a surgical disease.

(3) Ruptured tubal pregnancy should be operated immediately, as delay means increased risk from hemorrhage.

(4) Immediate operation in any case of ectopic gestation is safer than delay.

(5) If both tubes are abnormal, remove them to prevent recurrent ectopic gestation.

(6) To defer operation in the interest of the child is sentimental, as the vast proportion of ectopic gestations, the foetus dies and becomes a foreign body.

(7) The abdominal route is the best.

(8) Leave only those tubes which are absolutely healthy.

The term of Dr. T. A. McCann, Dayton, as homeopathic member of the state medical board expires next March. Governor Willis will have the reappointment of his successor. Dr. McCann has made a splendid member of the board. He has given its important duties careful attention and has the force and courage necessary to stand by his convictions. His re-appointment by the Governor would undoubtedly be very acceptable to a great majority of physicians of the state.

## Tumors of the Lachrymal Gland: Report of Case with Operation\*

JOHN L. WASHBURN, M. D., YOUNGSTOWN, OHIO

**D**EVELOPMENTAL history of the lachrymal gland in man begins in the third month of gestation, as a series of solid upgrowths of the ectoderm of the conjunctival sac into the mesoderm underlying the nasal portion of the upper lid. These outgrowths, at first solid, soon acquire a lumen which send out diverticula, likewise originally solid. Thus, the alveoli of the gland are lined by cells of ectodermic origin, while the connective tissue investment of the gland, its ducts, follicles, and blood supply spring from the mesoderm. This intimate relation of the epiblastic and mesoblastic tissue accounts for the divergence of opinion of the pathologists as to the source, nature, and type of the tumors of this gland.

The lachrymal gland is a reddish-gray acinous gland, consisting of two portions—the orbital, or principal part, and the palpebral, often designated the accessory lachrymal gland.

In its normal state, the gland secretes scarcely more liquid than is lost by evaporation from the surface of the globe, and it is only when the secretion is increased, either by psychic excitation or in a reflex manner by irritation of the trigeminous or optic nerves, is an appreciable quantity discharged into the nose. Psychic weeping occurs only in man and is absent in the infant.

The normal moistening of the eye-ball is carried on largely by the secretion of the conjunctiva itself, together with the accessory glands, so that removal or degeneration of the lachrymal gland does not cause dryness of the eye.

### REPORTED CASES.

Tumors of the lachrymal gland are relatively uncommon. Warthin, in 1901, collected 132 cases from the literature, the earliest case to be reported was in 1598. In 1741, DeMours reported a case of lachrymal gland tumor which he considered as schirrus; others followed with like reports. The presence of primary schirrus of this gland was denied by Schmidt, McKenzie and others early in the nineteenth century, but it was revived by Beer in 1817, and retained under such classification until the use of the microscope permitted more reliable differentiation. The first microscopical examination of a lachrymal gland tumor was made by Becker in 1867, and almost immediately cases of sarcoma by Stengel, myxoma by Sautereau, and enchondroma by Buttin were reported. Warthin, in commenting upon his list, says: "The earliest cases were diagnosed by their clinical characteristics only, and in the majority of the later ones, where a microscopical examination was made, it was of such an incomplete nature that there was always grave doubt as to the exact structure of the growth, and in a large number of cases, where the

original growth or its recurrence was later examined, an entirely different diagnosis was established. I did not find in all the literature up to this time, 1901, a single case of lachrymal tumor reported as endotheliomata, which I am convinced is the correct classification of nearly or quite all of these neoplasms."

Parson's last edition says: "These serous gland endotheliomata occur usually in early adult life, form painless tumors of slow growth, are usually encapsulated, produce pressure effects chiefly. They show little tendency to recur and rarely become malignant, although malignant cases have been reported. These tumors arise from the flattened endothelium of the lymph spaces, the cells rapidly losing their identity, showing marked metaplastic tendencies with development of cartilage and degeneration into hyaline or myxomatous tissue.

The term, endotheliomata, here does not mean the extreme malignancy manifested by such tumors elsewhere as in the choroid, while endotheliomata of the orbit or optic nerve sheath appear to have an intermediate degree of malignancy.

The endothelial origin of these tumors has not been universally accepted. Verhoeff believes that mixed tumors of the lachrymal gland are essentially epiblastic in origin; that they are dangerous to sight and to life and should be completely extirpated at the earliest possible moment.

Haslinger, from the Clinic of Von Hippel at Halle, reports (1913) two lachrymal gland tumors. He emphasizes the absence of malignancy in these tumors, although the pathological picture varies greatly. He accepts the endothelial origin of these tumors, stating that he has found the immediate transition from the endothelial cells lining the capillaries to the tumor cells.

Mcndel, in 1911, reported two cases of lachrymal tumor, one in a woman of 77 years. He considered a small round cell sarcoma, while the other, he diagnosed as gumma.

### ELLIOTT SERIES.

All of the popular text-books on the eye agree on the non-malignant and non-recurrent features of the lachrymal gland tumors and to present the malignant side more forcibly, I shall quote rather fully from a report by Col. Elliott, published in 1914, the most important communication of recent years on this subject. Six cases of tumor of the lachrymal gland presented themselves at the Government Hospital in Madras during a period of eleven months, while for the preceding five years there was no record even of a single case. No explanation could be offered for this unusual occurrence.

Five of the six cases underwent operation, while one, a girl of three years, in whom there was a

\*Read before Section on Eye, Ear, Nose and Throat, Ohio State Medical Association, seventieth annual meeting, at Cincinnati on May 4, 1915.



growth of both lachrymal glands, did not enter the hospital.

Case 1.—Female, age 18 years. Operation, shelling out of tumor. Pathological report, mixed tumor of probable epiblastic origin. Result, recurrence within two years, inoperable condition.

Case 2.—Male, age 3 years. Operation, exenteration. Pathological report, spindle cell sarcoma. Result, recurrence in two months, inoperable condition.

Case 3.—Male, age 35 years. Operation. Kronlein. Pathological report, gumma; it did not react to anti-luetic treatment and was clinically considered sarcoma. Result, recurred in ten months, inoperable condition.

Case 4.—Female, age 9 years. Operation, Kronlein. Pathological report small round cell sarcoma. Result, recurrence and death in two months.

Case 5.—Female, age 30 years. Operation, exenteration. Pathological report, endothelioma. Result, case failed to report.

Col. Elliott observes that of these five cases, two were endotheliomata; two sarcomata (one spindle cell, and one round cell). One considered gumma, but giving every clinical evidence of malignancy. In four of the five cases, the growth was very hard, in one case, the tumor (spindle cell sarcoma) appeared absolutely encapsulated and its removal complete, yet, there was an inoperable recurrence within two months with death. All of the growths stretched far back into the orbit and extended usually to either canthus. The accessory gland was always invaded.

#### CASE REPORT.

The case I would present follows:

H. B. Male, 14 years of age, fourth in line of seven children, usual diseases of childhood. Always considered by parents less robust than the other children, although never sickly. Direct maternal and paternal lines free from malignancy. A maternal aunt died of cancer of the throat. A maternal cousin died of a sarcoma (small round cell) of the posterior ethmoid region.

In May, 1913, the parents first noticed that at times the left eye became more prominent, accompanied by ptosis, this being more noticeable when the lad was tired or excited. The parents were reassured by a local ophthalmologist with the statement that the condition was congenital. The case was seen first by the writer in November, 1913. The exophthalmus and ptosis had become permanent, although still varying in degree; V 20/15, fundus normal, fields normal, sinuses were found clear, both by transillumination and skiagraphs.

Palpation outlined a distinct, but small tumor mass, which could easily be pushed backward beneath the orbital margin. Ptosis with eyes on horizontal line measured about 3 mm. Exophthalmus did not exceed 1 mm., but there was distinct rotation of globe downward and inward. There were no local inflammatory signs nor subjective complaints.

There was little change during the ensuing year, except that tumor mass became slightly larger and firmer and more easily palpable and rotation of globe more marked. Eversion of lid and exposure of accessory gland showed no sign of invasion.

On October 1, 1914, V was found reduced to 20/20,

fundus showed moderate dilatation of veins, rotation of globe down and in and ptosis was more marked, but at no time was diplopia in evidence. November 1, 1914, V reduced to 20/70.

Operation November 10, 1914, ether anesthesia. Usual surgical precautions; brow shaved, a curvilinear incision conforming with the curve of the orbital margin was made through the skin and intervening tissues to the periosteum of the outer half of the lower margin of the orbital border. The parts were separated and the wound held open by retraction, all bleeding parts were clamped. The orbital fascia was divided close to the margin of the orbit, the gland at once presenting; its macroscopical appearance was normal; it was freed by careful dissection when its posterior and inferior border was found communicating with a cyst, egg-shaped, about 25 mm. in its long diameter and about 15 mm. in its transverse. The cyst walls were of a blue grey color, quite thick, and attached only superficially to the surrounding tissues, except at the lower pole where it came in relation with the optic nerve sheath. Here the attachment was more dense and in the effort to separate the cyst, its wall was ruptured and its contents, a thick white, cheesy material, was extruded. Even so, the careful dissection was carried through and apparently the entire gland and cyst wall were removed, the fibrous attachment below being tied off before cutting. The cavity was carefully mopped out, no tags of membrane could be located, clamps removed, no bleeding points found, no vessels were tied off. The wound in the septum orbitalis was closed by catgut sutures and the skin incision by a subcutaneous suture, pressure bandage applied. Progress of case uneventful. V. of this eye fifteen days after operation 20/30, and a month later it was 20/20, where it has since remained.

#### PATHOLOGICAL REPORT OF TUMOR.

The pathologist of the Youngstown City Hospital returned a report of sarcoma. A portion of tumor examined by Mr. E. B. Burchell, assistant pathologist of the New York Eye and Ear Infirmary, was diagnosed endothelioma of malignant type.

A report from the Jefferson College Hospital considered the tumor benign with possible beginning malignant characteristics.

I am greatly indebted to Dr. Warthin of the University of Michigan, who only had the opportunity to study a single slide of serial sections for the following detailed report:

This specimen is like those occurring in the parotid and other salivary glands and usually called endothelioma, but that name does not apply to this tumor, since the epithelial elements predominate. The majority of the cells in these sections are squamous cells with definite prickles, the stroma has a myxomatous fibrous connective tissue, with small hyaline cartilage areas, little or no endothelial proliferation is shown in the sections, but feel these tumors are all genetically related and fall into the same class. It would be better to call this a mixed tumor of the lachrymal gland

with epithelial cells predominating. The epithelial proliferation is so marked that a diagnosis of squamous cell carcinoma might easily be made, but do not think this tumor should be considered malignant, and if tumor with its capsule has been entirely removed, the prognosis is good.

This case has been presented more fully in the hope of arousing a discussion as to the malignancy of lachrymal gland tumors, and the factors which must

determine our decision as to the time of operation and how radical shall be our surgical interference.

If this tumor recurs, (as parents now fear it is doing) is exenteration indicated, and would more radical surgery have been justified in the first operation?"

These are perplexing questions, which until now have received scant consideration in our text-books and ophthalmic literature.

## DAYTON'S MUNICIPAL EXHIBIT CLEARLY PRESENTED THE NEED OF ORGANIZED DISEASE PREVENTION WORK

The general public never has been given a better concrete idea of the workings and service of a municipal health department than at the municipal health exhibit given under the auspices of Dayton Bureau of Municipal Research in Dayton Memorial Hall, October 11th to 18th.

The exhibit was designed to familiarize the taxpayers of Dayton with the various city and county activities, and particularly to urge the approval by the public of pending bond issues. An effort was made to graphically present, largely through models, the story of how taxes are spent. To do this, several hundred feet of floor space was devoted to one of the most effective exhibits the writer has ever had the pleasure of inspecting.

The presentation of the work of the city health department was unusually interesting. Rev. Mr. Garland, Director of Welfare, and Dr. A. L. Light, Commissioner of Health, and the various attaches of the department had in mind three definite projects in preparing the health section of the exhibit. They wanted the endorsement of the public, first, of a proposal to eliminate open privy vaults; second, for the establishment of a public abattoir so that the slaughter of animals for meat might be conducted under rigid supervision; and, third, the establishment of a municipal hospital for the treatment of contagious diseases.

With these three objects in view, every bureau of the division of health presented its work so that even the casual visitor might be impressed. One bureau, for instance, presented a large wall map of the city, showing by means of colored pins, the location of all open vaults. These were carefully designated so that their exact location might be determined. Throughout the exhibit householders inspected this map, securing information as to the location of these dangers in their respective neighborhoods. Immediately adjoining were similar maps showing the prevalence of contagious diseases in the city. The sanitary officer in attendance called the attention of the passersby to the connection between the two.

Across the aisle the meat inspection bureau

showed sections of diseased meat that had been detected on the city markets—striking arguments for proper methods of slaughter. The same division showed methods of protecting food on market, and exposed the tricks of the food adulterators.

The medical service bureau presented large charts showing the relative causes of death in the city and brought out various other features of preventive work. One chart showed, for instance, the value of reporting contagious diseases. It indicated clearly the process by which the entire machinery of the health department is set in motion when the report of a case of contagious disease is received.

The department's visiting housekeeper had a remarkable exhibit. One-half was devoted to a room in a tenement hovel, which was a remarkably accurate reproduction of conditions found frequently by the social service nurse. The second room reproduced the change wrought by the housekeeper.

In a similar manner the various other branches of the health department were brought to the attention of the public. The entire workings of the city, in fact, were presented in a similarly interesting manner. It is not hard to believe that it will be easier in the future for Dayton to raise adequate funds for the carrying on of those activities which have for their purpose the betterment of unhealthy conditions.

### OHIO VALLEY AT EVANSVILLE.

The seventeenth annual meeting of the Ohio Valley Medical Association was held November 3rd and 4th at Evansville, Ind., under the presidency of Dr. E. O. Smith, of Cincinnati. The following Cincinnati men read papers: "Recent Results in the X-ray Treatment of Menorrhagia and Uterine Fibroids by the Production of the Artificial Menopause," Dr. Sidney Lange; "Surgical Treatment of Cancer of the Stomach," Dr. Chas. T. Souther; "Local Anesthesia," Dr. B. Merrill Ricketts; "Diagnosis and Treatment of Puerperal Sepsis; Report of Five Cases," Dr. Sam H. Smith, and a paper by Dr. W. D. Haines.



## NEWS NOTES OF OHIO

Dr. C. H. Dawson, Wheelersburg, Ohio, has moved to Portsmouth.

Physicians of Sandusky, at a recent meeting, discussed plan to abolish evening office hours.

Dr. W. G. Kishler, retired, of St. Marys, observed his 91st anniversary on October 8.

Dr. Rush Richardson, Yellow Springs, was operated for appendicitis late in September.

Dr. Edward W. Missamore, who has practiced for many years in Cygnet, has located in Findlay.

Dr. J. L. Bubis, Cleveland, is spending the month of November at the obstetrical clinics in New York.

Dr. H. E. Twitchell, Hamilton, has returned from a sojourn on the Pacific coast, greatly improved in health.

Dr. N. S. Curtiss, Western Reserve, 1913, is serving with Whitney American Ambulance Unit, at Juilly, near Paris.

Dr. John U. Fauster has been appointed surgeon for the Cincinnati Northern Railroad Company at Paulding, Ohio.

Dr. J. R. Thompson, Cleveland, returned October 22 from Serbia, where he served with the American Red Cross.

Dr. Robert Fulwider (Starling-Ohio, 1912), formerly of Mechanicstown, has located in Zanesfield, Logan county.

Dr. W. T. Howard, formerly city bacteriologist of Cleveland, has been appointed health commissioner of Baltimore.

On the recommendation of Representative Ashbrook, Dr. W. A. McMichael has been appointed a pension surgeon at Coshocton.

Dr. J. Stokes Garwood, North Lewisburg, has been removed to the Champaign County Hospital at Urbana, following a stroke of paralysis.

Dr. J. R. Johnson, Celina, superintendent of the Lima District Tuberculosis Hospital, has resigned. He is taking post graduate work in New York, and will enter practice at Lima.

Dr. J. A. McCowan, of Cow Run, is taking a six weeks' post graduate course in Chicago. On his return he will locate in Marietta, Ohio.

Dr. C. M. Shepard, Columbus, was operated upon for appendicitis October 2. He became ill while on his vacation in the Canadian woods.

Dr. Geo. Rohn has moved from Arabia, Lawrence county, where he practiced for several years, to Ironton, where he will continue practice.

The American Roentgen Society, which met in Atlantic City September 23 to 25, will meet in Cincinnati in 1916. Dr. A. W. Crane, Kalamazoo, was elected president.

Wanted: Partner in eye, ear, throat and nose, ultimately to have him succeed to the business. Address Thomas M. Stewart, M. D., F. A. C. S., 605 Traction Bldg., Cincinnati, Ohio.

Dr. Mary K. Isham, formerly of the staff of Columbus State Hospital, has opened an office at 149 West 79th street, New York City, and will devote special attention to mental and nervous diseases.

Drs. L. C. Pratt, Robert Butler, F. B. Kaylor, J. W. Young, W. G. Stinchcomb, and A. J. McCracken, Bellefontaine, were reappointed volunteer medical inspectors of the public schools, October 22, by the Mayor.

Dr. C. L. Files, Van Wert, has been selected as superintendent of the district tuberculosis hospital maintained by Allen, Van Wert, Mercer, Auglaize and Shelby counties, at Lima. He succeeds Dr. B. R. Johnson, resigned.

Dr. A. W. Thomas, Medical Department, O. S. U., after completing a year's interne service in Cleveland, has located in Ashtabula, where he will be associated in practice with his father, Dr. J. J. Thomas.

Physicians of Uhrichsville and Dennison have organized a post graduate club. The officers are: T. H. Wilson, Dennison, president; B. G. Anderson, Uhrichsville, secretary, and F. A. Morrison, Uhrichsville, treasurer. Weekly meetings will be held.

Dr. James A. Ambrose, Dayton, aged 76, began serving a penitentiary sentence of from one to seven years, October 27, for having performed a criminal operation. He appealed in vain to the Supreme Court to review his case. He has served a previous term in the penitentiary for a similar offense.

# NEWS OF STATE MEDICAL BOARD

## OFFICIAL BOARD

LEE HUMPHREY, M. D., President, Malta, March 17, 1917  
 J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920  
 S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921  
 LESTER E. SIEMON, M. D., Cleveland, March 17, 1918  
 T. A. McCANN, M. D., Dayton, March 17, 1916  
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919  
 BEN. R. MCLELLAN, M. D., Xenia, March 17, 1922.

GEO. H. MATSON, M. D., Secretary,  
 Office, State House, Columbus.

Examiner in Preliminary Education,  
 K. D. SWARTZEL, M. Sc., Columbus.

The past month has been devoted by Dr. Matson and an augmented office staff to the registration of practitioners of "limited branches of medicine and surgery," as provided under the Platt-Ellis amendment to the medical practice law.

Two important phases of this work engaged the attention of the board. The first was the investigation of the claims set forth in the affidavits of the individuals who seek exemption certificates under that provision of the law which admits to registration without examination those who had practiced in Ohio five years or more prior to October 1, 1915. To this work serious attention has been given. Trained investigators have been employed to inquire carefully into the past lives of these applicants—particularly those who seek licenses as healers. Requests for confidential information have been sent out, by the hundreds, to physicians and public officials residing in the communities where these practitioners live. While members of the board are in favor of giving these applicants a fair deal, they are equally determined that the public shall be protected so far as possible from unscrupulous crooks who are seeking to take advantage of this exemption to set up as exploiters of the sick.

The most careful attention was given to the claims of those who seek licenses under Groups One and Two of the classifications—chiropractors, spondylotherapists, hydro- and electro-therapists, magnetic healers, suggestive, psycho- and mechano-therapists and neuropathists. Men and women licensed under these divisions are permitted under the law to diagnose as well as to treat certain diseases. They are permitted to assume full responsibility for a patient. The board, therefore, is being particularly careful to afford the largest possible measure of protection to the public against applicants for these certificates.

It might be mentioned incidentally, that evidence of fraud has been uncovered in several applications and it is not improbable that some

of these applicants who made false statements under oath may land in the penitentiary.

A much cleaner class of applicants applied for exemption certificates under Groups Three, Four and Five, respectively, massage, chiropody and optometry. These applicants, almost without exception, were honest in their claims, and have been subjected, therefore, to a much less careful scrutiny.

The exact status of the optometrists under the new law is still undecided. Their injunction suit is pending in the courts and no action will be taken towards licensing them until this matter is fully decided.

During the second week in November the board conducted its first examination of applicants who seek to practice under the Platt-Ellis law. Those examined were the limited practitioners who have been practicing in Ohio more than one year and less than five years, and who, under the provisions of the law, are required to pass an examination in the practice of the limited branch in which they seek to be certificated. They, through their year of practice, are exempted from the complete examination in the medical subjects which will be required of limited practitioners who seek to enter practice in Ohio in the future.

The board at its meeting on October 13th selected the limited practitioners "who are called to the aid of the board" to assist in the examination of this one year exemption group. They are as follows:

Chiropractic, E. Thayer Ward, secretary of the Ohio Chiropractic Association, and W. W. Ford, secretary of the Ohio Naturopathic Physicians' Association, Columbus; Spondylotherapy, Andrew G. Flowers, Cleveland, former prosecutor at Western Reserve, and recommended for the position by Dr. C. A. Hamann, Cleveland; Electro-therapy, Herman A. Loose, East Cleveland; Massage and Swedish movements, D. D. McDougall, Cincinnati, and Miss Agnes B. Forbes, Dayton; Hydrotherapy, U. E. Whiteis, Columbus; Mechano-therapy, C. E. Clark, Columbus; Neuropathy, H. Riley Spitler, Eaton; Chiropody, M. H. Harmolin, Cleveland.

Members of the board met in Columbus while these examinations were being held and supervised their conduct. Each applicant was examined in symptomatology, pathology, diagnosis and practice of the branch he or she seeks to follow.

## LIST OF APPLICANTS

A complete list of applicants for Platt-Ellis certificates is printed on Page 728, this issue.



Violation of osteopathic practice act by osteopaths has been brought to the attention of the board and allegations are being investigated. Several osteopaths active in the state organization are posing as "orthopedic surgeons" and are advertising themselves as such. One osteopath, a member of the state examining committee, recently sent out reprints of a paper dealing with orthopedic surgery, and styled himself "orthopedic surgeon." This is clearly major surgery, from which osteopaths are specifically prohibited by the law, and in the opinion of many is sufficient grounds for the revocation of the licenses of osteopaths who make such pretenses. The board is being urged from many quarters to more strictly enforce the provisions of the osteopathic practice act, as many of these limited practitioners are far exceeding the privileges granted them by law.

Wholesale demoralization of the medical profession in Belgium is indicated by a reciprocity application received last month from Dr. M. M. DeColbert, of Liege, Belgium. Following the invasion of Belgium, Dr. DeColbert came to Tennessee, but now desires to locate in Ohio. He is a graduate of the University of Paris, 1899, and when the war broke out was connected with the University of Liege.

The following were licensed by reciprocity, at the meeting of the board October 12th. The first word in each paragraph indicates the proposed location of the applicant:

**Zanesville.**—Aloysius E. O'Flaherty, licensed Illinois, 1900. Graduate University Medical College, Kansas City, Mo. Practiced 1898 to 1899 in Louisiana; 1900 to 1903, Illinois; 1907 to 1908, New Mexico; 1908 to 1915, Missouri. He was former president of the Jackson County Medical Society and former chairman of the Section on Dermatology of the American Medical Association.

**Ada.**—Allen N. Wiseley, Jr., licensed Illinois, 1913. Graduate of Rush, 1913. Practiced Michael Reese Hospital, Chicago, as interne since graduation. Member of the South Side Branch, Chicago Medical Society.

**Sonora.**—Maurice Loebel, licensed Illinois, 1913. Graduate Jenner Medical College, 1912. Practiced Chicago, 1912 to 1913; 1913 to date at Gary, Ind. Member of the Lake County (Indiana) Medical Society.

**Sabina.**—Michael R. Haley, licensed Missouri, 1913. Graduate St. Louis University Medical School, 1913. Practiced St. Louis after graduation until recently.

**Cincinnati.**—Herbert M. Keil, licensed Maryland, 1914. Graduate Medico Chirurgical, Philadelphia, 1913. Practiced with the Government Tuberculosis Hospital, June to October, 1914; at the Minnesota State Sanatorium, October, 1914, to September, 1915.

**Mansfield.**—Charles R. Keller, licensed Michigan, 1915. Graduate University of Michigan, 1915. Practiced Maple Rapids since graduation. Is a member of the Clinton County (Mich.) Medical Society.

**Dayton.**—Jos. Funderburgh, licensed Michigan, 1913. Graduate University of Michigan, 1913. Practiced as interne Women and Children's Hospital, Syracuse, N. Y., and resident pathologist to Brooklyn Hospital since graduation. Member of the Brooklyn Pathological Society.

**Elyria.**—Frank A. Lawrence, licensed Michigan, 1914. Graduate University of Michigan, 1914. Practiced since graduation at Oxford, Mich.

**Not Located.**—Wilbur A. Taylor, licensed Iowa, 1914. Graduate of Chicago College of Medicine and Surgery, 1914.

**Dayton.**—Robert C. Frazer (colored), licensed New York, 1896. Graduate Eclectic Medical College, N. Y., 1896. Member of the Medical Society of the County of New York.

**Warren or Barberton.**—Chester C. Waller, licensed Vermont, 1906. Graduate Baltimore Medical College, 1898. Practiced at N. Troy, Vt., 1898 to 1912; Lyndonville, Vt., since 1912. Member of the Caledonia County (Vt.) Medical Society.

**Massillon.**—John J. South, licensed West Virginia, 1915. Graduate University of Pennsylvania, 1914. Practiced as interne or resident physician, June, 1914, to August, 1915, at Philadelphia and Pittsburgh.

**Cincinnati.**—Americus V. Meneffee, licensed Kentucky, 1893. Graduate Louisville Medical College, 1892. Practiced since 1892 at Williamstown, Ky., and vicinity. Member of the Kentucky State Medical Association.

**Haskins, Wood County.**—Orlo S. Canright, licensed Wisconsin, 1908. Graduate Rush Medical College, 1884. Practiced in Princeton, Minn., 1884 to 1888; E. Troy, Wis., 1888 to 1915. Member of the Walworth County (Wis.) Medical Society.

**Dr. F. H. McMechan**, secretary of the Interstate Association of Anesthetists, is making a thorough canvass of Ohio to ascertain possible violations of the state law which prohibits nurses from administering anesthetics. It will be remembered that at the August meeting the state medical board directed its secretary to notify physicians and hospitals now employing nurses for this work that they are violating the state law and that continuance of such practice will cause them to be disciplined by the board. Dr. McMechan will report infractions he has discovered at the next meeting of the board. He requests information from any member of the state association who is familiar with such violations. At a recent meeting of the Georgia State Board of Medical Examiners action was taken similar to that in Ohio.

## BOARD ESTABLISHES SET OF MINIMUM STANDARDS FOR NURSE TRAINING SCHOOLS SEEKING ITS RECOGNITION

Minimum requirements for hospital training schools for nurses, whose graduates will in the future be recognized by the State Medical Board as candidates for nurse registration, were decided upon October 12, following a conference between the members of the State Medical Board and nearly 200 representatives of the nurses' training schools of the state.

That the establishment of these minimum standards is of great importance to the hospitals which operate training schools was indicated by the great interest taken in the conference. The seating space in the Senate hall of the State House was filled, and many of the points were warmly debated.

Probably the chief point at issue was the determination of the size of the smallest hospital from which graduates would be considered for registration. The organized nursing profession of the state has urged that training schools be limited to hospitals having at least fifty beds. Members of the medical board felt that this would bar many small hospitals which are giving their nurses a splendid education. It was finally decided to recognize only those hospitals which have a daily average of fifteen or more patients—and omit any reference to number of beds or other units of size. Other minimum requirements were established as follows:

### Minimum Requirements.

1. There shall be at least one-fourth, and not greater than one-half, as many nurses as the daily average of patients.

2. The principal of the training school and all salaried nurses connected with the school, shall be graduates of recognized training schools, and registered in Ohio. The head of the training school shall have absolute authority in matters pertaining to the training of nurses.

3. The hospital must provide experience in (1) medical, (2) surgical, (3) obstetrical and (4) pediatric nursing. Training schools connected with hospitals not providing such experience may become affiliated with recognized institutions offering this opportunity. The hospital must also provide properly equipped laboratory, class and demonstration rooms.

4. The training school for nurses shall provide theoretical and practical instruction in Anatomy, Physiology, Chemistry, Materia Medica, Bacteriology, Hygiene, Medical Nursing, Surgical Nursing, with operative technic including Gynecological and Obstetrical Nursing, each pupil to have care of at least five cases; nursing of sick children; diet cooking for the sick, including at least 12 lessons in cooking with a competent diet teacher; also food values and feeding

in special cases to be taught in classes, not by lectures; and a course of theoretical instruction in contagious nursing. Training schools for male nurses shall provide instruction in Genito-urinary branches, in place of Gynecological and Obstetrical nursing. The theoretical work shall be based upon the minimum educational requirements for the training schools for nurses.

5. The period of instruction in the training school shall be three years. The class term of the school shall be not less than eight months per year; classes and lectures *should* be held during the day instead of evening. The pupils' hours on duty, including class hours, *should* not exceed fifty-six hours per week. All time lost by pupils may be made up at the end of the course. At least four weeks vacation during the summer months should be given each nurse.

6. Training schools and hospitals must, after January 1, 1916, meet the above requirements in order to receive recognition by the Nurses' Examining Committee and the State Medical Board.

### Small Hospitals Object.

The above set of requirements was the chief topic of discussion at the conference between the hospital representatives and the board. Bitter controversy developed over the suggested provision that recognized training schools be limited to those hospitals maintaining an average of twenty patients. Drs. W. S. Hoy, of Jackson; W. H. Leet, Conneaut; M. H. Cherrington, Logan; F. C. Huth, Cambridge; C. E. Sawyer, Marion; W. C. Gates, Bucyrus; C. S. Ordway, Toledo; P. F. Southwick, Sandusky; H. J. Pool, of Port Clinton, and Father LeBlond, director of Catholic charities in Cleveland, were among those who strongly protested against the establishment by the board of a minimum requirement relating to size which would bar many of the smaller hospitals of the state from operating training schools whose graduates might be approved for registration. These men spoke against fixing the limitation at 20 patients, declaring it to be entirely too high. Almost without exception they, as physicians, stated that as good or better nurses are developed by the small hospitals as by the larger plants.

Miss Jamieson, superintendent of Grant Hospital, Columbus, led the fight for those who desired the board to establish high standards, thus limiting recognized training schools to the larger hospitals. She pointed out that failure to be recognized under the provisions of the registration law does not interfere in any way with the maintenance of nurses' training schools by the smaller hospitals, even though their graduates are not accepted for registration. These hos-



pitals may continue to operate training schools and turn out nurses who may continue to practice as graduate nurses, trained nurses, and are only excluded from the use of the term Registered Nurse. Dr. A. C. Bachmeyer, superintendent of Cincinnati General, likewise urged the board to maintain a high standard, holding that through lack of clinical material the nurse pupil cannot in a small hospital secure the broad training necessary to complete education. He advised the smaller hospitals which do not offer nurses' training in all branches to affiliate with a larger hospital in completing the nurse's training. Several of the smaller hospital executives objected to this, asserting that such affiliation would rob the small hospitals of their pupils, as nurses would refuse to start training in an institution which could not give them a complete course.

#### Limit on Basis of Patients.

Dr. C. E. Sawyer, of Marion, secured an interesting test vote on the subject by moving that the size of the hospital be disregarded in determining its qualifications to serve as a recognized training school for nurses. His proposition was carried by a vote of 32 to 21. A number of those present refused to vote.

At the formal meeting of the board immediately following the conference, this matter was thoroughly discussed. Members of the board felt that it would not be fair to the small hospitals to place the standard too high at the outset of nurse registration. At the same time they held that those hospitals which are too small to give nurses a well-rounded training should not be given complete recognition, inasmuch as such recognition is not necessary to their continuance. They passed a formal resolution, meeting the situation, by establishing a daily average of fifteen patients as a minimum to be observed by the board.

The only other point in controversy regarding the establishment of minimum requirements for the operation of hospitals in the future was that contained in paragraph number 4, which provides

that the hospital training school must give nurses experience in medical, surgical, obstetrical and pediatric nursing. It was pointed out by several that many hospitals devoted to special lines of work do not offer all of these branches of training. The case of the training schools in the hospitals operated by the order of St. Francis of the Poor was cited as an example. The sisters of this order are barred, by religious reasons, from obstetrical nursing. A special dispensation from Rome would be necessary for them to meet this requirement. Other hospitals affected by this provision are maternity hospitals, children's hospitals, insane hospitals, and some of the purely surgical institutions.

The board at its meeting carefully considered this point and on motion decided unanimously to require that recognized training schools in the future must provide the four classes of training. This will necessitate considerable affiliation between the various hospitals of the state. The Cleveland City Hospital, as an example, has already made affiliating arrangements with several smaller hospitals in north-eastern Ohio, whereby students will be given special work in Cleveland during part of their three years' course.

Under paragraph number 5, it should be pointed out that these provisions are not mandatory, but are merely suggestive. The board will not, for instance, absolutely require that the hours of pupils on duty and including class hours, shall not exceed 56 hours per week, meaning an eight-hour day. Further, they will not demand that nurses be given four weeks' vacation in the summer months. These will be merely suggested rules for operation.

The following were among the physicians registered at the Conference:

W. H. Leet and F. W. Upson, Conneaut; W. S. Hoy, Wellston; A. C. Bachmeyer, W. E. Kiely, Cincinnati; T. W. Leich, A. J. Pearce and C. Lee Graber, Cleveland; G. A. Hochwalt, F. C. Gray and W. G. Clagett, Dayton; C. S. Ordway, Toledo; Wm. Roush, Lima Hospital, Lima; A. J. Moorman, Dayton; C. F. Gilliam, Columbus; Wm. C. Gates, Bucyrus; Wm. F. Marting, Ironton; P. F. Southwick, Sandusky; J. S. Cherrington, Logan; John Ranly and C. Golder, Cincinnati; H. J. Pool, Port Clinton.

## All Nurses Graduated From Bona Fide Schools Will Receive Certificates

The very important problem of issuing certificates of registration to those nurses who have been graduated by training schools in the past has been settled in a broad way by the adoption by the Nurses' Examining Committee, of the following resolution:

*"Resolved, That it be the sense of the Committee, that certificates be issued to graduates of training schools and hospitals located in Ohio, which prior to this date issued a curriculum and followed an established course of instruction in practical and theoretical nursing, and that the same recognition be granted graduates of Ohio training schools now defunct presenting similar*

*credentials to the satisfaction of the nurses' examining committee."*

This resolution was later approved by the state medical board and means, of course, that the board will be extremely liberal in dealing with all nurses who have been graduated in the past and who apply for registration under the exemption clause.

The law provides that all graduates in nursing shall present their diplomas to the Nurses' Examining Committee for verification and directs that if the committee shall find the diploma to be from "a nurses' training school in good standing connected with a hospital or sanatorium in good standing, as defined by the state medical board," the nurse shall be granted a certificate.

Under this exemption clause, many knotty problems have already developed. Several hospital training schools which in the past have graduated pupils who are now practicing have since become defunct. Other training schools which have operated for years never issued diplomas. The courses of several of the training schools which operated during the past ten years were of exceedingly low grade. The problem which confronted the board was how to differentiate, and how to draw the line so as to

recognize only those nurses whose training has been adequate and who are entitled to registration.

The adoption of the above resolutions indicate that extreme liberality will be exercised. At the meeting of the board on October 12 it was decided unanimously to have the Nurses' Examining Committee investigate all cases where any doubt exists as to the quality of the training of the applicant, and to accept the recommendations of this committee.

## Minimum Curriculum for Nurse Training Schools is Established

The third important point considered at the October meeting of the board was the establishment of the tentative curriculum for nurses' training schools operating in the future, which shall be regarded by the board as a minimum. The following outline of this curriculum was presented at the conference with the hospital executives and was adopted unanimously by them as a fair minimum standard:

### Probation Period—Three Months.

Preliminary lectures and demonstrations by the Superintendent or Principal of Nurses, to be arranged according to conditions—52 hours. This course must include instruction in: Ethics or personal hygiene—charts and charting—reception of patients and care of patients' belongings—preparation of patients' rooms—use of various devices, telephones, signals, etc.—heating and ventilating systems—care of refrigerators—bath rooms—bed pans—urinals—rubber goods—sputum cups, etc.—preparation of laboratory specimens—care and changing of linens—hospital diet lists—time and method of feeding, and preparation of the simple nourishments—care of patients' backs, mouths and nails—making of occupied beds, taking temperature, pulse and respiration—the giving of cleansing baths and hair dressing—the use of heat and cold—tupes, poultices, packs, showers, counter irritants—elementary materia medica—making of solutions—anatomy—preparation of surgical utensils and instruments; and elementary urinalysis. This course should consist of not less than 52 didactic hours.

### First Year.

Nursing—Theory with practical demonstrations .....	21 Hrs.
Diet Cooking—Practical demonstrations .....	24 "
Bacteriology and (Pathology?) .....	6 "
Materia Medica .....	12 "
Anatomy and Physiology .....	17 "
LECTURES.	
Ethics .....	5 "
Hygiene and Sanitation .....	4 "
Anatomy and Physiology .....	8 "
Medical Subjects .....	6 "
Surgical Subjects .....	6 "
Chemistry ? .....	6 "
Bandaging .....	2 "

### Second Year.

Nursing—Medical, Surgical, Pediatric, Contagious .....	29 Hrs.
Anatomy and Physiology .....	12 "
Obstetrical Nursing .....	12 "
Materia Medica .....	12 "
Gynecology (or Genito-urinary) .....	6 "
Urinalysis (Chemistry) .....	6 "
LECTURES.	
Ethics .....	3 "
Eye—Anatomy, Physiology, diseases and treatment .....	2 "
Ear—Anatomy, Physiology, diseases and treatment .....	2 "
Nose and Throat—Anatomy, Physiology, diseases and treatment .....	2 "
Skin .....	3 "
Veneral Diseases .....	1 "
Obstetrical Nursing .....	6 "
Materia Medica .....	4 "
Gynecology .....	4 "
Anaesthesia .....	1 "
Respiratory System (Physiology and diseases of) .....	3 "
Digestive System (Physiology and diseases of) .....	3 "
Excretory System (Physiology and diseases of) .....	3 "
Surgery (advanced) .....	2 "

### Third Year.

Care of infants and children .....	12 Hrs.
Nervous System and Special Senses (Anatomy) .....	3 "
Care of insane .....	4 "

### LECTURES.

Ethics .....	2 "
Selected Topics .....	10 "
Nervous Diseases .....	2 "
Pediatrics .....	10 "
Care of insane .....	3 "
Massage .....	2 "

### Summary.

Probation .....	46 Hrs.
1st Year .....	117 "
2nd Year .....	116 "
3rd Year .....	46 "
Total .....	331 "

It will be noted that this curriculum calls for a total of 331 training hours—52 in the probation period, 117 first year, 116 second year, and 46 the third year. The National League of Nursing Education in its suggested minimum requires a total of 585 hours. The educational committee of the Ohio Association of Nurses decided that a course of 447 hours should be the minimum. In the state of Maryland, a course of 256 hours is required. It will be seen therefore that the Ohio board has taken what is practically a "middle of the road" course.

### Preliminary Education.

The new nurse registration act provides that in the future all pupils entering recognized nurse training schools shall have an education equivalent to that required for completion of the first year of a High School course of the first grade in this state. This is regarded by many of the hospitals as a hardship.

In the past many of the pupil nurses have come directly from the country, lacking entirely High School training. Incidentally, many of the best nurses are of this class. The law, however, provides that this requirement go into effect on May 1 of this year. As the law did not become effective until August 1, it was manifestly a retroactive provision and of course impossible of enforcement. Several of the training schools at once petitioned the board to postpone the operation of this preliminary requirement until after the 1915 first-year classes had been started. Recognizing the merit of this request the board adopted a formal resolution making effective this provision on and after December 1, 1915. The concession was secured through the persistent efforts of Superintendent Howell Wright, of Cleveland City Hospital, which has both a November and December class starting.



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 \* NEWS OF INTEREST \*  
 \* FROM OHIO HOSPITALS \*  
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Editorial Note.—This Journal has been made the official publication of the Ohio Hospital Association, and will print monthly news and announcements of interest to its members. Items should be forwarded to the News Editor, at Columbus, or to Mr. Howell Wright, City Hospital, Cleveland.

At the polls on November 2, voters of Columbus ratified a proposal to issue \$25,000 in bonds for the erection of an isolation hospital for the treatment of contagious diseases. Columbus Academy of Medicine took an active interest in the campaign through a special committee consisting of Drs. E. J. Wilson, chairman; H. M. Platter, J. W. Clemmer, S. J. Goodman and C. W. McGavran. This committee worked with Dr. Louis Kahn, city health officer, and the Committee on Public Health of the Chamber of Commerce, of which Dr. Homer C. Brown is chairman. The city was organized and the bond issue was carried by a large majority.

Trustees of Lawrence Hospital, Columbus, who some time ago launched a campaign for a new hospital, have broadened their plans. A committee of influential business men has been organized to conduct a campaign to raise the necessary funds, estimated at \$500,000. Announced plans provide for a general hospital group to be located at Indianola Avenue and Glen Echo Ravine. It is proposed, first to build a surgical building and power house; to be followed by nurses' home, maternity, medical and laboratory buildings. The institution will be conducted not for profit and will be turned over to the city after 25 years.

Ground was broken November 15 for the new \$60,000 homeopathic hospital to be erected on the campus of Ohio State University, to furnish clinical facilities for the new Homeopathic Medical College. The money for construction is derived from the equity in the defunct Cleveland-Pulte Medical College, which passed out of existence when the State University established the school at Columbus. The University trustees will provide for the hospital equipment and its maintenance. Plans for the new building, drawn by Joseph N. Bradford, university architect, provide a structure 160 by 50 feet, three stories, brick, fire and dust proof. On the second and third floors there will be fifty beds. The first floor will be devoted to administration offices and three general operating rooms, in addition to smaller special rooms. On each of the two upper floors there will be a children's ward. A roof garden is planned. The new hospital will be located at Eleventh and Neil avenues, near the

present homeopathic hospital, which was established through the remodeling of an abandoned dormitory. The old hospital which provides 35 beds, will be continued.

St. Vincent's Hospital, Toledo, observed its sixtieth anniversary October 27. It was established by the Grey Nuns of Montreal when Toledo had a population of 6,000. It is the oldest hospital and orphanage in northwestern Ohio. It is planned to build a nurses' home costing \$100,000 in the near future.

We are informed by Mr. Howell Wright, Superintendent, that Cleveland City Hospital is now in a position to offer to other hospitals courses in nurse training in its contagious diseases hospital, its children's and its obstetrics departments. At this time all of the details of the plan have not been fully worked out and perhaps cannot be until it is known how many schools wish to take advantage of the opportunity. There are at least two in the vicinity of Cleveland that have indicated their desire to make use of this opportunity. It is practically certain that such courses will be given to senior nurses only of recognized training schools.

The hospital is also planning to offer a post graduate course in contagious diseases. Some requests have already been made for this training, but here again the details cannot be worked out until we know about how many applicants there will be for such training. City Hospital is practically the only contagious diseases hospital in northeastern Ohio. It has 100 beds and admits all contagious diseases except smallpox. Heretofore the limited accommodations for nurses in the hospital were not sufficient to warrant either of these opportunities in nurse-training. It is an opportune time now, however, for the new Nurses' Home is entirely completed, including the new west wing. Hereafter nurses on duty in the contagious diseases hospital will occupy one part of this wing which is set aside for them. Cleveland City pupil nurses are now assured of every comfort in a normal home life. For the announcement of the school and for further information, address the Superintendent of the hospital.

Lucas county commissioners have appointed the following staff for the county hospital: Medicine—L. C. Grosh, B. J. Hein, Louis Miller, H. W. Nelles. Surgery—Fred N. Douglass, Joseph Sweeney, T. J. Cunningham. Orthopedics—Burt Chollett. Eye, ear, nose and throat—A. L. Steinfeld and Frank Jacoby. X-Ray—J. D. Murphy. The staff will serve without pay and will select a resident physician succeeding Dr. H. G. Pamment, who resigned. Dr. C. G. Souder was placed in charge of the county tuberculosis hospital at a salary of \$1,500 a year.

Delay in erecting new buildings for Western Reserve School of Medicine and Lakeside Hospital is assigned to industrial and commercial depression caused by the war, in the annual report of President Charles F. Thwing. Dr. Thwing suggests that the service rendered the University by Drs. H. H. Powell and Dudley P. Allen be recognized by special funds bearing their names, the income to be used for research work.

White hospital training school for nurses, Ravenna, has provided for affiliation with Illinois Training School for Nurses, Chicago, whereby their nurses will receive six months' training in Chicago, during the second year of their course. By this means the hospital will provide the variety of service required under the new registration law.

Dr. A. H. Stall has been made chief and Dr. H. A. Rodebaugh, secretary, of the staff of the new Barberton Citizens' Hospital.

Citizens of Athens are planning the erection of a thirty-bed county hospital, following the plan outlined in last month's Journal by Dr. J. E. Allport, of Cleveland, Ohio, who has conducted hospital campaigns in Cleveland, Barberton, Akron and Cambridge. Dr. Allport has held several conferences with Athens county physicians.

Keller Hospital, Ironton, is being enlarged to a capacity between 25 and 30 beds.

The Le Vine Sanitarium Company was incorporated October 15 to conduct a sanitarium and nurses' training school in New Philadelphia, Tuscarawas county, with a capitalization of \$12,500. The incorporators are E. J. Battershell, R. W. Eberhart, S. S. Urfer, Herbert A. Gintz and Edward Sehl.

The Eddy Road Hospital and Sanatorium Company, Cleveland, was incorporated October 18, with a capitalization of \$10,000. The incorporators are Helena M. Gould, F. N. Montgomery, Stanley W. Bogert, Samuel W. Griffiths and Herman Laronge.

Miss Mary Hamer Greenwood, for thirty years superintendent of Jewish Hospital, Cincinnati, has resigned. Miss May Russell, her assistant for twelve years, was made superintendent.

German Hospital, Cleveland, will receive \$10,000 from the estate of Otto Leisy, former brewer.

Mr. B. H. Kroger, Cincinnati capitalist, has donated \$600 for a four-year scholarship to the medical department of the University of Cincinnati.

## HARDIN ROYALLY ENTERTAINS NORTHWESTERN OHIO SOCIETY

In years past the Northwestern Ohio Medical Association, comprising the Third and Fourth Districts of the State society, has held many splendid meetings. It is doubtful if any ever surpassed that held at Kenton, October 20 and 21, when the 27 members of the Hardin County Medical Society distinguished themselves individually and collectively as hosts of the finest type. The banquet served to 236 in the large dining room of the Masonic Temple by the Hardin county men has never been improved upon, in the writer's experience. Its excellence will long be remembered.

Dr. R. R. Hendershott, Tiffin, president of the society, presided at the sessions. An unusually good program was presented. It was opened on Wednesday afternoon by S. P. Kramer, of Cincinnati, who lectured on the subject of alcohol. Dr. Kramer is the organizer of the society of physicians which has been formed to take up the study of the effects of alcohol and other narcotics. He illustrated his talk with lantern slides.

The balance of the afternoon program was as follows: Chronic mastoiditis, by C. Lukens, Toledo; discussion by P. J. Stueber, Lima, and E. O. Richardson, Marion. Treatment of certain asthmatic conditions, L. A. Levison, Toledo; Treatment of spasmodic torticollis, L. Miller, Toledo, discussed by C. W. Moots, Toledo; Tumors of the breast, W. W. Hamer, Bellefontaine, discussed by N. M. Percy, Chicago, and E. A. Murbach, Archbold; Post-operative treatment, O. S. Steiner, Lima; The Nervous Child, H. J. Morgan, of Toledo. Councilors D. O. Weeks of the Third District and C. W. Moots of the Fourth closed the afternoon with brief talks outlining the work of the past year. A. F. Basinger, Lima; Filmore Young, of Marion; J. C. Tritch, of Findlay, and William E. Lower, of Cleveland, president of the State Society, were unable to be present, although on the program for this session.

Following the dinner in the evening, N. M. Percy, of Chicago, discussed the surgical care of anemia, outlining in detail a series of exceedingly interesting cases. C. O. Probst, Columbus, presented a splendid paper on the future of state medicine, dealing with advances that have been made in preventive medicine and the probable trend of medical practice in the next few years. E. G. Zinke, Cincinnati, was unable to be present to discuss the value and importance of maternity hospitals.

Joseph Colt Bloodgood, of Baltimore, and J. F. Percy, Galesburg, Illinois, were the visiting essayists at the Thursday morning session, which was devoted to the subject of cancer. Dr. Bloodgood lectured on methods of preventing cancer



mortality—one of the most interesting and thorough discussions on the subject ever delivered in Ohio. Dr. Percy described his work in treating with heat the utterly inoperable uterine carcinoma. J. M. Frick, Toledo, discussed the importance of proctological examinations. J. V. Hartman, of Findlay, discussed the importance of the history in lower abdominal regions. T. L. Ramsey, Toledo, described the value of laboratory procedure in diagnosing cancerous conditions. J. H. Huntley, Lima, presented a surgical digest on breast neoplasms. S. D. Foster, Toledo, read a paper prepared by J. U. Fauster, of Paulding, on "What the laity should know about cancer." On motion, the secretary of this society was directed to cause the publication of this paper in the lay press of northwestern Ohio.

At the brief business session Thursday morning, the society adopted resolutions thanking the Hardin county members for their splendid entertainment. A resolution was also adopted requesting that Attorney General Turner carefully consider the statutes relating to insurance, and if possible construe them to permit the state insurance superintendent to recall his recent order prohibiting the writing of physicians' liability.

Dr. Sidney D. Foster Toledo, who has served as secretary of the society for several years, was elected president. Dr. James R. Tillotson, of Delphos, first vice president; Dr. Richard N. Lee, of Mt. Blanchard, second vice president; Dr. Edwards H. Porter, Tiffin, secretary, and Dr. A. S. McKittrick, Kenton, assistant secretary. The invitation of the Lucas County Academy of Medicine to hold the 1916 meeting at Toledo was unanimously accepted.

In his councilor address, Wednesday afternoon, Dr. Weeks referred to the loss by the society during the past year of three of its most prominent members—Dr. John S. Deemy, of Bellefontaine; Dr. Solomon B. Hiner, of Lima, and Dr. Frank D. Bain, of Kenton. Before the session Thursday morning a number of members drove to the cemetery where Dr. Bain is buried and placed on his grave large bouquets of flowers.

The registration at the meeting follows:

Archbold, E. A. Murbach; Arlington, J. W. Beach; Attica, Bryce Miller; Ada, C. S. Ames, L. W. Campbell, R. L. Souder, S. C. Smith; West Montgomery, M. R. Charles; Bloomdale, Ellsworth Sheldon; Bellefontaine, F. B. Kaylor, W. W. Hamer, J. H. Wilson, W. C. Pay, A. J. McCracken; Belle Center, W. S. Philips, R. C. McNeill, J. C. Banning; Delphos, J. R. Tillotson, Ezra Burnett, Elida, Charles Smith; Forest, W. N. Mundy, W. H. Rabberman; Fremont, M. Stamm; Findlay, J. A. Kimmell, J. V. Hartman, W. J. Fishell, W. N. Yost, M. S. Williamson; Fostoria, R. A. Palmer; Gomer, O. S. Robusk; Gibsonburg, A. G. Eyestone; Huntsville, F. A. Richardson, J. S. Montgomery; Kirby, E. E. Burns; Lima, A. S. Rudy, E. G. Burton, W. E. Hover, J. H. Huntley, C. E. Stadler, Oliver S. Steiner, R. D. Kahle, O. E. Chenoweth, P. J. Stueber, T. R. Thomas, A. W. Bice, F. L. Bates, G. R. Clayton, W. E. Van Note, F. G. Stueber, Iva M. Lickly, A. C. Adams, K. L. Parent, J. E. Mulligan, A. H. Herr, D. T. McGriff, W. W. Beauchamp, W. L. Neville, S. L. Steer, E. D. Sinks, F. P. Stafford, Burt Hibbard.

Lodi, E. L. Crumm; Larue, S. M. Hesser, Donald Shira; Luckey, A. A. Babione; Kenton, Omar H. Tudor, H. R. Wynn, W. C. Snodgrass, B. K. Jones, H.

E. Heistand, E. S. Protzman, C. D. McCoy, A. S. McKittrick, B. L. Johnson, H. J. Zeis, D. C. Fox, J. Snodgrass, E. A. Stickle, D. P. Philips; Marion, Dana O. Weeks, Maud L. Bull, Jas. W. McMurray, Auguste Rhu, E. O. Richardson, R. C. M. Lewis, C. L. Baker, Carl W. Sawyer; McGuffey, J. B. Evans; Marysville, C. D. Mills; Mt. Victory, E. E. Lynch; North Baltimore, G. W. Foltz; Nevada, Theo. C. Griest; Old Fort, C. I. Anders.

Pemberville, C. C. Greiner, E. F. Ward; Paulding, C. E. Huston; Rushsylvania, U. O. Jones; Swanton, A. A. Brindley; Stoney Ridge, Wm. H. Price; Toledo, Louis A. Levison, S. D. Foster, James A. Duncan, H. J. Morgan, Chas. W. Moots, Chas. Lukens, Thos. L. Ramsey, H. W. Dachtler, J. M. Frick, Theo. Zbinden, Frank D. Ferneau, K. C. Becker, Louis Miller, E. J. Greenfield, Oscar Hasencamp, F. B. Ficklin, W. J. Kirkbride; Tiffin, R. R. Hendershott, H. B. Gibbon, V. L. Magers, G. L. Lambright, C. F. Daniels, Edward H. Porter, Marion W. Ueberoth, G. W. Williard; Upper Sandusky, J. Craig Bowman, G. O. Maskey; Vaughnsville, E. P. Lemley; Willshire, S. K. Cristy; West Liberty, Ben S. Leonard, Guy J. Kent, J. W. Croft; West Mansfield, E. C. Louthan.

Celina, D. H. Richardson, L. M. Otis; Columbus Grove, G. S. Wilcox; Columbus, C. O. Probst, Sterling B. Taylor, George V. Sheridan; Carey, F. A. Spittler, I. N. Zeis; Dunkirk, C. R. Blosser, J. S. Hedrick, C. C. McLaughlin; Wharton, Wm. A. Marshall; Galesburg, Ill., W. C. Ewing.

## NINTH DISTRICT'S FINE MEETING AT GALLIPOLIS

Report by W. H. Henry M. D., of Hamden, the Secretary

The thirteenth annual meeting of The Ninth District Medical Association convened in the assembly hall at the Ohio Hospital for Epileptics on Thursday, October 7th, at 10 o'clock a. m. The president, Dr. J. S. Biddle, called the meeting to order. The minutes of the last meeting were read and approved. The president appointed the following committees:

Nomination of officers and place of meeting—F. L. Roush, Meigs county; Ella Lupton, Gallia county; J. E. Sylvester, Jackson county; O. C. Andre, Pike county; W. L. Griffith, Lawrence county; W. H. Henry, Vinton county; J. S. Cherrington, Hocking county; Resolutions on death of Dr. W. T. Cherry—W. H. Henry, J. J. McClung and O. C. Andre.

At 1 o'clock p. m. the regular program was taken up. Dr. C. D. Hoy, Columbus, in an able manner presented his subject: "Non-union in fractures; Autogenous bone transplantation." Dr. Hoy is a fluent speaker and the facts which he brought out were well received. Dr. J. S. Rardin led in the discussion.

The next speaker was Dr. Chas. F. Hoover, of Cleveland. Subject: "Some diagnostic points in syphilitic disease of the viscera and its treatment." The doctor brought out several points that were new to most of the members of the association. He advised against a too firm reliance upon the results of the Wasserman test, and to not forget that salvarsan is not a sure cure for syphilis, but that mercury should be given the same as before salvarsan came into general use. He also advised that when mercury was indicated it should be used in large doses, up to the point of tolerance. Dr. Sylvester

and Dr. Moore took part in the discussion of this paper.

Dr. J. H. J. Upham, of Columbus, then presented his paper, "Pyorrhea alveolaris and its role in the etiology of some systemic diseases." This was a very timely and practical paper and brought out points that may be frequently overlooked by the general practitioner.

The next paper was by Dr. W. A. Ray, of Portsmouth, upon the subject, "Constipation and obstipation," and which he presented in a very creditable manner.

The Cancer Problem as It Relates to the General Practitioner" was the subject of Dr. J. S. Rardin's paper. This was a very practical paper and brought out many facts in regard to the diagnosis and treatment of cancer which were pertinent to the general practitioner. Dr. Upham and Dr. Davis took part in the discussion of this paper.

This closed the scientific program and a short business session was held.

The nominating committee reported as follows: For president, J. J. McClung, of Jackson; secretary, Dr. A. G. Ray, of Jackson. Place of meeting for 1916, Jackson. Upon motion duly made and seconded the report of the committee was adopted.

The committee on resolutions upon the death of Dr. W. T. Cherry then presented the following report:

Dr. W. T. Cherry was born in the year 1870 and died at McArthur, Ohio, in April of 1915. Dr. Cherry received his degree from the Ohio Medical University, Columbus, Ohio, in 1898, and since that time had been a practitioner at McArthur, Ohio. At the time of his death Dr. Cherry was the President of this association. Therefore, be it

Resolved, By the Ninth District Medical Association, that in the death of Dr. Cherry this association has lost an earnest and active member and the profession at large a physician of high and moral standing.

Resolved, That we deplore his untimely departure and will long remember his virtues.

Resolved, That a copy of these resolutions be spread upon the minutes of the association and a copy sent to the family of the deceased.

W. H. HENRY,  
J. J. McCLUNG,  
O. C. ANDRE,  
Committee.

A vote of thanks was extended to Drs. Kineon and Austin, of the O. H. E., for their entertainment of the association, and through them, to the State Board of Administration.

The following resolution was presented by Dr. Roush:

"Resolved, That as the superintendent of the State Hospital for Epileptics has exceptional opportunity for observing all the phenomena of epilepsy, therefore he be requested to make an investigation as to its etiology, especially as to any defect of function of any of the excretory and secretory organs and report at the next meeting."

This resolution elicited a good deal of discussion upon the subject of epilepsy by Dr. Kineon, of the Ohio Epileptic Hospital; Dr. Shep-

herd, of the State Board of Administration; Dr. Sylvester, of Wellston, and others. The resolution was adopted by a unanimous vote.

The meeting adjourned for the banquet which was held in the main auditorium at 7 o'clock p. m. About forty members with their wives and invited guests were seated at the banquet table when a five-course dinner was served. During the banquet we were highly entertained by an excellent program of music and readings by a home talent organization of Gallipolis, also by two vocal solos by Dr. John T. McVey, of the O. H. E. At the close of the banquet the president called upon several members for remarks. Among those responding were Dr. Upham and Mr. G. V. Sheridan, editor of the Ohio State Medical Journal. Mr. Sheridan gave some very pertinent facts in regard to the needs of the state association and told of some of the things that have been accomplished.

There were many expressions of regret on account of the inability of Dr. Wm. E. Lower, state president, to be present.

After the conclusion of the banquet and program, dancing was indulged in by many of those present, and at a late hour the members returned to their homes after having spent a very pleasant and profitable day.

The following were registered: A. A. Hugg, L. A. Thomas, D. B. Hardinger, Middleport; Ella G. Lupton, C. G. Parker, J. S. Biddle, G. G. Kineon, John T. McVey, Milo Wilson, George Vanden, Mary L. Austin, Wm. H. Pritchard, C. E. Holzer, Gallipolis; J. E. Sylvester, Wellston; I. P. Seiler, Piketon; O. C. Andre, Waverly; L. R. Roush, Jane N. Gilliford, Pomeroy; W. E. Howell, Rio Grande; C. W. Ely, Cheshire; T. J. Allison, Wm. Miller, Thurman; W. H. Henry, Hamden; W. W. L. Griffith, Pedro; J. J. McClung, J. S. Hunter, Jackson; W. A. Ray, Portsmouth; A. F. Sheperd, J. H. J. Upham, G. V. Sheridan, Ben L. Casey, C. D. Hoy, Columbus; C. F. Hoover, Cleveland; E. A. Moore, Union Hill; J. S. Cherrington, Logan; S. W. Williams, Mercerville; W. E. Wright, Newark; Oscar McLaughlin, Rocky Hill.

#### DR. GILLIAM'S NEW NOVEL.

Dr. David Tod Gilliam, Columbus, is the author of "Dick Devereaux," a novel of civil war times, recently published by Stewart & Kidd, Cincinnati. Dr. Gilliam is one of the oldest surgeons of Columbus and is emeritus professor of gynecology at the College of Medicine, Ohio State University. He also is author of "The Rose Croix," "The Righting of Richard Devereaux," "Pocketbook of Medicine," "Essentials of Pathology," "Practical Gynecology," and "Medical Ohio." His latest excursion into the field of modern fiction is a delightful story based on early conditions in Columbus and Central Ohio.



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**A**CTIVITIES OF OHIO CITIES  
 IN PUBLIC HEALTH WORK  
 HOW ABOUT YOUR CITY?  
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Cincinnati health department is co-operating with the two medical colleges in a public health course including practical, field and laboratory work. A series of lectures will be delivered during December by department heads under the board of health on practical public health subjects.

Mayor Stolberg, Canton, escorted the members of the Canton Medical Society through the new city sewage disposal plant and explained the plan of operation.

Wapakoneta board of health has recently adopted a complete and at the same time concise sanitary code regulating health conditions in the city schools. It seems to cover the entire field in an effective manner. Those interested in enactment of a similar code should write to Dr. C. L. Mueller for a copy.

The Federal campaign against proprietary medicine concerns charged with misrepresenting the curative and therapeutic properties of their marketed compound is progressing briskly. In October the Government filed criminal information against the Quaker Herb Company, of Cincinnati, which manufactures a line of nostrums known as Payne's Quick Relief, Quaker Oil of Palm, etc., and the Pretzinger Catarrh Balm Company of Dayton.

The Thalian Anti-Tuberculosis Society, Toledo, raised \$18,000 through its "Tag Day" on October 9th.

Oral hygiene week was observed in Cincinnati between October 25 and 30. The campaign was under the direction of the Cincinnati Dental Society in co-operation with the city department of health. Lectures were delivered throughout the city. Dr. Harvey W. Wiley, of Washington, was one of the chief speakers. The Academy of Medicine lent hearty support to the movement.

Cleveland papers report that Dr. C. E. Ford, health commissioner, has practically abandoned the employment of sanitary policemen and has transferred their duties to public health nurses. They will perform all of the duties formerly imposed upon sanitary officers and by their superior intelligence and training may be depended upon to better fulfill the functions of the place. Use of men as sanitary officers is being abandoned throughout the country.

Drs. C. E. Ford, R. H. Bishop, Jr., J. H. Lowman and A. F. Maschke are among the newly elected trustees of the Cleveland Anti-Tuberculosis League.

A psychological clinic has been established at Ohio State University by J. R. Pintner and J. E. Evans. It will work in connection with the Columbus juvenile court and the board of state charities.

Cincinnati department of health has arranged to inspect milk in and around Hamilton because no funds are available in the latter city for this purpose.

Elimination of segregated vice district was an issue in the Youngstown mayoralty campaign this fall, one of the nominees having announced his belief that segregation is the best solution of the social evil. During the campaign numerous physicians were quoted in the newspapers to the effect that the abolition of the so-called red light district had materially reduced the amount of venereal disease in the city.

For the first time in many years tuberculosis in an advanced stage has been eradicated from the population of the Ohio penitentiary, according to a report of Dr. O. M. Kramer, prison physician. Changes in the method of caring for prisoners whereby many are permitted to work in the open, regular physical examinations, and a general improvement in institutional surroundings is believed to be the cause of the decrease of the disease.

The annual report of the Babies' Dispensary and Hospital, Cleveland, shows that its activities have been materially extended within the past year. Eighteen thousand people visited its 13 branch dispensaries. Free milk was furnished to 956 more babies than the previous year.

The Parent-Teacher Association of Elyria recently conducted a survey of the homes in which school children live and found conditions which the committee described as "a menace to health and decency." It has requested the chamber of commerce to take action in bringing about an improvement of living conditions.

Dr. R. H. Bishop, Jr., head of the anti-tuberculosis work in Cuyahoga county, has asked county commissioners to employ five public health nurses to carry on systematic physical inspection of pupils in the rural schools. At the present time this work is confined to the corporate limits of the city.

Springfield board of education has decided to employ an examining dentist for the city schools.

## COUNCIL EMPLOYS AN EXECUTIVE SECRETARY AND OUTLINES EDUCATIONAL PROGRAM IN BUSY SESSION

(Minutes by the Secretary, Dr. Wells Teachnor, of Columbus)

Council of the Ohio State Medical Association met in regular session at the Chittenden Hotel, Columbus, Ohio, October 25, 1915, with President Lower in the chair. Members present: Drs. Carothers, Hunter, Weeks, Moots, Ford, McClellan, Wright, Rardin and Teachnor. Dr. C. D. Selby, Secretary-Treasurer; Dr. Gibbon, President-elect, and Dr. Upham, Chairman of the Committee on Public Policy and Legislation, were present. Dr. S. P. Kramer and Dr. B. R. McClellan, of Xenia, were guests of the meeting. The minutes of the last meeting were read and approved.

Dr. Ford, chairman of the committee of arrangements for the Cleveland meeting, reported that the meeting will be held the second week of May, 1916, and that the third day of the meeting will be given over to clinics at the various Cleveland hospitals and a visit to the municipal farm and tuberculosis sanatorium.

Dr. Selby reported that the association has been incorporated and the only change necessary to conform to the laws of Ohio was the election of the president of the board of trustees, which is the council. The report was received and placed on file. It was moved by Dr. Ford and seconded by Dr. Carothers that Dr. Lower be elected president for the ensuing year, which was unanimously carried.

The president appointed Drs. Teachnor, Moots and Rardin as the Committee on Auditing and Appropriations of the association for the ensuing year.

It was moved by Dr. Moots, and seconded by Dr. Carothers, that a committee consisting of the Secretary of the Council, the President and the Secretary-Treasurer of the State Association be appointed, with power to act, in the employment of an executive secretary for the association, whose salary shall be fixed by the Auditing Committee. Discussed by Drs. Selby, Moots and Carothers. Carried. The committee immediately elected Mr. Sheridan of this office for the ensuing year.

After prolonged discussion by the President, Drs. Carothers, Wright, Rardin, Weeks, Selby and Mr. Sheridan on the subject of Medical Defense, the following motion was presented by the Secretary and seconded by Dr. Rardin, "That the special committee on Medical Defense be authorized and instructed to proceed to organize and prepare the plans for Medical Defense in order

that the members of the association may be protected immediately succeeding favorable action on this pending question by the next House of Delegates, and that the directions of Council to this committee shall include the appointment of the necessary local committeemen, the retention of necessary attorneys and other preliminary detail." Carried.

### Physician's Liability.

The following resolution was presented by Dr. Moots, duly seconded and carried:

"Whereas, there is now pending before the Attorney General of Ohio, Hon. Edward C. Turner, the question of interpreting the statutes covering the issuance of liability insurance for physicians, and

"Whereas, hundreds of physicians and surgeons of this state are temporarily denied the right of purchasing this insurance because of a recent ruling of the State Superintendent of Insurance, based upon an official interpretation of the statute by a former Attorney General of Ohio, and

"Whereas, this matter is of very great importance to the 8,000 physicians and surgeons of the state, many of whom find this protection very necessary;

"Therefore, be it resolved, by the Council of the Ohio State Medical Association, assembled in regular session in Columbus, Monday, October 25, 1915, and sitting as the official representative body of the Association, and officially representing 4169 Ohio physicians and surgeons who are members of this Association, that we respectfully urge Hon. Edward C. Turner, as Attorney General, to give this matter a just and fair construction inasmuch as we feel that the statute is fully broad enough to permit the issuance of physicians liability insurance and we are very sure that the issuance of such insurance is necessary to the continuance of honest medical and surgical practice in this state.

"Be it further resolved: That the Secretary be authorized to forward copies of this resolution to the honorable Attorney General of Ohio, Mr. Edward C. Turner."

(Signed by the officers and members of Council.)

### Dr. Lower's Plan.

The following educational propaganda was presented by the President of Council:

"1. That the Council recommend a scientific campaign covering all the counties of the state, of such a nature as not only will interest the profession in specific scientific problems, but will make those who are not yet affiliated with us desirous to become members of their county societies.

"2. That the State Society supply a well-trained and well-equipped lecturer who will go to the various societies, especially those in outlying counties, and present subjects of importance to the whole profession; these lectures to be illustrated by lantern slides, charts and demonstrations, and to be presented in a way that will interest every physician.

"3. That the first subject thus presented be 'Fractures and Dislocations.' In seeking for a



subject of such general scope that practically the entire profession would be interested in it, several occurred to me, among which this seems the most practical at this season. Outside the larger cities nearly every physician is called upon to treat fractures and dislocations, especially in the winter time, yet I know of no other conditions which are generally so badly treated or which lead to so many malpractice suits. In the country districts especially, the laity presuppose that the title of M. D. betokens an adequate knowledge of the efficient treatment of all kinds of fractures. If a suitable lecture on this subject is offered, I believe it would be welcomed by the members of every county society, and, that the laity as well, would appreciate our efforts to increase our knowledge and our equipment in this connection.

"4. That the lecturer be appointed either by the Council or by a committee of three or five physicians qualified by experience to select a suitable person for this important part.

"5. That the equipment for this lecture be provided by the State Society, and that the lecturer be paid a salary and all expenses for a period of three months, beginning January 1, 1916."

This matter was referred on motion of Dr. Moots and seconded by Dr. Rardin to a Committee on Medical Education in Council, to be appointed by the President. Carried. The President appointed Drs. Moots, Carothers and Ford as the Committee on Medical Education with the power to devise ways and means to present this proposition to the various county societies.

#### Special Committees.

Dr. Bowen, chairman of the Committee on Workmen's Compensation, was present and reported for this committee.

Dr. Ford made a brief report for the Social Service and Associate Membership Committee.

Dr. Selby read a communication from Dr. Joseph C. Bloodgood, chairman of the National Committee on First Aid and Military Surgery, requesting the President of Council to appoint a committee of three surgeons of the state to aid in this work. On motion of Dr. Hunter, seconded by Dr. Ford, the communication was received and the President was instructed to appoint the committee asked for, with himself as chairman. Carried.

It was moved by Dr. Moots that the special assessment be suspended on new members coming into the association between now and January 1st. Carried.

After considerable discussion by the members of Council the Secretary was instructed to call the meetings hereafter at 7 p. m.

The President adjourned Council to meet at the call of the Secretary.

Wells Teachnor, M. D.,  
Secretary of Council.

### ONLY 18 COUNTIES ARE OUTSIDE THE 100% CLASS

Only 18 counties still remain outside the One Hundred Per Cent Club. This record is particularly interesting in view of the fact that most of those still on the wrong side of the ledger need but one or two members to exceed last year's record. Since the first of August five counties have swung into line. The Academy of Medicine of Cincinnati which last year had a total of 451 on August 3, qualified with a paid-up membership of 455. Noble county swung into line on August 7 with 12 members, it having nine last year. Lake county on October 1 qualified with 16 members, this being six more than the 1914 total. Greene county qualified on October 4 with 32 members, equalling last year's record. Geauga county on October 6 brought the total up to nine members, exceeding last year by one.

The societies which are still on the wrong side are as follows:

	1914	1915
Ashtabula .....	28	27
Athens .....	57	51
Carroll .....	..	..
Champaign .....	29	28
Crawford .....	31	28
Defiance .....	11	6
Erie .....	27	24
Hocking .....	14	11
Jackson .....	22	21
Lawrence .....	18	17
Licking .....	41	35
Madison .....	16	9
Medina .....	23	21
Perry .....	23	17
Portage .....	28	27
Union .....	15	13
Washington .....	41	35
Wayne .....	26	25

On November 1 the total membership for 1915 stood at 4188, a net gain of 280 over 1914, when the total membership was 3908. We have lost 51 members who were on the roll last year, through death and other causes, indicating that there has been a gain of 431 new members in the association. On November 1, 2869 members had paid the dollar assessment levied by the House of Delegates for 1915, leaving a balance of 1319. Information received from secretaries over the state indicate that the greater part of this unpaid balance has been collected and is being held by the county secretaries until they secure the total amount. This indicates that 95 per cent of the assessment will be collected—a really remarkable record.

Dr. Joseph G. Fudge, Spring Valley, Greene county, was burned October 23 by the explosion of an acetylene tank. He narrowly escaped death.

Ohio was honored early in October by the election of Dr. John Edwin Brown, of Columbus, to the presidency of the American Academy of Ophthalmology and Otolaryngology. The meeting was held in Chicago.

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Development of a state-wide organization through which it will be possible to secure immediate reports of all cases of inflammation in the eyes of the new born, has occupied the attention of the state department of health for several weeks. It is believed that this new field of activity, which was added to the department's field of work by the enactment of the Deaton bill by the last legislature, will be the most effective step taken in the campaign for the prevention of blindness.

So far as the practicing physician is concerned, the new law which became effective August 20, demands but one thing. He must submit a report in writing to the local health officer immediately upon discovering any inflammation in the eyes of a new born babe. To facilitate this, the department has sent to every registered physician in Ohio a booklet of blanks upon which to make this report. The blank requires the name of the physician, his address, the name and address of

the infant and its age in days, its color and sex, and the name of the mother. Space is given for the notation of special points regarding the case.

If, in the opinion of the physician, the inflammation is such as to require immediate attention, he is required under regulations adopted by the state board of health on August 12, to give the local health officer immediate notice of such case "in the most rapid manner available."

If the physician makes this report—either in writing, or by telephone, supplemented with a later written report—his duty to the state under the provisions of this law ends.

**Fifty-Cent Fee Paid**—A significant fact about the operation of this law is that for the first time in the history of such legislation—in Ohio at least—the state provides compensation for the physician's services in making the report. Under an amendment to the bill secured by Dr. W. P. Ellis, of Geauga county, when the measure was before the House of Representatives last spring, the state board of health is directed to pay the physician the sum of fifty cents for each report made in compliance with the law. Warrants on the state auditor in payment of these reports will be issued quarterly by the secretary of the state board of health, thus making the payment practically automatic.

While the law imposes but one duty upon the physician (midwives, nurses, maternity homes or hospitals are regarded by the law in like manner), it imposes upon a local health officer a much more complicated service.

When the report is received from the attending physician, he must immediately investigate to ascertain if every step is being taken to prevent the possibility of blindness. If the first investigation reveals a serious condition, with no physician in full attendance or with a physician in attendance who considers immediate assistance necessary to prevent blindness, the local health officer is directed to immediately telephone or telegraph the state department of health, unless the local health department has a visiting nurse in its employ or co-operates with a local organization supplying such nurses.

If a local nurse is not available to properly care for the reported case, the state department will send a nurse from Columbus. For this purpose it has available its own staff of four nurses and four traveling nurses employed by the Ohio Commission for the Blind.

As a supplementary service the state department of health has revised its list of local distributing stations from which free supplies of prophylactic against ophthalmia neonatorum may be secured. Copies of the revised list may be secured from the state department of health, division of laboratories, Columbus.

The department has also issued a small popular pamphlet on "Babies' Sore Eyes," detailing methods of prevention, pre-natal and post-natal.



These may be secured by any physician for free distribution.

**Prevention in Ohio.**—By means of this system it is hoped to give proper attention to every case of suspicious inflammation developing in the state of Ohio and thus materially reduce the amount of preventable blindness. It is another link in the preventive campaign which was inaugurated by the state in 1894, when the initial law was passed providing a penalty for those who failed to report cases of such inflammation within six hours after birth. This law was an absolute dead letter until 1908, when the Ohio Commission for the Blind was established. Under this commission, through publicity and demonstrative work, the importance of proper care for the eyes of the new born has been strongly urged, and the laity are coming to demand proper protection. Medical men of the state have, for the most part, lent their co-operation.

Prosecutions have enforced co-operation from the midwives, who have always been the greatest offenders. The preventive campaign was given

another impetus in 1910 when the state board of health took up the work of furnishing prophylactic outfits through its local distributing stations. Hundreds of these outfits are used every month. The present advance, which will probably insure accurate reporting of all cases, brings the preventive campaign to a very effective point. It will be made more effective for the reason that public health nurses are now established in many communities and can be of increased service under the new system.

Dr. Wade H. Frost, U. S. P. H. S., was in conference with Dr. McCampbell on October 25. The two departments are endeavoring to work out a plan for better control of water supplies for railroads.

In order to practice what it preaches, the board of health in October ordered that all employes of the department be vaccinated for protection against typhoid fever and smallpox.

## ACUTE POLIOMYELITIS IS PREVALENT IN OHIO THIS YEAR, PARTICULARLY IN THE NORTHEAST SECTION

(By Frank G. Boudreau, M. D., C. M., Director of the Division of Communicable Diseases, Ohio State Department of Health.

Not since 1912 has acute poliomyelitis been so prevalent in Ohio as during the present year. Up to September 30th, 1915, two hundred and eighty-two cases have been reported to the State Department of Health from fifteen cities and eight counties. Two hundred and twenty-nine of these cases were reported from cities and fifty-three from villages and townships. In addition twenty or more cases have been reported from the same number of widely-separated counties. The disease is prevailing most extensively in the northeastern part of the state. Table 1 shows the case distribution in cities from the first of the year to September 30th, 1915, the time of writing.

TABLE I.  
Acute, Poliomyelitis in Cities.  
January 1 to September 30, 1915.

Cities	Jan.-June	July	Aug.	Sept.	Total
Akron .....	3	13	7	29	52
Alliance .....		1	5		6
Barberton .....			4	6	10
Bellefontaine .....	1				1
Bellevue .....	1				2
Canal Dover .....			1		3
Canton .....	1	2	23	2	35
Cincinnati .....		1	2		6
Cleveland .....	9	12	38	43	102
Delphos .....		1			1
East Cleveland .....				3	3
Mansfield .....			1		1
Massillon .....				1	1
Sandusky .....			1		1
Steubenville .....		1			1
Toledo .....	1			3	4
<b>Total .....</b>	<b>16</b>	<b>31</b>	<b>82</b>	<b>100</b>	<b>229</b>

The cities of Cuyahoga, Summit and Stark Counties, and particularly Cleveland, Akron and Canton show the greatest prevalence of the disease.

TABLE II.  
Acute Poliomyelitis By Counties, Exclusive of Cities.

January 1 to September 30, 1915.					
County	Jan.-June	July	Aug.	Sept.	Total
Cuyahoga .....	1		5	2	8
Hamilton .....		1		1	2
Jefferson .....			6		6
Pickaway .....	2				2
Richland .....			2	3	5
Stark .....		1		2	3
Summit .....	1	1	3	17	22
Tuscarawas .....			1	4	5
<b>Total .....</b>	<b>4</b>	<b>3</b>	<b>17</b>	<b>29</b>	<b>53</b>

Table II shows that Summit, Jefferson and Cuyahoga counties have the most cases in health districts exclusive of cities. In addition, one case has been reported from each of twenty or more widely separated counties. The monthly distribution of the disease is shown in Table III.

TABLE III.  
Acute Poliomyelitis in Ohio, Distribution By Months.

(In Cities and Counties Specified in Tables I and II.	
January 1 to September 30, 1915.	
January-June .....	20
July .....	34
August .....	99
September .....	129
<b>Total .....</b>	<b>282</b>

From this table it would appear that the outbreak has not as yet spent its force. While the number of reported cases in Ohio is not alarming, there are features of the disease which cause it to be placed among the most dreaded of infections. The case fatality rate varies from ten to twenty-five per cent, usually holding rather to the lower than the higher limits. About three-quarters of those who escape death are left with some form of permanent paralysis, which is most destructive in the young, causing atrophy and preventing further growth of the part in many cases. In recent years the increased prevalence of the disease has stimulated research, which has resulted in greater accuracy of diagnosis and more intelligent preventive measures.

#### Modes of Transmission.

The modes of transmission have been studied extensively, and the consensus of opinion at the present time is that contact with a case or a carrier is the most important factor. The work of Rosenau and Brues, and Anderson and Frost, incriminating the stable fly (*Stomoxys calcitrans*) has not been corroborated, and might almost be said to have been disproved by Boudreau, Brain and McCampbell, of the State Department of Health, and Sawyer and Herms, of California. Kling, Pettersson and Wernstedt, Flexner and others have secured and recorded experimental and clinical evidence showing that carriers are abundant in the presence of cases and that the virus is contained in the secretions of the mouth and nose. Wickham was the first to call attention to the existence of cases which did not go on to paralysis, which he called abortive cases, and this work has been amply confirmed by other workers. It seems the part of wisdom at present to consider poliomyelitis as a disease transmitted by contact, to which a large number of individuals are insusceptible, and in which the secretions of the mouth and nose form the media of transfer.

#### Diagnosis.

It is extremely difficult but not impossible to arrive at a diagnosis prior to the onset of paralysis. Cases are divided into (1) spinal, (2) bulbar, (3) cerebral, and (4) abortive forms. The spinal form is by far the most common and in this article the others need not be considered. After an incubation period varying from five to ten days prodromal symptoms appear. These may be so mild and fleeting as to escape the notice of even the mother. *Fever* is the most constant initial symptom, and the usual history of a case is that the child was perfectly well in the morning but towards evening became feverish. The elevation is not usually marked and rarely reaches 103° F., a temperature of 100° F. to 102° F. being most common. *Drowsiness* and desire to remain undisturbed are common. The patient is apathetic and may become stuporose. *Hyperesthesia* is a fairly constant and most char-

#### DISEASES EPIDEMIC IN OHIO

Dr. Boudreau, as epidemiologist of the State Department of Health, is in closer touch with the communicable disease situation in Ohio than any other physician. He has agreed to contribute a monthly article to *The Journal*, dealing briefly with the diseases epidemic in the current month. We believe that this will be of interest to physicians in every community, in that it will give them an adequate idea of the general prevalence of disease that may appear in their practice.

acteristic symptom, and pain and irritability on passive motion is marked. Weakness of muscles, twitching of limbs, and convulsions may or may not occur. Physicians who treat young patients showing sudden feverishness, hyperesthesia and drowsiness, should be on their guard as to the possibility of acute poliomyelitis. In such cases, and especially if other signs of cerebro-spinal disease are present, the spinal fluid should be taken. In poliomyelitis the pressure is slightly high, the cell count is increased and the globulin content is greater than usual.

#### Prevention.

The first essential in the prevention of poliomyelitis is that physicians shall recognize all cases early in the course. The other preventive measures may be summed up as follows:

1. Notification. Every case should be reported early by physicians to the local health officer and by the local health officer to the State Department of Health.
2. Isolation. Every case should be isolated in a screened room. Carriers develop among non-susceptible contacts, and the earlier a case is isolated the smaller will be the number of carriers. The isolation should be the same as that practiced in the case of diphtheria and scarlet fever, diseases spread by the secretions of the mouth and nose. A trained nurse is desirable, but if none is available, not more than two members of the family should act as attendants. The same strict precautions should be observed as in dealing with diphtheria.
3. Exposure. It is probably true that contacts, rather than cases spread the disease. Contacts, rather than cases, and few precautions are taken with contacts who become carriers are more numerous than cases. Isolate the case as soon as suspicion is aroused; watch exposures of susceptible age carefully, and keep them at home; and see that no adults except the attendants come in contact with the patient.
4. Public Gatherings. These should be discouraged in the presence of an outbreak. Children under twelve should be kept at home as much as possible except in the case of school. If a system of physical supervision of school



children is in operation and if the sanitary conditions of the building are good, school need not be interrupted. The use of common drinking cups, common towels, and other articles which favor the exchange of nose and throat secretions, should be prohibited. The public should be instructed by articles in the press and by circulars of information regarding the danger and means of spread of acute poliomyelitis. It is also wise to see that this instruction is given to the higher grades in school.

The following rules are recommended by the State Department of Health for the control of acute poliomyelitis:

1. Isolation of the patient in a screened room. Domestic animals should be excluded from the house.

2. Disinfection or destruction of all discharges, especially the secretions of the mouth and nose. Nurse and physician should observe the same precautions as in dealing with scarlet fever.

3. A modified quarantine should be practiced. Patients should be isolated for at least thirty days following the disappearance of all acute symptoms. Disinfection of the house and contents should then be performed. Other children in the house should be quarantined for twenty-

one days following disinfection, or if in other homes, twenty-one days from the date of last exposure.

4. Particular attention should be paid to the throats and noses of exposures. The use of a gargle and spray is recommended, containing hydrogen peroxide or menthol, under the direction of the attending physician.

5. Public gatherings attended by children be discouraged.

6. Since the disease is communicable prior to the onset of paralysis, suspected cases should be reported and isolated.

The State Department of Health has in its possession a very limited number of pamphlets containing an exhaustive discussion of acute poliomyelitis. A small pamphlet for popular distribution, containing brief and popular articles on poliomyelitis and other communicable diseases may also be secured from the department. For further references the reader is referred to the following:

Public Health Bulletin, No. 4, United States Public Health Service, Washington, D. C.

Monograph No. 4, Rockefeller Institute for Medical Research.

Journal American Medical Association for 1912, 1913. A number of articles on this subject will be found in these volumes.

Hygienic Laboratory Bulletin, No. 90, United States Public Health Service, Washington, D. C.

## BIRTH REGISTRATION FOR 1914 SHOWS HEAVY INCREASE IN OHIO; CUYAHOGA COUNTY HEADS THE LIST IN NUMBERS

Births in Ohio during 1914 numbered 98,706, making a rate of 19.6 per thousand of population, according to the annual report of Dr. Morton W. Bland, chief registrar of vital statistics. There were 50,442 boys, 48,256 girls, and 8 of unknown sex. White children numbered 96,761, black 1929, Japanese 5, Chinese 2, Indians 2, and of unknown color 7. Boys outnumbered girls in 60 counties, including nearly all those of large population.

Summit county with 3908 births ranged highest in rate, which was 31.5. Lake was lowest with a rate of 11.7. Henry had the second highest rate, 26.5. Ottawa was third with 24.9. Cuyahoga fourth with a rate of 23.8, and the highest actual number of births, 17,162. Hamilton county had a rate of 18.4, with 8910 births.

In 1913, the birth record for Ohio was 89,979. By counties the number of births and rates for 1914 (compared with the figures for 1913) are as follows:

Counties	1914 Number of Births	1914 Birth Rate	1913 Number of Births
Adams .....	431	17.4	406
Allen .....	1007	16.7	883
Ashland .....	483	20.3	440
Ashtabula .....	1266	20.2	1179
Athens .....	1029	19.9	991
Auglaize .....	517	16.0	409
Belmont .....	1962	21.0	1598
Brown .....	333	13.4	312

Butler .....	1706	22.0	1473
Carroll .....	235	14.9	242
Champaign .....	349	13.2	345
Clark .....	1298	18.0	1317
Clermont .....	401	13.5	374
Clinton .....	294	12.4	275
Columbiana .....	1610	20.1	1356
Coshocton .....	449	13.7	483
Crawford .....	529	15.5	513
Cuyahoga .....	17162	25.1	15094
Darke .....	739	17.1	763
Defiance .....	431	17.0	400
Delaware .....	414	15.0	380
Erie .....	693	17.9	590
Fairfield .....	685	16.5	525
Fayette .....	362	16.6	284
Franklin .....	4613	14.6	4298
Fulton .....	499	20.4	484
Gallia .....	361	14.0	353
Geauga .....	233	15.8	159
Greene .....	467	15.7	445
Guernsey .....	716	15.4	672
Hamilton .....	8910	18.4	9047
Hancock .....	674	17.7	654
Hardin .....	463	15.2	318
Harrison .....	249	13.0	243
Henry .....	517	26.5	546
Highland .....	383	13.3	377
Hocking .....	429	18.2	343
Holmes .....	302	16.9	286
Huron .....	524	14.9	603
Jackson .....	538	17.6	538
Jefferson .....	1422	19.1	1089
Knox .....	514	16.4	456
Lake .....	277	11.7	224
Lawrence .....	726	18.3	511
Licking .....	967	16.7	812
Logan .....	439	14.5	406
Lorain .....	1777	20.8	1566
Lucas .....	4842	23.1	4569
Madison .....	378	18.9	310
Mahoning .....	2855	21.2	2883
Marion .....	586	16.1	287
Medina .....	444	18.3	422
Meigs .....	403	15.7	308
Mercer .....	574	20.8	325

Miami	667	14.5	706
Monroe	422	17.8	370
Montgomery	3706	20.7	3494
Morgan	241	14.9	251
Morrow	260	15.4	237
Muskingum	939	15.8	770
Noble	238	12.7	213
Ottawa	559	24.9	470
Paulding	436	14.8	460
Perry	738	19.9	667
Pickaway	507	15.5	380
Pike	235	16.2	251
Portage	426	13.2	439
Preble	334	13.8	390
Putnam	641	21.3	592
Richland	977	19.8	863
Ross	799	19.9	732
Sandusky	548	15.3	569
Scioto	1149	22.2	1176
Seneca	835	19.4	747
Shelby	490	19.8	465
Stark	2562	18.8	2273
Summit	3908	31.5	3187
Trumbull	927	16.6	934
Tuscarawas	1253	21.4	1072
Union	316	14.4	261
Van Wert	506	17.3	506
Vinton	194	14.8	276
Warren	414	16.9	336
Washington	801	17.6	689
Wayne	686	17.9	593
Williams	405	16.0	426
Wood	758	16.6	857
Wyandot	362	17.4	227

**James G. Cullen, M. D.**, aged 36, University of Pennsylvania, Medical Department, 1905; died at his home in Toledo, October 26, after a long illness. Dr. Cullen was born in Dunmore, Pa. He began the practice of medicine in Philadelphia, later locating in Toledo. He was former health officer of Toledo, and was one of the staff physicians of St. Vincent's Hospital. Dr. Cullen was a member of the Toledo Academy of Medicine. He is survived by a widow, his father, three sisters and two brothers.

**Charles Hamilton Browning, M. D.**, aged 45, Western Reserve University, 1897, died at his home in Oberlin, Ohio, September 28, following a stroke of paralysis. Dr. Browning graduated



HARVEY ROBERT McCLELLAN, M. D.  
1826-1915

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**DEATHS IN OHIO**  
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**Harvey Robert McClellan, M. D.**, aged 89, Sterling Medical College, 1854; died October 17 at his home in Xenia, after a short illness of pneumonia. Dr. McClellan was born at Wooster, Ohio, November 27, 1826, the youngest of eleven children. The family moved to Greene county in 1831. He received his early education in Xenia at Shawnee Academy. He began the study of medicine in the office of Dr. Samuel Martin, where Dr. Isaac Kay, of Springfield, was a student. Dr. Kay is the oldest alumnus of the school.

Dr. McClellan began the practice of his profession in Cedarville, but remained there only two years and then opened an office in Xenia, where he practiced alone until his son, Dr. Ben R. McClellan, completed his medical course and entered into partnership with his father. During the Civil War, Dr. McClellan was a surgeon in the Army of the Potomac and Cumberland. With his increasing years, Dr. McClellan confined himself to office practice, but he never gave up his medical life, and received patients in his office the day before his death. He was the last surviving charter member of the Greene County Medical Association and one of the oldest members of the Ohio State Medical Association. Dr. McClellan is survived by a widow and three sons, Charles R., Frank W., and Dr. Ben R. McClellan. The members of the Greene County Medical Association attended the funeral in a body. Resolutions adopted by the Society were read at the service.

from Oberlin College in 1893, and after receiving his degree from Western Reserve, located in Oberlin. He was active in civic affairs and was one of the originators of the campaign for a hospital for Oberlin. Dr. Browning is survived by a widow and two sons, one sister and two brothers.

**John W. Stevenson, M. D.**, aged 56, Medical College of Ohio, Cincinnati, 1883; died at his home in Cincinnati, October 24, after an illness of two weeks. Dr. Stevenson had been practicing medicine in Cincinnati for thirty years. At the time of his death he had charge of the United States Public Health Office at Cincinnati. He was a



member of the Cincinnati Academy of Medicine. Dr. Stevenson is survived by two sons, two sisters and one brother.

**Eugene L. Tupper, M. D.**, aged 42, University of Minnesota, Medical Department, 1897; died at his home in Lima, October 21, from organic heart trouble. Dr. Tupper moved to Lima four years ago from Ottawa, where he had practiced since graduation. He was an active member of the Allen County Medical Society and of the State Association. Dr. Tupper is survived by a widow, one son and one daughter. Two sisters also survive him.

**Marion Squire, M. D.**, aged 58, Cleveland College of Physicians and Surgeons, 1895; died at the home of his brother-in-law, Dr. F. A. Russell, Kent, October 23, after an illness of more than a year. Dr. Squire located in Kent ten years ago and for some time was associated in practice with Dr. Russell. He has not been active in practice for several years. Dr. Squire is survived by a widow and several children.

**George W. Prugh, M. D.**, aged 66, Ohio Medical College, Cincinnati, 1875, died October 12, following a stroke of paralysis. Dr. Prugh was stricken while acting as master of ceremonies of a reception given a newly received Methodist minister in Cincinnati. Dr. Prugh was born in Piqua. He practiced in Cincinnati for forty years. Dr. Prugh is survived by one sister and one brother.

**John A. Campbell**, aged 72, licensed, Ohio, 1896; died suddenly at his home in Bradbury, October 16. Dr. Campbell was born in Pennsylvania and when twelve years of age located in Meigs county. He was a veteran of the Civil War. Dr. Campbell took up the practice of medicine in 1882 and continued until his death. He is survived by his widow and several children.

**Jacob A. Grove, M. D.**, aged 82, Eclectic Medical College, Cincinnati, 1869, died at his home in Kenton, October 4, after a long illness resulting from cancer. He was a veteran of the Civil War. Dr. Grove practiced at Mt. Blanchard, Hancock county, until 1893, when he moved to Kenton. He is survived by a widow.

**Cyrus L. Harnden, M. D.**, aged 65, University of Wooster, Medical Department, Cleveland, 1875; died at his home in Clyde, October 19, after an illness of several months. Dr. Harnden was born in Sandusky county. After graduation, he began practice in Clyde. He is survived by a widow and two sons.

**William G. Webb** (license, years of practice, Ohio, 1898); aged 79; of Cameron, Ohio; a Fellow of the American Medical Association; for fifty-five years a practitioner; died in the Ohio

Valley General Hospital, Wheeling, W. Va., September 27, a few days after a surgical operation.

**Frank H. Pugh, M. D.**, aged 52, Miami Medical College, Cincinnati, 1890; died at his home in Bryan, October 28, after a short illness. Dr. Pugh located in Bryan in 1894. He was a member of the Williams County Medical Society. A widow and one daughter survive him.

**Jeremiah Campbell Foster, M. D.**, Hahnemann Medical College, Philadelphia, 1892; aged 44; of Columbus, Ohio; adjuter for Ohio and West Virginia for the Order of Ben Hur; died in Grant Hospital, Columbus, September 14, from heart disease.

**Samuel W. Craig, M. D.**, aged 75, Cincinnati College of Medicine and Surgery, 1869, died at his home in Cincinnati, September 25. Dr. Craig had been in the drug business for the past 30 years.

**Joseph B. Richards, M. D.**, Ohio Medical University, 1893; died at his home in Ontario, Ohio, October 16, after a long illness.

## MARRIAGES

**W. H. Hartung, M. D.**, and Miss Helen Thomas, both of Toledo, on August 28.

**John P. Farson, M. D.**, of Century, W. Va., formerly of Columbus, and Miss Sylvia Moore, of Charleston, W. Va., Sept. 7. ("Jack" Farson, O. M. U. quarterback, 1902-1905.)

Married—Sept. 30, 1915, William Aaron Sackett, A. M., M. D., Akron, to Della Addie Stotler.

**Paul J. Leahy, M. D.**, Tiffin, and Miss Olive Garrett, Lakewood, October 19. They will reside in Tiffin, where Dr. Leahy is associated in practice with his father, Dr. Maurice Leahy.

Married—C. M. Rambo, M. D., and Miss Helen Elmore, both of Zanesville, October 27, at Zanesville.

The Ohio Valley Medical Association held its seventeenth annual session in Evansville, Indiana, on Wednesday and Thursday, November 3 and 4, with a number of practitioners present from southwestern Ohio. Dr. E. O. Smith, of Cincinnati, president of the organization, presided over the sessions. The following Ohio men appeared on the program: Drs. Sidney Lange, Charles T. Souther, B. Merrill Ricketts, Sam H. Smith, W. D. Haines, all of Cincinnati.

## PLAN EXTENSIVE PROPAGANDA TO EMPHASIZE EFFECTS OF ALCOHOL ON HEALTH AND ECONOMIC WELFARE OF OHIO

The Ohio State Society for the Study of Alcohol and Other Narcotics, which was formed at Cincinnati, May 6, during the State Meeting, completed a permanent organization in Columbus on October 25. Dr. S. P. Kramer, Cincinnati, was elected president; Dr. Ben R. McClellan, Xenia, vice president. These with Drs. J. S. Rardin, of Portsmouth, and Charles D. Mills, of Marysville, will serve as the executive committee. The president was delegated to select a secretary-treasurer.

The meeting was held directly following the meeting of the State Council and a number of councilors participated in it. Dr. Kramer reiterated the purpose of the society—to investigate and to study the effect of alcohol and other narcotics on the health, happiness and social and economic welfare of the people of Ohio. He declared it to be the duty of the medical profession to bring these matters to the attention of the people of the state.

Dr. McClellan emphasized this point by declaring that for many years the medical profession has fostered the idea that alcohol is a therapeutic necessity and that it is now time to give equal publicity to a complete denial of this theory.

Dr. Mills declared that there is a big field for such an organization in the state, and expressed the opinion that it would secure immediate and hearty co-operation from hundreds of physicians who have been impressed with the necessity of educational work from this standpoint.

In outlining the possible field for such an organization, Dr. Kramer declared that it should maintain a lecture bureau through which medical speakers could be supplied for teachers' institutes, labor meetings, farmers' gatherings and all classes of lay audiences. He advised the establishment of a traveling exhibit of some sort. He further advised the establishment of a central library where literature bearing on the question might be available at all times. These are some of the practical things which the society plans for the future.

"We must reach the worker who in industrial life takes his alcohol in dietetic doses and who doesn't realize that 90 per cent of all industrial accidents are due to this so-called moderate drinking—that the finger gets smashed after the bucket of beer has been consumed during the noon hour."

Dr. C. E. Ford, of Cleveland, who acted as secretary of the meeting, believed that a considerable sum should be raised for a state-wide edu-

cational campaign. He stated that, in his opinion, railroads and large corporations which are becoming interested in the alcohol problem from an efficiency standpoint, will be ready to contribute to such a proposition. He feels that all organizations interested in public health work, including the Ohio State Medical Association, should contribute financially to such a movement.

Membership dues were placed at \$1.00 a year, but it was decided to establish different grades of membership whereby corporations and organizations might participate as contributing components.

It was the unanimous opinion of those attending the meeting that the organization be kept entirely separate from all other organizations, particularly from those which in any way engage in political or semi-political propaganda. It was unanimously agreed that this was necessary if the society is to approach the subject from an unbiased attitude and present its findings to the public free from the implication of pre-conceived notions. In line with this, it was unanimously decided to postpone active work until after the present campaign for state-wide prohibition is brought to a close. It was pointed out that no matter how this election terminates there will still be a wide field for the development of an organization such as is contemplated.

As the attendance at the organization meeting was small, it was decided to refer the problems of organization and methods of raising contributions, etc., to a ways and means committee consisting of the president and Drs. R. H. Bishop, Jr., of Cleveland; R. B. Hall, Cincinnati, and Ben R. McClellan, Xenia. For the present those who are desirous of affiliating with this organization and participating in its activities, should communicate with Dr. Kramer.

### PROTEST ON TELEPHONE RULING.

Cincinnati Academy of Medicine, acting on the protest of 42 oculists and aurists of the city, appointed a committee to confer with officials of the Bell Telephone Company (the sole telephone service in Cincinnati) to induce the company to refrain from listing in its directory practitioners in these specialties under the general title of "oculists" and "aurists." The men so listed protest that where they are not included under the classification, "physicians," it is very difficult for patients to find their numbers. The Academy decided to take concerted action in the matter.



Dr. I. D. Jones, Cincinnati, served as chairman of the Hamilton County Dry Amendment League, which led the "dry" fight in that somewhat "wet" center.

Dr. Philip Coulter has resigned as assistant receiving physician at Cincinnati General Hospital to enter the U. S. P. H. S., and has been succeeded by Dr. Max Shaweker.

Managing officers of all state hospitals and institutions met at Dayton State Hospital November 3, 4 and 5, during the annual session of the state conference of Charities and Corrections.

Dr. W. R. Moore of Orland, Vinton county, has been provisionally appointed assistant medical examiner for the state industrial commission to succeed Dr. C. J. Altmaier, of Columbus. The salary is \$1500.

Drs. J. H. Jacobson, L. A. Levison, B. G. Chollette, J. T. Murphy and F. M. Douglass have removed their offices to the new medical office building recently built by Drs. Jacobson and Levison at 421 Michigan avenue, Toledo.

Miss Mary Roberts, Cincinnati, was elected president of the Ohio State Association of Graduate Nurses; Miss Harriet P. Friend, of Dayton, of the League of Nursing Education; and Miss Florence Walker, of Public Health Nurse League, at meetings recently held in Columbus.

Dr. W. W. Richardson, formerly a physician at the Columbus State Hospital, and recently chief physician at Pennsylvania State Hospital for the Insane, is now located at Mercer, Pennsylvania, where he is medical director of Mercer Sanitarium, an institution devoted to treatment of nervous and mild mental diseases, alcoholic and drug addictions.

Youngstown Hospital during the year ending October 1, cared for 4230 patients and treated 1237 in the dispensary, at a cost of \$130,247.28. In his annual report, President Fordyce states that the "safety first" movement in Youngstown industrial plants has been responsible for a material decrease in the amount of industrial surgery. Fred S. Bunn was re-elected superintendent.

A campaign to secure funds for the erection of a new Ohio Valley Hospital at Steubenville has been renewed by the board of trustees. Work on the building was stopped last March when available funds were exhausted. Estimates show that \$98,551 is needed to pay off present indebtedness and complete the structure. The board of trustees have renewed a second campaign to raise that amount, and is being supported by the Steubenville Chamber of Commerce and other organizations.

Youngstown Sheet and Tube Company plans the erection of a private hospital to care for injured workmen at its plant in East Youngstown.

## PATIENT IN FRANKLIN COUNTY SANATORIUM PUTS FIGHTING SPIRIT IN FELLOWS WITH NOVEL JOURNAL

A wide variety of publications comes to the desk of the editor. One of the breeziest and brightest, and certainly the most unique, is *The Lunger*, published every two weeks at the Franklin County Tuberculosis Sanatorium by Mr. Leonard McKee, one of the patients.

Mr. McKee has fought for years for freedom from tuberculosis infection. He has resided in sanatoria in various sections of the country and is making a brave, game fight. His father is Mr. A. E. McKee, the able Columbus staff correspondent of the *Cleveland Plain Dealer*. Through a knowledge of his father's work and his association with newspaper men, he conceived the idea of publishing a journal from the patient's standpoint. It is designed to give the patients in the sanatorium something definite to occupy their minds. Its whole purpose is summed up in the editorial motto, "Be careful, be cheerful, be game."

Its effect upon conditions in the Franklin County Sanatorium has been so remarkable, after only seven issues, that it has attracted attention from tuberculosis workers throughout the country. One striking result has been the desirable publicity it has given the institution. Before *The Lunger* was issued, many people (probably because it is located on the county infirmary grounds) regarded it as an annex to the county poor house. Patients went there as a last resort, with the disease either moderately or far advanced. It was seldom full. Today the institution has a waiting list, and the percent of patients suffering from the disease in its incipient stage has very materially increased.

This condition has been due to *The Lunger's* campaign of education directed toward early treatment. Every issue urges the patient who is in any degree affected to abandon fake cures and take up immediate consistent sanatorium treatment. For example:

"The average lunger's propensity for putting off for tomorrow the things he should do today is a fine thing for dealers in headstones."

"If they sold patent medicine for Mexican money, a fellow would just about get his money's worth. He could get one of Uncle Sam's pennies for the empty bottle."

*The Lunger* has put fighting spirit into the hearts of the patients in the sanatorium and has to a large degree interested them in other things. It discusses tuberculosis quite frankly as may be seen by the following excerpts from a recent issue:

"If other folks enjoyed hearing about a lunger's symptoms and history as much as he enjoys

telling them, this would indeed be a happy world."

"Impatient patients pass."

"Be careful, you lunger. It is not so much worse to chase a cure slowly than to ride in a hearse."

"Skidding on the return road to health may be readily prevented by the use of a little sand."

It is paragraphs like these that make *The Lunger* worth while. In addition it carries full information regarding the events in the institution. It is, in fact, a newspaper. Mr. McKee, the editor, and Mr. Schwartz, the printer, and the entire editorial staff are patients and practically every line is written in bed. Recently the edition had to be rushed "to press," because the editor-in-chief's temperature was rising and he knew that he was due for a quiet season. But every line fairly scintillates with the spirit of its motto, "Be careful, be cheerful, be game."

Many famous men are taking great interest in this unique little publication. The editor has received letters of commendation from Governor Willis, from Mayor Karb, from former Governor Cox, and in his issue of October 30, prints a characteristic letter from Luke McLuke, who says: "The *Lunger* is the one sure cure for T. B. All a consumptive hears is how hopeless his case is and how incurable is his malady. I read the last issue of *The Lunger* wondering what the mental attitude of other lungers would be when they read it. Why, man, it brings Hope and Cheer and Grins. It makes you forget that you are supposed to be incurable. It gets under the hide and clear into the craw and makes you say, 'I'll be damned if I die! Why, I feel better already!' A man is stuffed with the hopelessness of T. B. from the cradle to the grave and if he ever does happen to get it, he worries himself into the grave. The *Lunger* jokes about a 'buggy lung' and gets a fellow to grinning. With the grins come confidence. I regard *The Lunger* as a real aid to the cure of tuberculosis."

Dr. LaMont B. Smith, Youngstown, after serving 18 months in the Ohio Penitentiary, was paroled October 6. Dr. Smith was convicted of illegal sale of narcotics, upon evidence furnished by a detective in the employ of the State Agricultural Commission. He informed the members of the board that he expected to go to Europe for service in the Red Cross medical corps. In commenting on the parole, the State Board of Administration announced that violators of the narcotic laws sentenced to the Penitentiary will receive little consideration.



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 \* NEWS OF CLEVELAND \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by J. E. Tuckerman, M. D., Correspondent)

The one hundred and twenty-third regular meeting of the Academy of Medicine was held Friday, October 15, 1915, at the Cleveland Medical Library, the President, Dr. C. F. Hoover, in the chair.

On motion the following were elected members of the Nominating Committee: C. W. Moorehouse, Chairman; J. C. Placak, A. W. Lueke, S. W. Kelley, J. G. Spenser.

The proposed constitutional provision raising the Academy dues from \$5.00 to \$10.00 was considered, and freely discussed. It was carried 40 to 9. This was made necessary by the increased cost of the Cleveland Medical Journal, the raise in state dues, and increased local costs.

Program: "Leonardo and Vesalius (Holl-Roth Controversy) A Disputation," by Arnold C. Klebs and Fielding H. Garrison. (See report Cincinnati Academy meeting of October 11.)

#### Ophthalmological Section.

The eightieth regular meeting of The Ophthalmological and Oto-Laryngological Section was held Friday, October 22, at the Cleveland Medical Library.

Program: 1 Report of Several Cataract Operations Complicated with Collapse of Cornea, Wm. E. Bruner, M. D.; 2 Presentation of Patient with Tumor in Tympanic Cavity (Neoplasm? Jugular Bulb?), A. M. Painter, M. D., Youngstown, O.; 3 Septal Deformities,—Cause and Location of Different Varieties (with Specimens), Myron Metzenbaum, M. D.; 4 Radiograph of a Patient with Chronic Mastoiditis Complicated with Facial Paralysis, J. M. Ingersoll, M. D.

Dr. Bruner's paper reported two recent cataract operations with collapse of the cornea. Both were old people; one a man 78, the other a woman 71. He re-established the anterior chamber as much as possible with normal saline solution. In the first patient the anterior chamber was re-established in two days; in the second patient it took between five and seven days. In both the visual results were good. Discussed by Dr. Lauder and Dr. Cogan.

Dr. A. M. Painter's case will be reported in the Journal next month.

Dr. Ingersoll showed an X-ray of a mastoid with large sequestrum of the temporal bone producing facial paralysis. The patient was seen with Dr. Painter. History as follows:

A chronic discharging ear for years. On account of exacerbation of discharge patient saw a physician who probed the ear canal. This was very painful. Three days later he noticed a

complete paralysis of the face on that side. At this time Dr. Painter saw him. The ear canal was full of granulations and profuse discharge. Guided by X-ray, Dr. Painter operated but did not dare remove the sequestrum for fear of the facial. At present the paralysis has entirely cleared up although there is still discharge from the ear.

Members present were Drs. Cogan, Metz, Metzbaum, Chamberlin, Quittner, Kochmit, Ingersoll, Pitkin, Mussun, Baker, Lauder, Bruner, W. H. Tuckerman, W. C. Tuckerman, Dr. Marshall of Warren, Dr. Hill of Canton, Dr. Painter of Youngstown, and Dr. Stevenson of Akron.

W. H. Tuckerman, Secretary.

#### COUNCIL MEETING.

At a meeting of the Council of the Academy held Wednesday, October 13, the following were elected to active membership: Morrison H. Castle, M. D.; John F. Corrigan, M. D.; Lyle Steen Hill, M. D., and W. J. Quigley, M. D. Non-resident membership: Melville D. Ailes, M. D., Garrettsville, O. Names of the following applicants were ordered published: E. D. Saunders, M. D.; Alvin A. Stone, M. D., and B. J. Sawicki, M. D. On motion Dr. A. W. Binckley of Columbus, Ohio, was transferred to active membership in the Academy.

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 \* NEWS OF THE TOLEDO \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by B. J. Hein, M. D., Correspondent)

Friday, October 1.—Program: "The Relation of the Physician to the Health Department," Dr. D. W. Iford, Health Officer; "The Early Diagnosis of Hydrophobia in Animal and Man," Dr. L. M. Cole, D. V. S.; "Bacteriology in the Early Diagnosis of Disease," Howard F. Webb, B. S.; "The Importance of Chemistry in Food Adulteration," Mr. M. K. Reed, Chemist; "An Epidemiological Survey of Toledo, Ohio," Dr. Carl S. Mundy, Epidemiologist; "The Early Diagnosis of Smallpox," Dr. Paul E. Bethards, Medical Inspector; "The Importance of Proper Registration of Birth," Sam F. Smith, Registrar.

This was an unusually fine meeting from the standpoint of public health.

On October Dr. J. F. Percy, of Galesburg, Ill., addressed the Academy on the subject: "The Value of Heat in the Treatment of Massive and Otherwise Inoperable Uterine Carcinoma."

On October 29 the following program was presented: 1 Focal Infections in their relation to Constitutional States, Willard J. Stone; 2 Case Report, Chas. Lukens. Discussions: Drs. Alderdyce, Steinfeld and Lasalle.

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 \* NEWS OF CINCINNATI \*  
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(Report by W. R. Abbott, M. D., Correspondent)

Meeting of September 26.—A case of popliteal aneurism was reported by Dr. J. Ambrose Johnston. The tumor was incised and after the clots were removed, the sac was obliterated by closing the openings of entrance and exit, and by bringing the wall together with stitches, after the method of Matas. There is no return after eighteen months.

This operation has the following advantages over ligation: (1) In ligations the sac is amenable to the laws of serous effusion; (2) the clots remaining after ligation may act as foreign bodies; (3) the collateral vessels are less disturbed by obliteration than by ligation.

Dr. E. O. Smith reported a case of a workman, who had fallen 70 feet from a building. The symptoms of projectile vomiting, pain, apparent dullness in right inguinal region and the passing of blood led to a suspicion of extra-peritoneal rupture of the bladder.

On opening the abdomen the real condition, that of a boggy mass in the kidney region, was discovered. A left lumbar incision extra-peritoneally revealed a large horseshoe kidney. The blood clots were cleaned out and rubber drainage tubes inserted. The patient recovered. A cystoscopic examination would have eliminated the diagnosis of rupture of the bladder, but this was impossible, due to the great amount of shock present.

Dr. John Ranly reported two cases of removal of foreign bodies from the balls of the eyes, emphasizing the importance of the early detection of these bodies by the X-ray and their proper treatment. By such an early diagnosis and treatment many an eye can be saved. The wounds of entrance in these cases could not be discovered. After proper dilation by atropine, the foreign bodies were removed by means of the magnet. The first case, which required a general anesthetic was followed by a severe iridocyclitis, and at the end of the fourth week, the eye became very soft. Enucleation was considered; however, the twice daily instillation of 3 per cent. dionine caused a return to normal tension.

A preliminary report of Coley's serum in a case of osteosarcoma was read by Dr. W. D. Haines. A history of four months' duration, following an injury was given. The tumor was located on the anterior surface of the right tibia. The patient was put on a course of Coley's serum. The swelling gradually subsided and the knee became almost normal in appearance. However, three months after the beginning of the treatment, the area began to break down and it was necessary to

curette the cavity. The patient is still in the hospital. A further report will follow.

Dr. C. T. Souther presented two cases of carcinoma, one of the left lower maxilla and one of the left cheek. In the first case the jaw was removed. In the second, the tumor area was incised; the point of interest in both cases being the method of incision and the line of suture, which was illustrated by drawings. The question of malignancy was brought up in the discussion. Tumors in this region are of a low grade of malignancy and the diagnosis is often very doubtful.

Two X-ray pictures of chronic pneumonia, with compensatory emphysema were shown by Dr. Chas. Goosmann. The etiology was gone into. Among other causes were mentioned tuberculosis, pleurisy and acute pneumonia. Dr. Goosmann presented one of these patients, who suffered with pleurisy fifteen years ago, living since that time with practically only one lung, but suffering no apparent discomfort.

Drs. Nellie L. Gerish and W. H. O. McGehee were elected to membership.

The president has appointed Drs. John Landis, W. H. Peters and E. O. Smith, a committee on arrangements for the 1916 convention of the American Health Association, which will be held in this city.

The Academy has been invited to be present and participate in the ceremonies of the cornerstone laying of the new court house, October 1. Dr. A. J. Drury, Dr. Joseph Ransohoff and Dr. Robert Carothers will prepare a communication addressed to posterity from the Academy, which will be deposited in the corner stone.

Meeting of October 2.—Dr. E. O. Smith's paper on "Urinary Calculi" was so worded as to include stones in the entire urinary tract. Renal, ureteral, vesical and urethral calculi were each dealt with in turn, and a careful resume of the entire subject given. The essayist advanced the conclusion of Dr. Walter S. Smith that the nucleus of a urinary calculus consists of a mixture of colloids and crystalloids. The colloids may be blood clots, mucus, epithelia or clumps of bacteria. As most of the stones of the urinary tract have been proven to be composed of calcium salts, Dr. Smith suggested the use of acid treatment rather than alkaline, as has been usually used in the past.

Dr. Ransohoff, in opening the discussion, stated that the diagnosis and treatment of ureteral stones are more difficult than renal. In patients where there is microscopical hematuria for any length of time, ureteral stones should be suspected and the diagnosis confirmed by the X-ray. Renal stones recurring after an operation were probably overlooked at the time. Dr. McKim reported several cases emphasizing the points made by Dr. Smith. A case of stone in the female bladder, which is rather infrequent, was reported by Dr. Nelson. Dr. Goosmann advised the taking of a second picture when there is a question of the reliability of the first.



The treasurer, Dr. Drury, reminds us that the dues for 1916 will be \$6.50. This increase is necessary because the Ohio State Society has raised their dues to \$3.00. This amount paid by members joining before the first of the year covers all dues to January, 1917.

Meeting of October 11.—The joint paper "Leonardo da Vinci and Vesalius," read by Dr. T. A. Klebs, of Switzerland and Dr. F. H. Garrison, of Washington, Director of the Surgeon General's Library, was the incentive for a large attendance.

The papers took the form of an academic discussion as to who deserved the title of the Father of Modern Anatomy. The cause of Leonardi da Vinci was well championed by Dr. Klebs, who brought forward as evidence numerous fragmentary notes and drawings of the famous artist of the Mona Lisa. No known manuscripts of his exist. Some of his drawings of internal organs have never since been equaled, particularly those of the muscles and valves of the heart.

The cause of Vesalius, the Belgian founder of modern anatomic research, was equally well defended by Dr. Garrison. The great fund of knowledge and the large number of disciples and students of Vesalius testify to his claims. Dr. C. A. L. Reed, in making a motion to give the essayists a rising vote of thanks, laid stress upon the fact that too little attention is given by the present generation to the history of medicine; the tendency being to take all credit upon ourselves, not giving the past great masters their proper due.

Two new members were elected to membership in the Academy—Dr. Elizabeth I. Adams and Dr. A. D. Murphy.

Dr. Sidney Lange presented pictures of a case of sarcoma of the upper jaw, symptomatically cured by the use of the Coolidge tube. Four months have elapsed since the patient's discharge from the hospital and there is no recurrence. Treatments, twelve in all, were begun on April 1, of this year, ten months after the appearance of the first symptoms. In the course of treatment, superficial burns were sustained, which, however, healed promptly. As these burns leave no permanent injury to the skin and are not painful, it seems entirely justifiable to push this treatment in desperate cases, until an epidermitis appears.

Meeting of October 18.—Dr. Joseph A. Capps, of Chicago, in introducing his subject, "Experimental and Clinical Observations of Pain, Originating in the Diaphragm," spoke of the character of pain in diseases of the chest. It has been said that in visceral pleurisy there is an almost entire absence of pain. The parietal pleura is very sensitive, while patients with cavities and other pathological conditions in the lung, often suffer no pain whatever. The question of pain in the diaphragmatic pleura was first brought to the essayist's attention accidentally, while aspirating a pleura. It was found that upon touching the diaphragmatic pleura there was referred pain in the abdomen, and in the neck over the trapezius

muscle. This led to a series of observations and experiments, which Dr. Capps diagrammatically illustrated by the use of the lantern. He demonstrated that pressure upon the muscular portion of the diaphragm produced pain over the abdomen, and that pressure upon the tendinous portion produced pain in the neck, particularly over the trapezius muscle. These pains were unilateral, corresponding to the side of the diaphragm affected. This having been demonstrated, Dr. Capps, his associates and assistants, were on the alert for cases presenting these pain symptoms. In the series of cases presented, the cardinal symptoms were pains in the abdomen, followed in a few hours by pain in the neck, and subsequently, pneumonia or other complications of the chest. These cases are of particular interest because of their differentiation. The diagnosis of appendicitis, cholecystitis, gastric ulcer, or renal calculi often being made and the patient operated upon for same. The pain, however, is cutaneous, which does not increase with continued deep pressure. The light thus thrown upon this subject explains the many doubtful surgical cases of the abdomen, which every surgeon experiences.

Meeting of October 25.—Dr. C. J. Broeman presented a patient with an eruption covering the entire body and face, in which a diagnosis of secondary syphilides was made, although no evidence or history of a primary lesion could be found. The lesions were scaly and of a grayish color, simulating very closely psoriasis. A positive Wassermann clinched the diagnosis.

A dermatitis, produced by over-exposure to the Coolidge tube, was shown on the neck of a patient presented by Dr. Sidney Lange. After two exposures the carcinoma of the neck, for which the patient was seeking relief, disappeared. Dr. Lange emphasized the statement, made at a previous meeting, that he did not hesitate to create these burns in urgent cases. In answer to Dr. Goosmann's criticism that the reaction delayed treatment, Dr. Lange said that this procedure was only carried out in cases in which numerous and more mild treatment produced no benefit.

Dr. Wm. M. Doughty presented X-ray pictures of a case of unresolved pneumonia, in which a diagnosis of empyema following pneumonia had been previously made. One month after the onset, first radiogram showed an opaque area of unresolved pneumonia, about the size of the palm of the hand, in the base of the right lung; also a marginal area of pneumothorax extending from the base almost to the apex. Subsequent radiograms showed marked lessening of the density of the shadow and expanded lung tissue. In discussion, Dr. Goosmann complimented Dr. Doughty on the clearness of his pictures. Dr. Mitchell considered these pictures splendid examples of the value of X-ray examinations in doubtful cases of the chest. Dr. Lyle said the diagnosis of empyema was to be excused as the symptoms of this condition and of unresolved pneumonia are very similar.

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## COUNTY SOCIETIES

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### FIRST DISTRICT.

Warren County Medical Society had as the principal speaker at the October meeting, Dr. D. I. Wolfstein, of Cincinnati. His topic was "Freudism." The president, Dr. Chas. A. Hough, called attention in a paper that almost unanimously approved to the disadvantage the country doctor is placed under in the matter of compensation for cases treated for the State Industrial Commission.—Hershel Fisher, Correspondent.

Butler County Medical Society met October 27 in the Y. W. C. A. at Hamilton. Dr. Martin H. Fischer, of the University of Cincinnati, presented a paper on "The Relation of Neglected Foci of Infection to Systemic Disease." Dr. Mark Millikin gave a report of impressions gained in a recent visit to the Mayo Clinic.

W. E. Griffith, Correspondent.

Adams County Medical Society held its October meeting at the hotel in Manchester, October 13. Dr. W. D. Haines, Cincinnati, read a paper on diseases of the stomach which was very instructive and greatly appreciated by the society. Dr. Neal, Manchester, was elected to membership, thus keeping the county in the 100 per cent column.

S. J. Ellison, West Union.

### SECOND DISTRICT.

Miami County Medical Society met at the Piqua Club, Piqua, October 7, at 2:30 p. m. Dr. E. F. McCampbell, Secretary and Executive Officer of the Ohio State Board of Health, gave an address on "Some New Ideas in Regard to the Acute Infections." There was an excellent attendance and a "live" meeting. A vote of thanks was tendered the speaker.—R. D. Spencer, Correspondent.

Champaign County Medical Society met Thursday, October 14, at the home of Dr. and Mrs. David H. Moore in Urbana. Dr. R. R. Kahle, Columbus, was the essayist of the evening, reviewing in an interesting manner the history of medicine. Dr. Kahle also presented informally several suggestions of practical value regarding the administration of anesthetics, etc. Dr. J. E. Hunter, of Greenville, councilor of the Second District, was present, complimented the society upon its showing, and urged the institution of an active campaign for membership. Mr. Sheridan, of The Journal, was present and spoke briefly on state society matters.

The Champaign Society has arranged for an

address at some future date by Dr. Carey Pratt McCord, of Detroit.

Darke County Medical Society met in regular session on Thursday afternoon, October 14, at Memorial Hall. In the absence of the president, Dr. J. E. Monger presided. An amendment to the by-laws was adopted, increasing the annual dues from \$3.00 to \$5.00 a year. Drs. W. C. Gutermuth and J. B. Ballinger, Versailles, presented an able paper on "Arterio Sclerosis, Its Genesis and Terminations." Dr. H. A. Snorf, Greenville, followed with an instructive paper on "Blood Pressure." Dr. Clark, Savona, made application for membership in the society. Twenty-five members were in attendance.—B. F. Metcalfe, Correspondent.

Clarke County Medical Society met in the rooms of the Springfield Commercial Club, October 18. Dr. J. H. J. Upham, of Columbus, was scheduled to present his paper on "Pyorrhea Alveolaris—Its Connection With Systematic Diseases." Owing to Dr. Upham's absence from the state at the time, the paper was read by Dr. J. W. Sheetz, of Columbus. Gillette Hayden, D. D. S., Columbus, opened the discussion. Dr. J. E. Hunter, Greenville, councilor of the Second District, was present and delivered a short address, pointing out the necessity of intensive organization work in each county.

### THIRD DISTRICT.

Mercer County Medical Society met in Celina on September 28, with good attendance and lively interest. Two excellent papers were presented: W. A. Lieser, Fort Recovery, on "The Wasserman Reaction," and Harry S. Noble, St. Mary's, on "Some Diagnostic Points," supplemented by some very interesting case reports on ectopic gestation. There were other interesting case reports which were freely discussed by the other members. The meeting closed with a lively discussion of the subject of a public hospital which will be continued at the next meeting to be held October 26.—W. H. Richardson, Correspondent.

Marion County.—The secretary-treasurer had the pleasure and privilege of attending a banquet and meeting of the Marion County Medical Society, October 5th. Much might be said of the impressions gained at this meeting, but we will not go into details. We just want to say that the Marion members are live ones, and they have a live society. Keep your eyes on Marion county. Dr. Gary Pratt McCord, Detroit, was the visiting essayist, talking on "Glandular Syndromes."

Seneca County.—Owing to the meeting of the Northwestern Ohio Medical Association, the regular meeting of the Seneca County Medical Society was not held on October 21. Altho the



attendance of Seneca county physicians at the Kenton meeting was not as large as had been anticipated, the organization was well represented. The Seneca county delegation reported that the meeting was one of the very best that has yet been held by the Association, and all were profuse in their expressions of genuine appreciation of the most cordial hospitality accorded them by the members of the Kenton fraternity.

The September meeting of the local society was not held because the members were entertained by H. L. Wenner, R. R. Hendershott and R. C. Chamberlain in their summer cottages at Mohawk Lake, a most beautiful and delightful resort situated south of the city. The affair proved to be a most enjoyable innovation to the members and their wives. Those present were H. B. Gibbon, M. W. Uberroth, G. W. Williard, B. W. Mercer, J. D. Howe, V. L. Magers, W. H. Benner, R. G. Steele, C. F. Daniel, N. C. Miller, W. K. Chamberlain, H. B. Gooding, D. O. Weeks, J. C. Tritch, C. S. Storer, H. L. Wenner, R. R. Hendershott, R. C. Chamberlain, and their wives.

The program for the November meeting will consist of a paper by D. W. Fellers, who will write on "The Preparatory Treatment of Operative Cases"; R. C. Chamberlain, whose paper will present "The Post Operative Treatment of Cases"; C. M. Comer, who will give clinical reports of interesting cases.—B. R. Miller, Correspondent.

Auglaize County Medical Society held its regular monthly meeting Thursday evening, September 23, in the city hall at Wapakoneta, with R. A. Ruhlman presiding. Papers: George B. Evans, Dayton, "Cystoscopy and Correct Interpretation of Bladder Symptoms"; R. C. Hunter, Wapakoneta, "Diagnostic Points in Appendicitis." Following the meeting lunch was served at Hotel Steinberg.

Wyandot County Medical Society met in Carnegie Library in Upper Sandusky, October 14. Papers: C. F. Bowen, Columbus, "The Use of the X-Ray"; James Rector, Columbus, "Intestinal Diseases." D. O. Weeks, Marion, made his councilor visit. Following the meeting the society was served with a lunch at the Bon Ton.

Fredrick Kenan, Correspondent.

Logan County.—Meeting scheduled for October 1 was postponed on account of evangelistic services then in progress in Bellefontaine.

Marion County.—Meeting of the Marion County Medical Society postponed to Tuesday, November 9.—Drs. A. Rhu, C. T. Wiant and R. C. M. Lewis were in Barberton and Akron last month looking over the new hospitals in those towns. At least the doctors of Marion have not given up

the idea of some time having a modern hospital in Marion.—Dr. J. E. Baker, of Caledonia, who suffered a comminuted fracture of the head of the right humerus in September, has been visiting his son-in-law, Dr. W. E. Campbell, Sharon, Pennsylvania, while he is recovering from his injury. Dr. Baker was struck by a train while standing in the roadway discussing with another man, methods of promoting safety and about just such accidents.—Drs. Sager and Ralston bid the Marion Township medical service "Indigent" for the year at \$395. There was very little other bidding on this work.

James W. McMurray, Correspondent.

Mercer County Medical Society met at the mayor's office in Celina on October 26 with a good attendance. Program: Interesting clinical reports by J. P. Symons, Rockford; a paper with illustrative case reports by W. W. Beauchamp, Lima, of cerebral lues, cerebral adiposity, and exophthalmic goiter; discussion lead by Dr. G. R. Clayton, Lima, followed by free discussion by members and visiting doctors present. The proposition of a general hospital was then taken up and freely discussed, resulting in the appointment of a committee of seven members, instructed to investigate and report on December 28.

D. H. Richardson, Correspondent.

#### FOURTH DISTRICT.

Paulding County Medical Society held its regular meeting at the court house in Paulding on September 29. Fifteen members were present. Dr. C. E. Huston, Paulding, read a paper on puerperal infection, dealing with the methods of development and the various forms of infection. He believes that the severe fatal cases have the infection locked in the system for a variable period of time before the onset of labor, and that the traumatism of labor liberates it. It at once becomes active. The ideal method of handling these cases would be to have a blood culture made, the cause of possible infection isolated, and an autogenous vaccine made and administered for some time prior to labor—prevention rather than cure. The paper was discussed with much interest by all members present.

Each member of the Academy had received an invitation to attend a meeting and banquet of the Van Wert County Association on October 6. Twelve of our members were present and were certainly royally entertained. An address of welcome was given by President M. S. Cramer, of the Van Wert Association, and responded to by President A. H. Mouser, of the Paulding Academy. The sumptuous banquet over, two excellent papers were read, one by Dr. Charles Turner, of Columbus, on gas-oxygen anesthesia in obstetrics, and one by Dr. L. Park Drayer, of Ft. Wayne, on the present status of salvarsan in the treatment of syphilis.

The October meeting of the Academy was held

in the afternoon of October 20 in the court house. Dr. A. H. Mouser, of Latty, read a paper on non-malignant growths of the uterus, in which he dealt with the frequency in which these growths may become malignant. He also gave his experience in the treatment of inoperable fibroids with the X-Ray, which he believes to be very valuable where operation is refused or the case is inoperable. Dr. Dillery, of Paulding read a paper on appendicitis, reviewing the most recent literature on this subject and dwelling on the importance of early diagnosis and operation as the most satisfactory method of handling this disease. Both papers were freely and fully discussed. A meeting and dinner is to be arranged for the doctors' wives in November.—C. E. Huston, Correspondent.

#### FIFTH DISTRICT.

Geauga County Medical Society met at Burton on September 30 with all members present, eight physicians from neighboring counties as guests, and a former member renewing his membership—making the attendance seventeen. Excellent papers were given by Drs. Dexter and John Phillips, of Cleveland; the former upon the subject of sero diagnosis and treatment, and the later upon chronic rheumatism with treatment. The discussions which followed proved of much interest and benefit to all present.

The society met again at Burton on Thursday, October 14. The officers elected for the coming year were as follows: G. C. Bowe, Chardon, president; I. Teed-Cramton, Burton, secretary-treasurer. The speaker of the day was Dr. MacLachlan, Cleveland; his subject, infant feeding. Those who weathered the storm to attend this meeting felt amply repaid because of the valuable hints given by the doctor.

This will be the last meeting until spring brings good roads, the Geauga county physicians being widely scattered. So if The Journal readers fail to hear from us for several months, remember our dues and special assessments are paid and that we are not dead, but simply hibernated.—Isa Teed-Cramton, Correspondent.

Ashtabula County Medical Society held its 106th regular meeting at Ashtabula General Hospital Tuesday evening, October 5th, with President M. M. Battels in chair. A very interesting paper on "Some injuries of the cranium, and its contents," by R. B. Winthrop, was followed with a general discussion. We had one of our largest attendances of the year. Communication from State Board of Health, relative to physicians reporting communicable diseases to local and State Board of Health, was read. After discussion, was moved, accepted and placed on file.—J. J. Hogan, Correspondent.

Trumbull County Medical Society held a very successful meeting and banquet on Thursday evening, October 21st, at the Allison House in Niles, O. The society was addressed by Dr. F. C. Herrick, Cleveland, on abdominal injuries, and by Dr. G. E. Follansbee, Cleveland, on injuries of extremities. These papers were very well presented and received with pleasure, as they discussed the daily street, shop and mill injuries and their treatment. Six new applications for membership were received.—J. P. Marshall, Correspondent.

Medina County Medical Society held a regular meeting at Medina on October 27 at 2:30 p. m. Dr. W. B. Chamberlain, Cleveland, read a paper: "Some operative indications in the throat and ear usually encountered by the physician in general practice." "Nearly two-thirds of the membership were present.—R. G. Strong, Correspondent.

Lorain County Medical Society met Tuesday, September 14, at the Y. W. C. A., Elyria, where lunch was served. Papers: Dr. C. O. Jaster Elyria, on "Nasal Obstruction and Its Treatment." This paper has been accepted for publication in a future number of The Journal. Dr. W. E. Hart, Elyria, "The Importance of a Careful Examination for Life Insurance Applicants." On October 19th the society was addressed by Dr. Walter G. Stern, of Toledo, who outlined some of the problems of modern orthopedic surgery, illustrating his address with X-Ray slides. About 35 were present from various parts of the country.

Huron County Medical Society, we are informed by Dr. J. D. Coupland, the secretary, has not held a meeting for several months. "We expect to have one before the end of the year," he writes.

Lake County Medical Society has been meeting with regularity. On Wednesday, September 29, a called meeting was held at the City Hospital in Painesville for the purpose of assigning the different subjects in the nurse training course. Drs. H. N. Amidon, H. E. York and J. N. Black were appointed committee of assignments, while Dr G. F. Barnett, E. S. Jones and James R. Davis were appointed on the program committee. Dr. A. P. Brady presided. The October meeting was held on Thursday, October 13, at the Parmly Hotel. Dr. F. E. Bunts, Cleveland, delivered the paper of the evening, which was greatly enjoyed. Twenty physicians were present from Painesville, Willoughby, Mentor and Chardon.—E. S. Jones, Correspondent.

Erie County Medical Society held its first meeting since May at the Sunyendeand Club, San-



dusky, at 8 p. m., Oct. 28, 1915. After the usual routine business Dr. C. B. Bliss gave a very interesting description of "Expression Reading," which he had seen put into practice at the American Academy of Ophthalmology Association, which met in Chicago early in October. This was followed by a paper on "Visit to the Mayo Clinic," Rochester, Minn., by Dr. H. D. Peterson. The next meeting will be held Nov. 26, 1915.

H. D. Peterson, Correspondent.

#### SIXTH DISTRICT.

Summit County Medical Society met October 5, 1915, with an attendance of 65 from Akron, Copley, Cuyahoga Falls, Hudson, Kenmore, Marietta, Ohio, and Brandon, Vt.

Eight applications were presented. Eleven physicians were admitted to membership from: Loyal Oak, C. H. Whipple, A. T. Woods; Manchester, Mary E. Anderson; Wadsworth, R. L. Johnson; Akron, W. C. Ramey, R. F. Drury, C. C. Roller, H. E. Conner, G. M. Campbell, E. A. Freeman, D. W. Stevenson (brother of the late M. D. Stevenson). The program:

1. Finger graft case exhibited by J. S. Millard. A piece of machinery cut off a considerable part of a workman's finger. By quick application of and sewing on the severed part, the finger after subsequent care is almost as good as ever.

2. "Spleno Myelogenous Leukemia," case exhibited by C. J. Case.

3. "Death Under Chloroform Anesthesia, When and Why It Occurs," paper by L. D. Clark. Before entering upon his present specialty, Dr. Clark completed in 1907 a series of chemical experiments with chloroform. In 1912 two Austrian chemists completed a similar series without, however, being aware of Dr. Clark's work five years before, when he had published a paper upon his work. He proved his prior claim in the "Chemical Abstracts Journal." Ether is the most extensively used anesthetic, but chloroform has its own special uses. It must be properly made and the process of manufacture was described. It should be fresh and not used after it has been exposed to light or air any length of time. Its administration and various items pertaining to it were described.

Discussion was by J. G. Blower, J. A. Van der Huls, B. T. Keller, H. H. Jacobs, D. H. Morgan, T. D. Hollingsworth, R. H. McKay, A. S. McCormick, W. A. Parks, J. H. Weber, J. M. Denison, T. K. Moore, L. B. Humphrey, D. W. Stevenson.

4. "Twilight Sleep," by J. A. Van der Hulse. For many years a Chicago drug firm has manufactured a tablet known as "H.-M.-C.," which has been used extensively in obsterics by physicians throughout the world. Morphine and atropine have also been used for cases requiring such medication. During 1914 the medical world

was surprised at the appearance in McClure's Magazine of a series of articles upon the "new" and "wonderful" twilight sleep used in Freiberg, Germany, by Kronig, Gauss and Siegel, who received much free and very unprofessional advertising by this means. "You can fool some people all the time," once said Abraham Lincoln. Forgetting the disappointing results of the tuberculin originated by Robert Koch (Germany) about 1889; the failure of Stovaine as a spinal anesthetic as advocated by the Rumanian surgeon, Jonesco, the more recent fiasco of Friedmann (German) and his turtle serum "cure" for tuberculosis, which tests in the United States and still more thorough and exhaustive test in Canada proved to be worthless, the public nevertheless eagerly grasped at this latest "made in Germany" and hailed Kronig, Gauss and Siegel as saviors of mankind. This "twilight sleep" is merely an elaboration of the older H.-M.-C. method which physicians have used for years without finding free magazine advertising necessary in order to acquire fame or patients. The first to use twilight sleep was von Steinbuchel in 1902. The Freiberg work began one year later. The "miracles" attributed to chiropractors, seventh sons, "electric specialists," Christian scientists, etc., are announced to the world by well paid for trumpet flourishes. Their innumerable failures and disasters are hushed. So it is with twilight sleep, which has received from some quarters the ridiculing term "noonday snooze." Its praises and claims have been written, not by physicians, but by persons possessing no knowledge of any branch of medicine and who have described only its successes, never its failures. The tests made in North America vary. Some hospitals report success, some varied results, some nothing but failure. The successes make pleasant reading, but not the cases of the women who became maniacs or whose health suffered or the babies born almost asphyxiated, often dead. New York women recently organized a society to spread the truth about the method and combat the pernicious influence of the superlative claims made by Freiberg devotees. Such is the history of twilight sleep.

The paper by Dr. Van der Hulse and discussion by E. W. Barton and J. M. Denison warrants the conclusion that while twilight sleep is a boon in many cases, it should not be used indiscriminately. Its employment depends upon the physical and mental condition of the patient. Some it can benefit, others it cannot. The advisability for its use or non-use must be left not to the opinion of patient or anxious relatives, but to the wise judgment of the attending physician. Although often employed successfully by Dr. Van der Hulse, he neither advocates or uses the method indiscriminately. At the meeting of the American Association of Obstetricians and Gynecologists in Pittsburg, September 15, twilight

sleep was soundly condemned. The latest condemnation of its indiscriminate use appears in the editorials of the September number of the Journal of the Canadian Medical Association, after investigation of the results in Canadian hospitals.—A. S. McCormick, Correspondent.

**Stark County.**—The Canton Medical Society met Friday, September 26. Dr. J. E. Shorb discussed the use of the X-Ray in the diagnosis of tuberculosis. Dr. J. P. DeWitt exhibited interesting cases with X-Ray plates.

#### SEVENTH DISTRICT.

**Coshocton County Medical Society** met at the Carnegie Institute in Coshocton on Thursday, September 30, at 1 p. m. Owing to a number of physicians being out of the city, the attendance was small. Interesting papers were read by Dr. Smailes and Dr. E. G. arr, of Coshocton.—J. D. Lower, Correspondent.

**Tuscarawas County Medical Society** met in the council chamber in New Philadelphia October 5, at 1:30 p. m. In the absence of the president and vice president, Doctor Coleman was elected president pro tem. Dr. E. D. Moore gave his experience with some of the modern methods of anesthesia. Dr. McCollam read a paper on "Obligations of the Medical Profession." Dr. Dempster and Dr. Groves each reported interesting cases. Because the general election comes on the date of the next regular meeting, it was postponed until the second Tuesday in November and will be held at Tuscarawas at 1:30 p. m.—James A. McCollam, Correspondent.

**Jefferson County Medical Society** met Thursday, October 12, in the I. O. O. F. building in Steubenville. General anesthesia was the topic for discussion, opened by Dr. B. F. Collins. Dr. J. H. Miller opened the discussion on chloroform.

**Muskingum County Medical Society** held its regular monthly meeting Wednesday evening, October 27, with sixteen members present. A resolution requesting the restoration of physician's liability insurance in Ohio was unanimously adopted by the society. Dr. Gorrell, who had just returned from New York, where he has been taking post graduate work, gave an interesting report on the Allen treatment of diabetes, at the Rockefeller Institute. He also gave a talk on the Carrell salt-free diet treatment for dropsy. Dr. Long reported a case of very large hypertrophied turbinated bone, presenting the specimen he had removed. Dr. Fassig reported a case of dislocation of long standing, of head of the humerus, which he developed with the X-Ray. He sent the case to a surgeon, who found the head soft and so diseased that its removal was necessary. He urged more frequent resort to

X-Ray after injury to bony parts. Upon motion of Dr. Dustheimer, a program committee was appointed consisting of Drs. Infield, Warburton and Melick.—H. T. Sutton, Correspondent.

**Muskingum County Academy of Medicine** held its twentieth regular meeting at Zanesville on the evening of October 13. Dr. Robert L. Barnes, of Columbus, read a very interesting paper on "Serums and Vaccines." The paper was very instructive and brought forth considerable discussion. Dr. Barnes was extended a vote of thanks by the Academy. There were 22 members and three visitors present.—Edmund R. Brush, Correspondent.

**Fairfield County Medical Society** met in the armory at Lancaster Tuesday evening, October 12. A number of very interesting clinical cases were reported. R. W. Mondhank, who was to have addressed the society, was unable to be present. At the meeting of the society on October 26, Dr. H. R. Plum read a paper, and on November 9, Dr. E. A. Hamilton, Columbus, related some of his recent experiences in the war zone.—James M. Lantz, Correspondent.

**Perry County Medical Society** held its October meeting at Corning Thursday, October 21. The program was as follows: "Apocynum," Dr. H. Bennett; "Etiology and treatment of peritonitis," Dr. Somers; "Cancer of stomach and intestines," Dr. J. I. Davis.

**Athens County Medical Society** met October 5 at the Hotel Beery to discuss the possibility of securing a general hospital for the city and county. Dr. J. E. Allport, of Cleveland, was present and outlined the plan by which money was raised for hospitals in Akron and Barberton.

#### NINTH DISTRICT.

**Hocking County Medical Society** met October 5th, 1915, at the Cherrington Hospital, with the president, J. S. Cherrington, presiding. A goodly number were present, and showed an increasing interest in the upbuilding of the society—which for the first time in its history has put Hocking County on the map with the other medical fraternities of the state. After the routine of business an interesting and instructive paper was read by Dr. J. S. Cherrington on "Indications for the removal of tonsils and adenoids," which was followed by a general discussion of the subject. The society was highly entertained by a spicy talk from the Rev. Jacob Hyman, M. D., of Cleveland, O. The meeting adjourned to meet again at the regular meeting time, the second Tuesday in November.—M. H. Cherrington, Correspondent.

#### TENTH DISTRICT.

**Knox County Medical Society** met Wednesday, October 13th, at the Hospital-Sanitarium, Mt.



Vernon, at 3:30 p. m. It was a good meeting and was well attended. Dr. Sylvester J. Goodman, of Columbus, was present and read an instructive paper on "Practical Points in the Treatment of Puerperal Sepsis." He said that the condition was far more frequent than is generally believed, because of the mildness of the symptoms; that it is important because of the health of the patient in later years, it being responsible for much that has been credited to other infections; that obstetrics call for as rigid asepsis as a major surgical operation, for an expectant mother has intrusted to the operator her future health and possibly her life. His treatment is a capable nurse, a room well lighted and ventilated, an abundance of good nourishing food, which is easily digested, Fowler's position, a cleansing vaginal douche, and aspirin in large dosage. Avoid drastic purgatives, antipyretics, uterine douches, sera and curettage or other surgery. He

emphasized the importance of having the patient at mental rest, cheerful and encouraged; that no visitors be allowed; that the baby be kept from the breast.

Dr. Wells Teachnor, councilor for this district, was present also, and spoke on the reasons for the extra assessment, reviewing the work of the past year, and outlining the work of the coming one. His talk was instructive and effective.

It was an excellent, encouraging meeting, indicating the outlook for the year's work to be promising.—E. V. Ackerman, Correspondent.

Pickaway County Medical Society held its regular meeting Friday, October 1. Dr. George H. Colville read a comprehensive report upon the diagnosis of syphilis of the nervous system.—D. V. Courtright, Correspondent.

## ANNOUNCEMENTS

Hereafter in this column the Journal will publish announcements of the programs of the academies and county societies for the month following the date of publication whenever it is possible to secure same. Secretaries are requested to coöperate. Announcements must reach the editor not later than the fifth of the month.

Many members in other counties want to know what your society is doing. By giving them advance notice through this column they may arrange to attend.

### CINCINNATI ACADEMY OF MEDICINE.

November 22.—Case Report Night.

November 29.—Joint meeting of the Cincinnati Dental Society and the Academy of Medicine.

December 6.—"Binet-Simon Test for Intelligence," Dr. William Ravine. Discussion to be opened by Prof. Breese, of the University of Cincinnati. "The use of optochin in the external eye diseases excepting pneumococcal infection," Dr. Jesse Weyler.

December 13.—"Nitrous Oxide in Obstetrics," Dr. Moses Salzer.

December 20.—Clinical Control of Diabetes," Dr. Henry Schroder.

### ACADEMY OF MEDICINE OF CLEVELAND.

The 124th regular meeting November 19, 1915, at the Cleveland Medical Library. Program: 1. "The Duodenal Ulcer in Infancy—an Infectious Disease," H. F. Helmholtz and L. Gerdine, of Chicago, Ill. 2. "The Blood and Blood Vessels in Hemophilia and Other Hemorrhagic Diseases," Alfred F. Hess, of New York City.

### CLINTON COUNTY.

Program for November 18: "Gastric Cancer," by C. A. Tribbett, Westboro; "Morbidity Reports," general discussion.

## NEW OHIO CLASS

### Impressive Convocation Exercises Are Held in Boston.

Twenty-three Ohio surgeons were accepted into fellowship of the American College of Surgeons at the fourth convocation held on October 29. Fellowships were conferred by Dr. John Miller Turpin Finney, president of the College. President Edmond J. James, of the University of Illinois, delivered the fellowship address. A number from Ohio attended the convocation and the session of the Clinical Congress of Surgeons, which was held in Boston at the same time. The Ohio men receiving degrees in this class were:

Francis William Alter, Toledo.  
Arthur Holbrook Bill, Cleveland.  
Evan Coleman Brock, Columbus.  
Charles Gailey Brown, Mansfield.  
Claude A. Burrett, Columbus.  
John Alexander Caldwell, Cincinnati.  
Clarence E. Case, Ashtabula.  
Uriah K. Essington, Newark.  
Judson A. Ferree, Columbus.  
Joseph F. Fox, Toledo.  
Jerry M. Garber, Mansfield.  
Curtiss Ginn, Dayton.  
Sylvester Jacob Goodman, Columbus.  
W. D. Haines, Cincinnati.  
Harry B. Harris, Dayton.  
Conrade Alleyne Howell, Columbus.  
James Owen Howells, Bridgeport.  
Carl DeCosta Hoy, Columbus.  
Augustus Ravogli, Cincinnati.  
N. Stone Scott, Cleveland.  
Thomas Milton Stewart, Cincinnati.  
John Lewis Washburn, Youngstown.  
John Henry Wilms, Cincinnati.

## ATTORNEY GENERAL IS NOW CONSIDERING INSURANCE LAWS; WILL RULE ON PHYSICIAN'S LIABILITY

Whether or not insurance companies will be permitted to write policies in Ohio covering liability of physicians will be determined within the next few days by the Attorney General, Hon. Edward C. Turner. When The Journal went to press the matter was still before his department, with a promise of a decision about the middle of November.

The order directing all insurance companies operating in Ohio to discontinue writing this form of insurance, and further directing them to discontinue policies now in force, was issued by State Insurance Commissioner Taggart in September. Almost immediately thereafter Judge Taggart left for the West to participate in an insurance convention and did not return until early in October. Dr. J. H. J. Upham, of Columbus, chairman of the Committee on Public Policy and Legislation of our State Society, took up the matter with him immediately after he returned and explained the importance of the order to the physicians, and particularly to the surgeons of the state.

Judge Taggart pointed out that his action in the matter was based solely upon an official opinion rendered by former Attorney General T. S. Hogan, to State Insurance Commissioner Robert M. Small, on July 20, 1914. At that time the opinion was disregarded by Mr. Small. When Judge Taggart assumed office he came across the Hogan opinion, which holds that the laws of Ohio do not authorize insurance companies to issue policies agreeing to indemnify physicians from, and defend them against, claims arising from malpractice.

### Not Specified in Law.

Briefly, Mr. Hogan ruled that Section 9510 of the General Code specifies the kinds of insurance which companies may be organized to transact in this state, and that Section 665 of the General Code provides that only such insurance may be issued. He held that Section 9510 does not include the writing of physicians' liability.

After an examination of the statutes, in conference with competent attorneys, Dr. Upham held that Section 9510 of the General Code might easily be interpreted to cover this form of policy. Judge Taggart offered to ask Attorney General Turner for a second opinion on this point, providing formal request be made. On October 22, Dr. Upham addressed a formal communication to the Insurance Department, as a representative of the 4169 physicians and surgeons of the Ohio State Medical Association, requesting that the

statute be again construed. In making this request, Dr. Upham urged:

### Would Restrict Practice.

"The enforcement of this order has worked a very serious hardship upon several hundred physicians and surgeons in Ohio, and we believe it to be a needless hardship. We are requesting that, in justice to physicians and surgeons who have been seriously injured by this ruling, you request of the Attorney General of Ohio a new opinion covering this point. Frankly, we are making this request in the hope that the present Attorney General will realize the nature of the hardship that has been brought about and will, therefore, give the statute a more liberal interpretation that will permit the various companies to continue furnishing physicians and surgeons with this much needed service.

"Will you kindly point out to the Honorable Attorney General that the withdrawing of physicians' liability insurance may work a serious hardship upon the poorer classes of citizens needing surgical attention. Without the protection of this special insurance the eventual result must be, throughout Ohio, that surgeons who do large charity practice will be forced to curtail their work along this line. They will be compelled to do this because they will be absolutely unable to afford to take chances of a suit by professionally serving that class which experience has proven is more likely to file these suits.

"Furthermore, the medical men of this state, as a class, are entirely unable to sustain individual loss they might incur through a judgment against them. The income of the great majority of physicians and surgeons who carry these policies is entirely insufficient to meet such a possible loss. The average court judgment without insurance would completely bankrupt the great majority of them. It is for these reasons that a liability insurance policy is an absolute economic necessity for the physicians and surgeons in active practice.

"With these facts in view, would it not be the right and fair thing for the Attorney General to give the statute a more liberal construction, and to permit thereby the physicians and surgeons of this state to continue to avail themselves of this very necessary means of protection against what might be financial annihilation?"

### Eminent Counsel Engaged.

The insurance companies were very ready to lend their coöperation to our committee, in securing competent legal counsel to lay the mat-



ter before the Attorney General. Mr. James H. Millikan, of Cincinnati, general agent for the Fidelity and Casualty Company, retained Hon. Thomas Pogue, of Cincinnati, who was likewise deputized to represent the Cincinnati Academy of Medicine. Other companies retained Mr. Hogan, who is now in private practice in Columbus, and Hon. Arthur I. Vorys, former state insurance superintendent, and one of the leading insurance authorities in the United States.

Mr. Hogan's appearance before the Attorney General gave great weight to the plea for a broader view of the statute, inasmuch as he held that the former opinion, under his administration, was written by a subordinate and, in his opinion, was a strict rather than a liberal construction of the statute.

The Council of the Ohio State Medical Association, meeting in Columbus October 25, passed strong resolutions urging the Attorney General to give this matter careful consideration. (See Page 707.) The Northwestern Ohio Medical Association in session at Kenton, the Cincinnati Academy of Medicine, and other local organizations passed similar resolutions. A number of surgeons took up the matter personally and by letter with Mr. Turner. He assigned Mr. Hanby Jones, special counsel in his department, to give the matter thorough consideration. Mr. Jones' opinion will be reviewed by the entire staff of the Attorney General's office and transmitted to the insurance department. In the event the Attorney General gives a favorable construction of the statute, the insurance superintendent will rescind his order prohibiting physicians' liability.

City of Youngstown has contracted with Youngstown Hospital and St. Elizabeth's Hospital to care for its indigent sick at a flat rate of \$1.75 per day. Records show that this service in Youngstown costs \$2.04 per day. The new rate, however, is higher than has been paid in the past.

The new home being erected for St. John's Hospital, Cleveland, at a cost of \$200,000, is expected to be ready for occupancy by the first of next year. The hospital is not in operation at present, the old building having been torn down to make way for the new one.

Work has been started on the new Van Wert county hospital, the gift of Mr. George Marsh. The contract calls for completion of the building next May. Mr. Marsh announced that he will also build a nurses' home on a lot adjoining the hospital.

If prohibition should go through and should prove actually to prohibit, we imagine there would not be anywhere near so many automobile accidents due to the fact that something happened to the steering-gear.—The Ohio State Journal.

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\* **APPLICANTS TO PRACTICE** \*  
\* **UNDER PLATT-ELLIS LAW** \*  
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The following list completes the report of those applying for exemption certificates under the Platt-Ellis law, providing for the registration by the state medical board of "limited practitioners of medicine and surgery."

These applicants claim to have practiced at least one year in Ohio. If you have information to the contrary, or if you know of any fact which should bar them from license, please file the information immediately with Dr. Matson of the State Medical Board, so that it may be considered.

To conserve space we have used key numbers to indicate the branches in which each applicant seeks to practice, using the following table:

- 1 Chiropractic
  - 2 Naprapathy
  - 3 Spondylotherapy
  - 4 Electro-therapy
  - 5 Hydro-therapy
  - 6 Suggestive therapy
  - 7 Psycho-therapy
  - 8 Magnetic Healing
  - 9 Massage
  - 10 Swedish Movement
  - 11 Neuropathy
  - 12 Mechano therapy
  - 13 Chiropody
- \* \* \*

For additional lists of applicants see Journal, August, 1915, p. 521; September, p. 596; October, p. 634. The remainder of the list follows:

**Akron**—Carl Bratchi, 1; Ora L. Brown, 1; John R. Hagstrom, 1; Ella M. Grimm, 13; Harry E. Hoover, 12; Carroll A. Mumper, 1; Emil Schupp, 5. Wm. Ira Scott, 1; Orrin R. Steiner, 6, 8; Francis M. Stone, 7, 11; Lyman D. Triplett, 6, 8; H. Leroy Wilson, 12; Clarence D. Bean, 1; Ina Chamberlin, 13. Geo. L. Mathias, 1; Bernard M. Goldberg, 1.

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**Bellevue**—George E. Maison, 13. **Bryan**—Wm. J. Fulghum, 4, 5. **Byesville**—Edward P. Finley, 1, 3, 4, 5, 12. **Blanchester**—Otha I. Bennett, 1.

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Livers, 4, 5, 12, 13; Ralph Mackin, 1, 4, 5, 9, 10; Mary Mackin, 1, 4, 5, 9, 10; Thos. R. McDonald, 1, 4, 13; Chas. H. Payne, 4, 9, 10, 13; Emma C. Russell, 8; Wm. H. Ress, 4; Adelina A. Shaw, 8; Fred Whittaker, 1, 4; Madie Jones, 4.

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#### HERE'S THE RIGHT SPIRIT!

A note from Dr. H. M. Hazelton, of Lancaster, informs us that the Fairfield County Medical Society has raised its annual dues to \$5.00 and is planning a booster committee to secure the membership next year of every available physician in the county. It is certainly the proper spirit.

Ohio Rectal Institute Company, of Cleveland, was incorporated October 20 with a capitalization of \$7,500, to "erect, own and conduct a sanatorium for surgical, medical and hygienic treatments," by William J. Shaver, C. G. Stone, C. R. Milton, Marie L. Burns and Cathryne M. Milton.



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## PROPOSE DECEMBER 8 AS A MEDICAL EXAMINATION DAY

**Anti-Tuberculosis Society Launches New Movement and Asks Co-operation of Ohio Physicians.**

Some of the County Medical Societies in Ohio are planning to actively co-operate with the Ohio Society for the Prevention of Tuberculosis in its movement to establish December 8 as "National Medical Examination Day."

This year in conducting the usual tuberculosis day, the National Association for the Prevention of Tuberculosis has extended it to include "Tuberculosis Week," December 6 to 12. There will be three special days—"Medical Examination Day," "Children's Health Crusade Day" on December 10, and "Tuberculosis Sunday" on December 12.

In a circular to the county medical societies of the country, "National Medical Examination Day" is described as an effort to arouse general public interest in the subject of periodical medical examinations. The Association urges local medical societies to work out their own plans for making that day a success in the community. It suggests that a local committee be established and announced through the local press. It urges that on December 8 as many citizens as possible

undergo a complete physical examination—with a view, of course, of ascertaining defects and diseased conditions in their incipency. The society suggests that volunteers be secured from the physicians of the community, by the county society, to carry on this work—either in their offices or in centrally located temporary clinics established for that purpose.

The circular further suggests that for the day a special fee for this service be announced, to those who can afford to pay, and that it be announced that the examination will be rendered without charge to those unable to pay for same. To be effective the examination should include whatever bacteriological and chemical analyses that may be necessary.

The plan was successfully tried in Michigan last year, over 500 physicians volunteering.

Several licenced physicians applied for certificates to practice one or more of the limited branches under the Platt-Ellis law. They were informed that their medical certificates covered all branches. Among those who applied were J. L. Wright, of Peebles, and Theodore H. Laupert, of Toledo.

Dr. Matson addressed a group of Eastern Ohio nurses on the subject of nurse registration, in Youngstown on September 28.

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Ohio State Dental Society holds a very interesting meeting in Columbus, December 8, 9 and 10. One feature will be the unveiling of a memorial tablet which has been erected on Ohio State University campus to the memory of Dr. W. D. Miller, D. D. S., formerly of Fredericktown, Ohio, who attained international recognition in his profession. Among the visiting essayists on the program are Drs. Edward C. Kirk and Hermann Prinz, of the Thomas A. Evans Memorial Institute, University of Pennsylvania; Thomas P. Hinman, Atlanta, president of the National Dental Association; Truman W. Brophy, of Chicago; N. S. Hoff, dean of the College of Dentistry, University of Michigan; Charles C. Voelker, New York; Otto U. King, Huntington, Indiana; and George E. Johnson, of Ft. Wayne.

Considerable attention will be devoted at the meeting to the inter-relation of dentistry and medicine. Dr. J. H. J. Upham, of Columbus, has been invited to read a paper on pyorrhea alveolaris from a medical standpoint. Dr. Weston A. Price, Cleveland, will present a study of the micro-organisms of the mouth with special reference to the means for their identification and the mechanism by which they produce local and general effects. It will be illustrated by stereopticon slides and motion pictures which Dr. Price has prepared in the laboratories of the research bureau of the National Dental Association.

Drs. Joseph H. Wilson, J. B. Henahan, Charles K. Teter, of Cleveland; W. O. Hulick and W. H. O. McGheehe, of Cincinnati; Gillette Hayden and H. V. Cottrell, Columbus, and C. H. Clark, of Youngstown, are on the program for dental papers. A large number of clinics will be held. Dr. E. C. Mills, of Columbus, is president, and Dr. F. R. Chapman, Columbus, is secretary of the state society.

The Bulletin of the Butler County Academy of Medicine in an interesting editorial declares that the industrial commission should make it plain to the working men of the state that they are free to have their family physician attend them when their injury comes under the provision of the workmen's compensation act. "There seems to be an erroneous opinion fostered from some source, that unless an injured employe chooses to call the physician named by the shop officials their doctor bill will not be paid." The Bulletin adds, "It is a matter of conjecture in a great many places why a shop official should designate any particular doctor as one to whom any injured employe should be sent."

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**SYPHILIS AS A MODERN PROBLEM.**—By William Allen Pusey, M. D., Professor of Dermatology in the University of Illinois. Price, cloth, 50 cents; paper, 25 cents. Pp. 129. Chicago: American Medical Association, 1915.

Against syphilis little or no social headway has been made. The confounding of the sanitary aspects of a communicable disease with questions of morals, and the effects of a traditional prudery have stifled advance in the social control of this disease. The United States is conspicuous in this backwardness. In strange contrast with this situation, medical knowledge of syphilis has advanced in the last decade with unparalleled rapidity. At the present time it is safe to rank the strategic position in regard to its sanitary control as equal to that for the control of malaria and yellow fever. In one direction, medicine holds syphilis in the hollow of its hand; two generations of intelligent attack could see it reduced to the status of a sporadic infection. In the other direction, the unwillingness to act of the public, on whom help depends, has prevented all organized effort for the control of this disease. Syphilis is a sanitary problem, that it must and will be solved by society sooner or later is inevitable. Its importance cannot be exaggerated! It breeds misery and perpetuates it. It is a source of public cost, a drain on human efficiency, and a stumbling block in the progress of mortality and decency whose all-pervading influence is appreciated only by those who work with it all the time.

Into this situation, Dr. Pusey's book projects itself with a peculiar force. It considers syphilis from the standpoint of its effect on society; not as a disease which medicine is called on to treat. The whole subject is broadly sketched; its course and its pathology are given in sufficient detail to allow the reader to get a mental picture of the disease. Preceding this there are three chapters on the history of syphilis, the most complete statement of this subject in English, which furnishes a unique historical perspective. The rest of the book concerns the study of the general problems of syphilis; the prognosis of syphilis; syphilis and marriage; the etiology of syphilis,

and the prophylaxis of syphilis. In these chapters, such subjects as the relative frequency of tabes and paresis, the effect of syphilis on length of life, the time when the syphilitic may marry, the prevalence of syphilis, its comparative frequency in men and women, the question as to whether or not syphilis is on the increase, and syphilis and prostitution are considered. The whole book is a foundation for the last chapter—the prophylaxis of syphilis. Here the author shows how syphilology has finally arrived at a point where the prevention of syphilis is practicable by sanitary measures. He points out what these measures are, and so furnishes the strongest argument for the inauguration of an organized sanitary attack on this disease.

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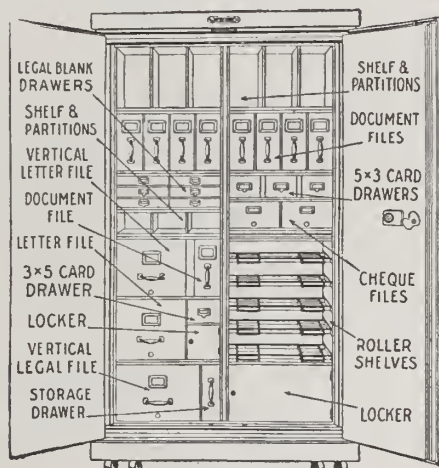
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## SEVENTH DISTRICT SOCIETY MEETING AT STEUBENVILLE

The Seventh District Society held its twelfth annual meeting at the Imperial Hotel, Steubenville, October 28. Dr. J. E. Miller, of Steubenville, president, presided at the sessions.

Dr. Frank Winders, of Columbus, read an excellent paper on "Common Abnormalities of the Circulation." Dr. William H. White, Columbus, who recently succeeded Dr. Binckley as chief medical examiner of the Industrial Commission of Ohio, urged the co-operation of the members of the society in the plan of state compensation for industrial accidents. A vote of thanks was tendered these visiting essayists.

The remainder of the program was as follows: "The Use of Benzol in the Treatment of Leukemia," J. D. Lower, Coshocton; "Indications for Removal of the Eye," J. R. Mossgrove, Steubenville; "Hodgkin's Disease," L. P. Ring, Shadyside; "Some Fracture Considerations," H. A. Coleman, New Philadelphia.

Dr. S. P. McGavran, of Cadiz, introduced a resolution condemning the use of alcohol in the practice of medicine. After discussion it was adopted unanimously.

The invitation of the Harrison County Medical Society to hold the 1916 meeting in Cadiz was accepted. Dr. J. F. Campbell, of Cadiz, was elected president and Dr. H. I. Heavilin, of Cadiz, secretary.

J. R. Mossgrove, Secretary.

## EDUCATE RURAL SCHOOL CHILDREN ON TUBERCULOSIS PREVENTION

A number of Columbus physicians and social workers co-operated with the Columbus Anti-Tuberculosis Society during the second week in October in an extensive educational propaganda which brought the need of preventive measures against tuberculosis to the attention of between five and six thousand children in the rural schools of Franklin county. Parties from Columbus toured the county in automobiles delivering short talks in each school. The campaign was conducted by Dr. Frank Warner, chairman of the educational committee. Among those who participated were: Drs. E. F. McCampbell, E. J. Wilson, C. O. Probst, Ernest Scott, Carl Spohr, and Director R. G. Paterson, of the division of tuberculosis, state board of health.

Homeopathic Medical Society of Eastern Ohio held its forty-second semi-annual session at Doylestown, October 20. Dr. J. Richey Horner, Cleveland, presided. Papers were read by Drs. M. Gilbert, C. M. Thurston, Carl Rust, C. A. Dixon and E. S. McAdoo.

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if not greater importance than its chemical composition, especially for the milk supplies of cities. There can be no question but that the vitality of milk is closely associated with the vitality of the animal producing it. Strong vigorous cows, such as Holsteins, are animals that are bound to be required." Physicians are respectfully requested to send for our free literature containing much data and valuable information regarding Holstein Cows' Milk.

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## FAMILY OF DEGENERATES SHOWS HISTORY SIMILAR TO THE JUKES

State Bureau of Research Develops Family Tree  
Rivaling New York Instance.

Ohio has a "Jukes family." It contains 474 members, on 261 of whom definite data has been secured. A heavy majority of these are feeble-minded, criminalistic in varying degrees, pauper, sexually immoral, alcoholic, tubercular, epileptic, or insane. The family lives mainly in Ohio river counties of Ohio and West Virginia—Washington county, Ohio, and Pleasant county, West Virginia, particularly—and contains persons with names notorious in those localities. For convenience the fictitious name "Mengold" has been given the family.

In making announcement recently of the discovery and platting of the family, Dr. Thomas H. Haines, director of the bureau of juvenile research, said the information already gathered was the basis for as striking an example of widespread inherited social rottenness as the noted Jukes family of New York, whose tracking was started in 1874. Mrs. Mary Storer Kostir, of Columbus, conducted the survey, starting only a year ago. Already she has traced five generations and the work is continuing.

Actually, six families are included in the survey, but by intermarriage they are considered practically as one.

Here is a summary of the family qualities: Fifty-eight have been confined in penitentiaries, jails, infirmaries, institutions for feeble-minded or industrial schools. Seventy-seven are prostitutes or immoral men, 74 criminals of various classes, 55 feeble-minded, 20 alcoholic, 12 public women, seven tubercular, six children adopted into other homes, four subject to epileptic seizures, three insane and three tramps or gypsies.

Most marriages have resulted in large families, and feeble-minded parents, either one or both, have produced multitudes of feeble-minded offspring.

The clue to the family was furnished a little more than a year ago when it was noted that a man was serving a term in the penitentiary for incest on his fourteen-year-old daughter, who also was confined in the Delaware girls' industrial home. Investigation showed these two were only a small part of an extensive tribe of degenerates.

The investigation of the family will be continued, if funds for the bureau to carry on its research work are forthcoming.

State Medical Board held a special examination for applicants who seek Platt-Ellis certificate for "limited practice" in Columbus November 16-18.

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No. 555 is similar, but with longer lines, for taller women of full figure—\$5.00.

No. 556 is designed for women of slender to medium form, or even for *slight* figures, as it is made in sizes from 20 up—\$5.00.

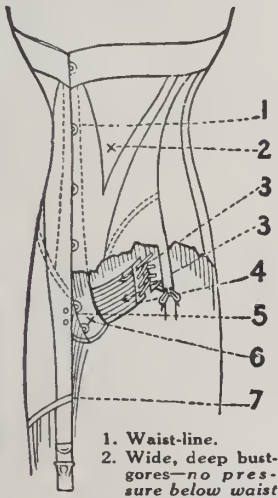
No. 1000 is a corset *de luxe*, for average full figures. Material is a lustrous silk brocade; beautifully finished—\$10.

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## ALCOHOLICS AND DRUG HABITUES CROWD STATE INSTITUTIONS

### Failure of Legislature to Provide Regular Commitment Makes Their Care a Problem.

Complaint against the increasing number of self-committed patients for alcoholism, morphinism and cocaineism, is contained in a report of Dr. G. R. Love, superintendent of the Toledo state hospital, made recently to the state board of administration. Most other state hospitals report similar conditions for the period between November 6, 1914, and June 30, 1915, the beginning of the new fiscal year, and the time covered by the statistical reports filed with the board. The Cleveland state hospital appears to be an exception, Superintendent Arthur G. Hyde reporting only 9 per cent of alcoholics among those admitted during that period.

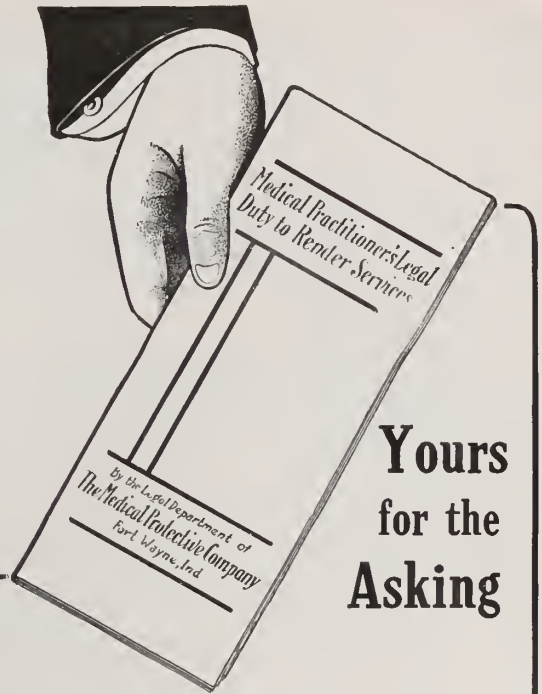
Attention is called to the fact that the reports probably do not indicate results of the Harrison anti-narcotic drug law, since that did not go into effect until near the end of the period covered by the reports.

Dr. Love reported admission of 28 alcoholics, 41 morphine users (16 of whom were women), and 4 cocaine users. "With us it is getting to be a serious problem, caring for this class of patients," he observed. "Owing to the fact that they have committed themselves they feel they are not always subject to the discipline of the institution, and as a result they are more or less of a disturbing element. If the law required these cases to be probated regularly, it is my opinion that we should not receive so many of them."

A measure pending before the last legislature would have remedied this condition. It is probable that the next legislature will be asked to provide for the regular commitment of alcoholics and drug habitues.

Southwestern Ohio physicians attended the ninety-fourth semi-annual meeting of the Union District Medical Association in Rushville, Indiana, Thursday, October 28. President G. D. Lummis, Middletown, presided. Drs. Mark Millikin, Hamilton, and W. H. Hawley, College Corner, conducted a symposium on abortion. Dr. A. G. Kreidler, Cincinnati, read a paper on internal medicine.

Northwestern Ohio Electric Medical Association held its quarterly session October 21 at Bluffton, with Dr. Fred L. Bates, Lima, presiding. Dr. Bates is president and Dr. W. J. Lehr, of Arlington, is secretary. The following were on the program for papers and discussions: Drs. R. C. Hefflebower, Cincinnati; J. C. Herbert, Bellefontaine; W. E. Postle, Shepard; Fred L. Bates, Lima; and W. E. Bloyer, Buckland.



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 \*\* NEW and NON-OFFICIAL REMEDIES \*\*  
 \*\*\*\*\*

Since publication of New and Nonofficial Remedies, 1915, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies."

**Pantopon (Pantopium hydrochloricum).** — A mixture of the hydrochlorides of the alkaloids of opium, containing 50 per cent. of anhydrous morphine hydrochloride. It produces essentially the effects of opium, but, being devoid of opium extractives, may be used for hypodermic administration. It is probably absorbed more promptly and is free from the nauseant odor and taste of ordinary opium preparations. Pantopon (pantopium hydrochloricum) is also supplied as Pantopon (pantopium hydrochloricum) tablets 0.01 Gm., Pantopon (pantopium hydrochloricum) hypodermic tablets 0.02 Gm., and Pantopon (pantopium hydrochloricum) ampules 0.02 Gm. The Hoffmann-LaRoche Chemical Works, New York City (Jour. A. M. A., Sept. 4, 1915, p. 877).

**Larosan, Roche.**—Calcium caseinate, containing calcium equivalent to 2.5 per cent. calcium oxide. In the treatment of diarrheas of infants a useful food is that made from the curd of milk and diluted buttermilk. The preparation of such a mixture of proper composition being difficult to prepare in a private home, Larosan, Roche is offered as a substitute. The Hoffmann-LaRoche Chemical Works, New York City (Jour. A. M. A., Sept. 4, 1915, p. 877).

**Betanaphthol Benzoate-Merck.**—A non-proprietary preparation of betanaphthol benzoate (see New and Nonofficial Remedies, 1915, p. 210). Merck and Co., New York (Jour. A. M. A., Sept. 4, 1915, p. 877).

**Desiccated Pineal Gland, Armour.**—The pineal gland of normal cattle, freed from connective and other tissues, dried and powdered. There is some evidence that there is a relation between the pineal gland and some processes of development and growth. The therapeutic use of the gland is in the experimental stage. Pineal gland, Armour is also supplied as Pineal Gland Tablets, Armour, 1/20 gr. Armour and Company, Chicago (Jour. A. M. A., Sept. 25, 1915, p. 1111).

**Scopolamine Stable, Roche.**—An aqueous solution of pure scopolamine hydrobromide protected against decomposition by the addition of 10 per cent. of mannite. It has the properties of scopolamine hydrobromide, U. S. P. It is supplied in ampules, each containing 1.2 Cc. (L. Cc. contains 0.0003 Gm. scopolamine hydrobromide). The Hoffmann-LaRoche Chemical Works,



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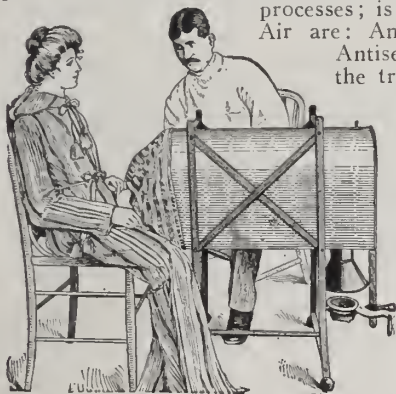
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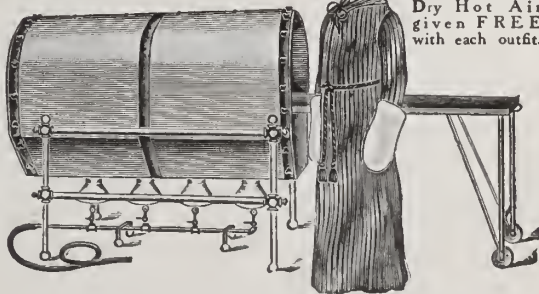


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New York (Jour. A. M. A., Sept. 25, 1915, p. 1111).

**Coagulen, Ciba.**—An extract said to be prepared from blood-platelets and to contain thromboplastic substance mixed with lactose, 1 Gm. representing 20 Gm. dried blood. It is said to act as a hemostatic and to be useful in the treatment of local and certain internal hemorrhages. Solutions of Coagulen, Ciba, are used locally, intramuscularly and intravenously. A. Klipstein and Co., New York (Jour. A. M. A., Sept. 25, 1915, p. 1111).

**Calol Liquid Petrolatum, Heavy.**—A non-proprietary brand of liquid petrolatum, U. S. P., said to be derived from California petroleum and to consist essentially of hydrocarbons of the naphthene series. It is colorless, non-fluorescent and practically odorless and tasteless. Its specific gravity is 0.886 to 0.892 at 15 C. Standard Oil Company of California, San Francisco, Cal. (Jour. A. M. A., Sept. 25, 1915, p. 1111).

**Tetanus Antitoxin for Human Use.**—Marketed in syringes containing 1,500, 3,000 and 5,000 units each. Cutter laboratory, Berkeley, Cal.

**Diphtheria Antitoxin, Globulin.**—Marketed in syringes containing 2,000, 3,000, 4,000, 5,000 and 10,000 units each. Cutter Laboratory, Berkeley, Cal.

**Anti-Pneumococcic Serum.**—Marketed in syringes containing 10 Cc. Cutter Laboratory, Berkeley, Cal.

**Normal Serum (from the Horse).**—Marketed in syringes containing 10 Cc. Cutter Laboratory, Berkeley, Cal. (Jour. A. M. A., Sept. 25, 1915, p. 1111).

## PROPAGANDA FOR REFORM

**Filudine.**—This is a French proprietary sold in this country by Geo. J. Wallau, Inc., New York. It is offered as a remedy for "biliary insufficiency," "hepatic insufficiency," "intestinal dyspepsia," "all affections of the liver (diabetes, cirrhoses, cancer, etc.)" "malaria," "obesity" and "tuberculosis." The statements in regard to the composition of Filudine are unsatisfactory and even contradictory. The Council on Pharmacy and Chemistry reports that Filudine is a mixture of semi-secret composition; that the therapeutic claims are manifestly unwarranted. The name is not indicative of the composition, whatever that may be, and no rational excuse is offered for the combination of liver and spleen extracts (with or without bile extracts) with "thio-methyl arsiniate" or "thio-cinnamate" of caffeine (Jour. A. M. A., Sept. 18, 1915, p. 1045).

**Globeol.**—Globeol is sold by Geo. J. Wallau, Inc., along with Urodonal, Jubol and Filudine. The Council on Pharmacy and Chemistry reports that when the description offered by Wal-

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(Send 3-5 C. C. of blood)

Tests made Tuesdays, Wednesdays,  
Thursdays and Fridays.

**Gonorrhoea complement fixation test**.....\$5.00  
(Send 3-5 C. C. blood)

Test days same as Wassermann  
This serologic test is the very best means of determining the presence or absence (cure) of chronic gonorrheal infection.

**Abderhalden blood test for pregnancy**....\$5.00  
(5 C. C. fresh blood necessary.)

**Langes colloidal gold test of spinal fluid** \$5.00  
Differential test; tubercular, syphilitic infection and general paresis.

**Pathological tissue diagnosis**.....\$5.00

**Autogenous vaccines**

Bacteriologic diagnosis and cultures...\$2.00  
20 doses vaccine in 2 C. C. vials.....\$5.00

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Sterile Containers, Sent FREE Upon Request

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We do the classical test. Any of the various modifications made upon request without charge.

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with the *exciting organism* isolated and identified, cultured aerobically and anaerobically. Put up in ampules or 20 c. c. container.

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THE ORIGINAL

## The QUESTION of VITAMINES

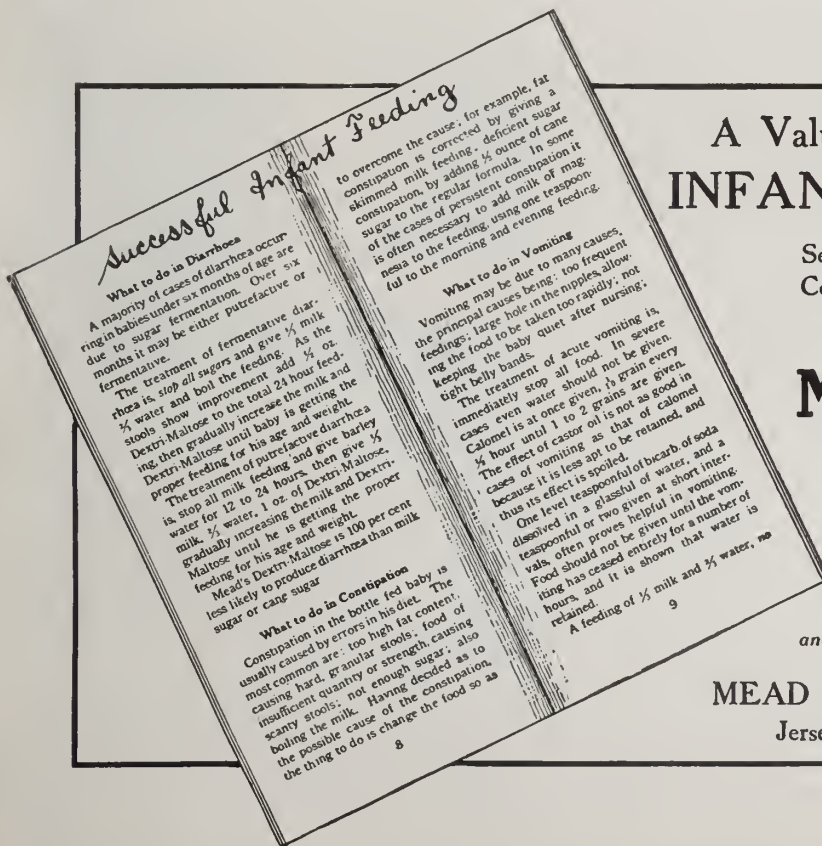
The American Journal of Diseases of Children March 1914, contains an article which states that, after some months of experimental work on different food-products

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gave the most satisfactory results, and again proved itself to be a sustaining, complete food, containing in its composition vitamins necessary for normal growth and the maintenance of constant body weight.

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Jersey City, New Jersey



lau is divested of obscuring verbiage, Gleebeol appears to be evaporated horse blood mixed with small quantities of colloid (dialyzed?) iron and manganese and a "dash" of quassia. The Council declared Gleebeol ineligible for New and Non-official Remedies because its composition is semisecret; because unwarranted therapeutic claims are made for it and because the asserted combination is irrational (Jour. A. M. A., Sept. 18, 1915, p. 1046).

**Verlie Gatlin Wrinkle Remover.**—The Verlie Gatlin Beauty and Wrinkle Treatment was a Denver mail order concern which promised to remove facial blemishes of all sorts and in other ways to make its customers (dupes) beautiful. A post office fraud order has been issued against the promoters of this medical fake (Jour. A. M. A., Sept. 18, 1915, p. 1047).

**The Horowitz-Beebe Cancer Cure.**—Dr. J. W. Vaughan, Detroit, Mich., protests against the unauthorized use of his name in connection with the Horowitz-Beebe cancer cure, Autolysin. A private letter written one week after beginning trials with the cure to Dr. Beveridge was made to do service as a testimonial in a lay magazine (Jour. A. M. A., Sept. 18, 1915, p. 1048).

**Strychnine Not a Cardiac Tonic.**—As a result of investigations carried out in the Massachusetts General Hospital at Boston, Dr. L. H. Newburgh concludes that there is no pharmacologic or clinical evidence which justifies the use of strychnine in the treatment of acute or chronic heart failure (Jour. A. M. A., Sept. 18, 1915, p. 1032).

**Grant's Epilepsy Cure.**—Fred E. Grant, Kansas City, Mo., sells an "epilepsy cure" on the mail order plan. Analysis in the A. M. A. Chemical Laboratory demonstrated it to be a bromide mixture containing as its essential ingredients about 15.8 gm. potassium bromid and 0.9 gm. sodium bromid per 100 c.c. (Jour. A. M. A., Sept. 4, 1915, p. 894).

**Hydragogin.**—The Council on Pharmacy and Chemistry reports that Hydragogin (C. Bischoff and Co.), advertised as a "most wonderful diuretic and cardiac tonic," is a shotgun mixture of semi-secret composition, marketed under a therapeutically suggestive name and advertised by means of unwarranted therapeutic claims. Hydragogin is said to be a preparation of digitalis, strophanthus, squill and a saponin. The report explains the objection to the administration of digitalis and strophanthus in fixed proportion because of the varying rates of absorption and excretion of these two drugs. It further cautions that since digitalis bodies must often be given to the point of beginning toxic action in order to obtain the full therapeutic effect, it is obvious that the administration of a mixture of digitalis, strophanthus, saponins and squill is especially liable to induce serious toxic effects which cannot be distinguished from the symptoms of the disease (Jour. A. M. A., Sept. 4, 1915, p. 894).

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# The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY  
BY THE  
OHIO STATE MEDICAL ASSOCIATION

UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

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In this last issue of the old year *The Journal* extends to its readers wishes for an unusually merry Christmas, and a new year of unlimited happiness and prosperity.

During the year that is passing the Ohio State Medical Association has gained tremendously, despite the "hard times" and the unfavorable conditions forced upon us by the great war. During the coming year, with our activities well organized and our departments upon a sound basis, we should accomplish much for the medical profession and for the public.

To those hundreds who have co-operated with *The Journal* so enthusiastically, we extend our sincere thanks.

+ + +

It seems that there is a "Columbus Medical Journal." At least, we have seen it quoted frequently in connection with endorsements of secret nostrums, and it is listed in the newspaper directory. We have seen excerpts at times indicating that it has been warm in its endorsement of the splendid campaign for health conservation carried on by Dr. Hartman's Peruna interests. The promoters of the so-called Viavi treatment are still using this journal. The Southern Ohio Viavi Company, 708-9 Neave Bldg., Cincinnati, has secured reprints of an article by the late Dr. Carr which appeared in the journal in 1908. These are being distributed freely in the southern section of the state. We might add that Dr. Carr's eulogies of Viavi do not coincide with facts regarding this delightful treatment as they are set forth in the American Medical Association's volume on "Nostrums and Quackery," pages 238-251. Some of our friends have confused the

Columbus Medical Journal with the Ohio State Medical Journal. Not guilty.

+ + +

The Ohio State Journal, the morning newspaper in Columbus, has an unusually good editorial page. The daily comment by Colonel Wilson and the clever paragraphs of Robert Ryder are widely copied throughout the country. Recently Colonel Wilson had the following to say, in his editorial column, about medical quacks:

"Six advertising doctors were prosecuted at St. Louis for using the mails to defraud. They sent circulars through the mails containing extravagant promises of wonderful cures. On the very face of it, these were frauds. There is no sort of nostrum that makes wonderful cures these days. The people who bought these remedies in response to these advertisements were defrauded of their money. There were six of these fraud doctors, and they all pleaded guilty and were each fined \$200. We refer to this, not to blame the doctors but to blame their customers, and to warn others that these wonderful cures advertised by unknown doctors are simply attacks on their credulity and if they have any sense they will refuse to buy them. The government is trying to protect them, but in so many cases they refuse to be protected. Sometimes one is inclined to think that such silly persons ought to be cheated."

The editorial was printed on page 4. On page 8, Dr. A. K. Jewell, "men-specialist," had a modest two-column, scare-head paid advertisement headed "Men! Low Charges! Quick Results!" On page 9 Dr. E. S. Ferris, "specialist for men," had an even larger space headed in black type: "Afflicted Men! Do It Now!"

There are few newspapers in Ohio, and no other daily newspapers in Columbus, which would accept such blatant advertising as that habitually resorted to by Jewell and Ferris.

It would be a fine thing if the influence of the editorial columns of *The Ohio State Journal* could be extended to reach its business office.



The business phase of medical practice is requiring more serious consideration. In Detroit a physician's business bureau is maintained by the county medical society. Its success is now an established fact. It might be tried with profit by the larger societies in Ohio. Dr. R. L. Clark, of Detroit, describes its plan of operation in the Journal of the Michigan Medical Association, as follows:

"In the constitution and by-laws the following are the chief points considered: To educate the physician to be a business man. To educate the lay person, who can afford to, that he must pay his medical bills and pay them promptly. The bureau is governed by six men who are members of Wayne County Medical Society and they constitute the Board of Control. In order to become a member of the bureau one must first sign a membership card agreeing to send statements to all patients the first of each month. Members of Wayne County Medical Society are admitted to membership free; those physicians not members of the Society are charged a fee of three dollars. A statement must be mailed to the debtor each month and at the end of three months if the debtor has shown no inclination to pay he is mailed a first form letter which is furnished by the bureau and which reads as follows:

Detroit Physicians' Business Bureau,  
Wayne County Medical Society Building,  
33 High Street, East, Detroit, Mich.

Dear Sir:

If there is any reason why you are unable to pay your account within the next ten days, kindly see me before that time, or I shall be obliged to place it with The Detroit Physicians' Business Bureau, for rating and collection.

Very truly yours,

-----  
(Member of Detroit Physicians' Business Bureau.)

"If in ten days no reply is received from the debtor the stub containing such information as is deemed necessary is mailed to the bureau. The office enters the information on a specially devised card to be used for future reference and at the same time mails a second form letter to the debtor, (this form letter may be had upon request). If in ten days no reply is received the account is entered upon a collector's card and turned over for house to house collection. If the collector claims the bill is disputed or that it will be difficult to collect then the account is given to the attorney to collect out of court if possible if not then he is to garnishee, etc., providing he has the sanction of the doctor. Accounts, if so requested by the doctor, are given directly to the attorney. All those handling money are bonded.

"The bureau charges the doctor five cents for each first form letter. On all collections made by the second form letter the bureau charges 10 per cent. On collections made from house to house 25 per cent, is charged and a fee of 25 per cent. is charged by the attorney for collections made out of court. For all collections made by court procedure the attorney charges a fee of 40 per cent.

under \$20, 33 per cent. up to \$50, 20 per cent. up to \$100, and 15 per cent. for all collections over \$100 and he pays all court costs. All business must be carried on through the bureau. Checks with itemized accounts are mailed to the doctor the first of each month. No charge is made if no collection is made. Only one charge is made on any one account collected.

"The results of the first form letters have been astonishing. Some members report nearly 50 per cent. collected or promises on this form. We are unable to publish the number of thousands of dollars collected in this way. The bureau collected by various means eight hundred and ten dollars from March 15 to May 1; from May 1 to June 1 seven hundred and eighty-seven dollars; from June 1 to July 1 fifteen hundred and twenty-two dollars, or a total of three thousand one hundred and nineteen dollars since March 15 besides the thousands collected by the first form letter.

"Three hundred doctors have joined the bureau. The opposition is fast disappearing and each member is becoming prompt in making his reports of collections to the bureau, sending out his statements, and sending in his unanswered stubs. The people realize that the time has arrived when the doctor's bills must be considered along with their other bills. We have the lay press to thank for their support through their columns. No objection has been raised and we see no reason why there should be when you consider that the honest always pay their bills and the doctor always stands ready to render services to those who are deserving but unable to pay. No legal difficulties have as yet come up."

— — —

Dr. A. F. Shepherd's term as member of the Ohio State Board of Administration expires in February. Dr. Shepherd will not accept re-appointment. The law directs that one of the four members of this board shall be skilled in care and treatment of patients in the great state institutions over which the board has complete authority. This means that his successor must be a medical man.

Governor Willis faces a great responsibility in making this appointment. He owes it to the state to select a physician of the highest possible standing. He owes it, even more, to the 20,000 wards of Ohio to whom the medical service in these hospitals is of the greatest importance.

The Journal is not speaking in the interest of any particular candidate. Governor Willis will be held responsible for the administration of these hospitals, and he should be permitted to fill this vacancy on the control board without interference. We sincerely trust that in making this important appointment the governor will lay aside all political considerations, and appoint a man who is familiar with the nature of the problem confronting the state, and who has the ability and the broad vision necessary to safeguard the interests of the state's army of unfortunates.

The Ohio board of medical registration and examination is decidedly unpopular at the present time, in certain quarters. We print herewith expressions of pique regarding the new Platt-Ellis law from two sources:

The first dainty bit is from "Mature Medicine," (Vol. VI, No. 4, page 1) published by the so-called McCormick Medical College, of Chicago, which has a number of "graduates" in Ohio. Doctor Charles McCormick, the editor, has been in Ohio several times, defending his "graduates" in police and other courts. The caption over the article, in black type, announces that "The Big Fight to a Finish Is On" between the "Hosts of the American Medical Assassination Society and the Champions of Truth." The editorial follows:

"By its usual methods the Medical Trust secured the passage of a law in Ohio last winter that beats anything ever yet invented for malevolence under the guise of 'protection of the dear public.' It provides that several systems and alleged systems of drugless practice shall be under the surveillance of the state medical board. It admits they know nothing about said systems and provides that they may call representatives of the respective systems to their aid in making examination. It provides that if the examined pass muster on the questions they must still secure the votes of five out of seven members of a hostile board before they can hope to be licensed. It provides for the continuance in practice without examination of those who have been at work five years or more.

"As a rule, courts interpret laws, but Mr. Matson, a dinky doctor who is secretary of the board, has elected to do away with the courts and interpret it all by his lonesome self. He has boasted openly, in the presence of witnesses, that HE will not examine or recognize or license anybody or anything. In short he has announced that he is a h—l of a fellow. He will not recognize that part of the law providing for exemptions, but will put everybody out of business. I would like to make that little squirt a bet that he does not do one-half of what he proposes. I have some little faith in the common sense of Ohio's judiciary and I rather suspect that "Meddlesome Mattie" will come out of this battle with his feathers ruffled and his 'authority' curtailed.

"But the Medical Trust is behind him. He is only a tool representing a lot of weaklings, who, seeing the new schools gradually taking their practices, seek laws to save their scalps, instead of going away and learning something modern. Before I would confess that a Chiro or a Naturopath was too much for me to compete with, I would jump into the lake and end it all. They even include chiroprodists.

"But it is a fight and it includes all the drugless schools. Others are preparing for the fray. Neurologists should do so. Dr. Fred B. Rebman, Stambaugh building, Youngstown, Ohio, is the president of the Alumni Association of this college. He will take care of our side and every graduate who loves liberty and hates a coward should send to Dr. Rebman ammunition in the shape of funds with which to fight. If, by any chance, the Trust should win in Ohio, it would not be five year until every state is treated the same way. It is not a matter for graduates alone, either. It is of interest to every citizen who wants to retain the right to select his own doctor. If the Trust can put the drugless doctors out of business, they can put the screws to the Homeopath, Eclectic, Physiomedicalist and even the 'Regular' who is not a member of the Trust.

"In addition to funds to Dr. Rebman, send us personal

character information of every Trust member you know. We propose to make it hot for a lot of those rascally Unionists, who are worse than any acid-thrower, because they are trafficking in human ills. The ghouls who seek to scare people into all sorts of diseases—for money. They dread personal exposes more than anything. We will drive some of them to the pit."

We do not know, personally, these "graduates" of McCormick Medical College. We reproduce their names from McCormick's printed list of Ohio "graduates" to give our members in these cities an idea of the class of practitioners this "college" turns out. You can tell a factory by its product. The list: Gladys Bates, Alliance; W. E. Barger, Sycamore; Mary E. Elder, Millersburg; Lucy Huffman, Sandusky; O. G. Kelly, Dayton; Ella Mergenthaler, Fostoria; F. W. Platt, Mansfield; F. B. Rebman, Youngstown; J. L. Shilt, Dayton; T. H. Wilson, Niles.

\* \* \*

The board required of applicants for "limited certificates" that they pledge themselves not to become itinerant or advertising practitioners. Then the newspapers set up a prolonged "howl." Here is a sample, from Hon. W. G. Sibley's esteemed Gallipolis Tribune of October 28:

"The State Medical Board of Ohio should be shipped to Russia, or Germany, or some other country where citizens have no constitutional rights, freedom or liberty, except such as the czar or kaiser may grant them as so many worms living by tolerance.

"This board has had the impudence to require of all medical practitioners—doctors, surgeons, opticians and others—that they must not advertise in the newspapers if they are given a license to practice.

"Wouldn't that rattle your slats? Think of a pompous, puffed up board like that cheekily invading the constitutional rights of educated intelligent men, and telling them they mustn't do something any other free man in the country can do, and issuing its imperial edict as a legally constituted body, presumably amenable to the constitutional provisions of the nation and state.

"Don't they think doctors are entitled to the liberties other people enjoy in this state? Or is it simply an unwarranted attempt on their part to rule their profession down to the narrow limitations of its ridiculous and antiquated 'code,' that is violated with impunity by the great majority of physicians whenever they feel so inclined?

"It is a matter of indifference to us whether doctors advertise or not, but it is not a thing to be tolerated when a group of officials assume authority over and beyond that given by the people to congress and the courts. The State Medical Board should step down from its untenable perch. If it would step both down and out, it might make room for some doctors who know a little something of the fundamental laws of this country and the rights of its people."

It should be understood, of course, that Mr. Sibley is protesting in the name of priceless liberty, etc., etc., and not because his advertising department needs the money.

We trust that Mr. Sibley will feel flattered to find that his opinions coincide so nicely with Mr. McCormick's.



**N**OW is the time to place your county society in the One Hundred Per Cent Club for 1916.

Which society will be the first to qualify? Some secretaries are already at work, and will have their standing established by January first.

Annual dues to the state society are due on January 1. It is just as easy to pay at this time as later in the year.

Send your check for 1916 to the secretary of your society today. Be the first to qualify for the new year.

President Lower's plan to offer the county societies practical lectures on practical subjects (page 785) is meeting with expressions of approval from every section. Something of this nature is necessary to make the county society meetings of sufficient interest to warrant regular attendance.

The subject of fractures, which will be the first taken up by the Committee on Medical Education, is a happy selection. Although almost every man in active practice must deal with them, the subject of their treatment has been neglected persistently. A speaker who will bring to a society a clear exposition of the newer developments, and who comes as an instructor rather than a competitor, will be welcomed by every society.

The *Journal* believes that the Committee on Medical Education, which has been inactive for several years, is destined to become one of the most active and most helpful in the organization.

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During 1916 the financial system of the State Society will be further improved, by the installation of a complete budget system.

The Budget committee is now working on the distribution of the anticipated revenue for 1916. Dr. Teachnor, the secretary of Council, has sent to the chairman of each standing and special committee a request that they present before January 1 an estimate of the money their committee will need to carry forward their work during 1916.

Accompanying these estimates the committee must present detailed statements showing how the money was spent during the past year.

The Budget Committee—Councilors Teachnor, Moots and Rardin—will consider the various estimates, check them with past financial reports, and apportion the amount which each committee may expend during the coming year.

To exceed this amount a committee will be compelled to secure permission in writing from the Budget Committee for a further draft of funds from the treasury of the State Society.

For instance, the Legislative Committee will be allotted a certain sum, based upon the expenditures of last year and the probable needs of next. That amount will be set aside to the credit of the

committee on the books of the Treasurer of the State Society. If, toward the end of 1916, the committee finds that additional money will be necessary, owing to emergencies, it must apply to the Budget committee. The latter committee may, if the facts warrant, transfer money from some other committee's fund.

The budget plan is being used in our Society for the first time this year. It is a modern and business-like method of conducting the affairs of the Association, and will insure the proper handling of every dollar collected in dues.

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Ideas for interesting meeting programs are always desirable. The following, held recently by the Houghton County Medical Society at Hancock, Michigan, is particularly interesting and valuable, in that it was practical and engaged the participation of ten members:

#### PROGRAM

##### Five Minute Talks

1. Can we diagnose Tuberculosis in one sitting except in marked cases?  
A. I. LAWBAUGH
2. The cardinal symptoms of danger in apparently healthy individuals.  
J. E. SCALLON
3. What one important fact can Auscultation give us?  
F. L. PIERCE
4. What important facts can we obtain from percussion and vocal fremitus?  
W. H. DODGE
5. The question of temperature in single or continuous observation.  
B. H. OLMSTEAD
6. Tuberculosis Day and what we wish to accomplish by it.  
A. F. FISCHER
7. The significance of sputum findings.  
M. D. ROBERTS
8. Special point in regard to Tuberculosis in children.  
R. B. HARKNESS
9. Form of history chart.  
JOHN McRAE
10. X-Ray in diagnosis.  
G. A. CONRAD

### Original Articles

## Medical Considerations in the Diagnosis and Treatment of Gastric and Duodenal Ulcer\*

JOHN DUDLEY DUNHAM, M. D., COLUMBUS, O.

THE recent development of our knowledge of gastric and duodenal ulcer has been in the way of a correlation of signs, symptoms, laboratory and Roentgen ray findings, rather than in the discovery of new methods of investigation.

Foremost in this progress must be considered the anamnesis. That the history of a patient's digestive disturbance is the most important item in diagnosis none will deny. However, those of us who have attempted to accept the extreme view of Moynihan as to the diagnosis in duodenal ulcer can testify that the anamnesis is not a sufficient basis upon which to form a decision.

Moynihan's contention that the typical history in duodenal ulcer renders the diagnosis certain, is not true. During the past year I have observed five cases whose description of symptoms tallied absolutely with the requirements laid down by Moynihan. Operation proved the absence of ulcer in five instances.

Allow me to cite one case as an illustration. January 26, 1914. Mrs. H. L., age 30 years. Family history negative. Menstruation began at 14 years. One miscarriage at 3 months gestation. Five years ago was operated for ectopic pregnancy. The appendix, one ovary and both tubes were removed. Six months ago began to have burning, distress and eructations three or four hours after meals. The same symptoms are felt from 1 to 2 A. M. Relieved by food or soda. The pain is never sufficiently acute to require opiates. There is occasional nausea. The appetite is good and a tendency to constipation exists. No vomiting, chills, fever or jaundice has been experienced.

The patient cannot eat acid foods or condiments. Examination: Haemoglobin, 80%; Erythrocytes, 4,100,000; Leucocytes, 6,500; Blood pressure, 125 m.m. Ewald test meal, free hydrochloric acid, 64; total acidity, 92. Benzdine test for occult blood markedly positive. The stomach is empty six hours after a Riegel meal. Stool indicates presence of occult blood upon repeated examinations following a meat free diet. The urine is normal. Percussion, auscultation and fluoroscopy of chest is negative except for a slight enlargement of the aortic arch. Fluoroscopy of stomach reveals a persistent rather extensive filling defect at the pylorus. Rectal and sigmoidoscopic examinations are negative.

\*Read before the Joint Session of the Medical and Surgical Sections, Ohio State Medical Association, in the Seventieth Annual Session, in Cincinnati, May 5, 1915, as a part of a symposium on this subject.

Diagnosis, gastric or duodenal ulcer. Operation reveals normal gall bladder and pylorus. The liver, so far as it can be observed, is covered with small yellowish-white spots. Intra abdominal glands are enlarged. A portion of the liver was sectioned and showed the histologic character of gumma.

A few days after operation, a Wasserman test of the blood was found double plus.

In my observation and experience, failure to recognize visceral syphilis is the cause of many errors in the diagnosis of gastric and duodenal ulcer. Not infrequently one encounters cases of apparent gastric or duodenal ulcer in which syphilis is the cause of the symptoms.

This is further evidenced in the case of Mr. M., aged 48 years. Family history, negative. Previous history, negative. Denies lues. This patient had hyperchlorhydria, pain after meals, occult blood in chyme and feces. A diagnosis of pyloric ulcer was made and hospital treatment was instituted. The patient failed to respond, whereupon a consultation was had with a surgeon. An exploration was made; the gastric wall opened and intra gastric palpation was performed. No ulcer or scar was discovered. There were some sensory disturbances at the extremities. A Wasserman of the blood was negative. A spinal puncture was requested but refused by the patient. This patient has, for one year, visited sanatoria, but has not been relieved.

Quite recently the family physician who attended him in his early manhood confided to me the man had been treated by him for syphilis.

A Wasserman test should be made in every instance of suspected gastric or duodenal ulcer before a positive diagnosis is determined upon.

#### BLOOD IN STOMACH AND STOOLS.

The occurrence of blood in the stomach contents and stool has been given too much importance.

Boas and Weber called attention to the appearance of small quantities of blood in stomach contents and stool. They suggested the term occult blood. In the April 15, 1915 number of the *Archiv für Verdauungs-Krankheiten*, Boas contributes a notable article upon this subject.

The variations in the occurrence of occult blood in benign and malignant disease are not well known. Boas says: "Hundreds of cases have proven to me that occult blood in ulcer disappears gradually in ten to fourteen days whether it is a slight or marked bleeding. In cancer,



after most careful and painstaking diet and medical treatment, blood does not temporarily disappear, but increases to a macroscopic showing." One or two examinations of stomach contents and stool for occult blood are therefore valueless. Its practical worth is further lessened by the necessity for making examinations over a period of three or four weeks."

Smithies (1) in the examination of 7041 patients who suffered from "indigestion" or "dyspepsia," found macroscopic blood in 6.4% of all stomach contents examined. He described this phenomenon as "traumatic blood."

The appearance of traumatic blood, after the use of the stomach tube in his large series of cases, bore no consistent relation to any form of gastric disease except cancer.

In Smithies' series 25% showed the presence of occult blood. It was present in 42% of all retention cases, regardless of cause. Positive reactions for blood were found almost as often in duodenal as in gastric ulcer. The cases reported have been verified by operation, hence the conclusion as to the importance of this sign is quite significant.

"It would seem that apart from the association of occult blood with malignant processes, its demonstration has very slight clinical worth."

A consideration of the above factors in the appearance of occult blood in chyme and feces forces us to the conclusion that occult blood should not be given as much weight as heretofore in diagnosis. The Einhorn thread test has been found very misleading in cases which have been verified by operation.

During the last few years it has become the fashion among internists, and more particularly among surgeons, to consider the determination of the acidity in the gastric contents useless. The internist's and laboratory specialist's inability to correctly interpret these findings in connection with the clinical history is responsible for this erroneous view.

Pyloric spasm from cholecystitis or appendicitis will produce even higher values for free hydrochloric acid than are present in gastric ulcer.

Upon hyperchlorhydria with pain, one cannot predicate a diagnosis of gastric or duodenal ulcer.

Very rarely do functional disturbances cause these changes in gastric secretions when no organic disease is demonstrable in the abdomen. The vast majority of my cases of simple hyperchlorhydria with epigastric distress have later developed unmistakable signs of gastric or duodenal ulcer, appendicitis or cholecystitis. One should be extremely careful in deciding that the symptom complex known as hyperchlorhydria is functional in its origin.

Roentgenological examinations of the stomach and intestine offer us the most recent addition

to our diagnostic measures. The Roentgen ray specialists may be divided into two schools in their attitude toward diagnosis of gastric and duodenal ulcer. The extremists believe the X-Ray method is an absolute and accurate means of diagnosing duodenal ulcer. To their notion serial plates and fluoroscopy furnish a scientific demonstration of this disease. Test meals are no longer needed. Stomach tubes may be discarded. The other school claims the Roentgen ray merely affords another link, though an important one, in the diagnostic chain. These men, notable among them being Case of Battle Creek and Carman of the Mayo Clinic, say it is not possible to discard the other clinical methods.

The observations of these Roentgenologists are made not only before the Roentgen apparatus but are verified or disproved at the operating table.

Scientific accuracy has not been attained in the interpretations of the shadows about the stomach, pylorus and duodenum.

As illustrations, Altschul<sup>1</sup> reports seven cases which revealed with the fluoroscope and with Roentgenograms typical pictures of duodenal ulcer. These seven patients had no evidence of duodenal ulcer on operation. Two cases proved to be carcinoma of the cardiac end of the stomach; two, appendicitis; two, mechanical patency of the pylorus; one, tuberculosis of the ileum and cecum. Carman<sup>2</sup> states that radiological diagnosis of duodenal ulcer, unless corroborated by clinical data is in most instances a mere guess.

Excluding obstructive cases the Roentgen ray appearance of duodenal ulcer is often seen when the lesion is elsewhere as in the appendix or the gall bladder.

The study is yet in its infancy and no doubt after more work has been accomplished the Roentgen screen will prove the most valuable of all the means in the diagnosis of gastric and duodenal ulcer.

The Roentgenologist who covers the whole field of his specialty, who attempts to diagnose bone lesions, pulmonary tuberculosis, diseases of the stomach, duodenum, colon, kidney diseases, locate foreign bodies, etc., is in the same position as the physician who poses as an expert in every field of medicine and surgery.

Roentgenology of the alimentary tract is a very extensive subject, the literature voluminous. Roentgenologists who have the largest experience in diagnosis of alimentary tract diseases maintain that the erect and horizontal fluoroscope affords the only possible means of attaining the most accurate results. The Roentgen fluoroscope must therefore be accepted as a new diagnostic method in the hands of the internist.

Except in the largest clinical centers the service of a Roentgenologist who devotes himself exclusively to observations in the alimentary tract

(1) American Journal of Medical Sciences, February 15, 1915. Page 185.

(1) Centralblatt für Chirurgie No. 52, 1913. Page 2000.

(2) Progressive Medicine. June, 1914. Page 119.

cannot be commanded. Hence the internist who wishes to make fewer mistakes in his ulcer diagnoses must equip himself personally to carry out fluoroscopic observations upon his patients. He must consider this technique just as necessary to his armamentarium as an ability to perform lavage or to use a dilator in cases of cardiospasm. Preliminary study under some competent specialist in alimentary fluoroscopy will be essential to his success.

From an analysis of my cases which have come to autopsy or operation during the last three years, I find there have been more correct diagnoses of gastric and duodenal ulcer than formerly. During this period every patient with indigestion has been examined by me with the fluoroscope after a Roentgen meal.

My own diagnoses in gastric and duodenal ulcer are completed after a painstaking history of the case, laboratory tests including Ewald test meal, and lavage after a Riegel dinner, coupled with a fluoroscopic study of a barium meal until it has entered the colon.

The most difficult problem in the field of internal medicine is to be found in the correct diagnosis of these conditions.

Surgeons maintain that duodenal ulcer is cured only by surgical interference. Co-operation with the internist is essential to the best results in this line.

Quite recently a surgeon with a considerable experience in abdominal operations stated that he had absolutely no confidence in the internist's diagnosis of gastric or duodenal ulcer.

Too frequently the operator after a hasty palpation of the duodenum remarks: "The physician has made an error. No duodenal ulcer exists." He then removes an innocent appendix and closes the abdomen. The patient's hunger pain, night distress and the other train of symptoms continue unabated.

A patient who consulted me for indigestion was given a diagnosis of duodenal ulcer and advised to have surgical intervention. The surgeon could

find no indications of ulcer in the pylorus or duodenum. Forty-eight hours after the exploratory operation the patient succumbed to an apoplexy. Necropsy revealed a typical duodenal ulcer without marked induration upon the posterior wall of the duodenum.

The method of examination through an incision of the gastric wall by means of an illuminated gastroscope should be employed in doubtful cases.

#### TREATMENT.

Simple gastric and duodenal ulcer without stenosis should be treated medically by absolute rest in bed over a period of three weeks with an added residence in the hospital of three weeks.

Not until such rigid measures are employed should surgical intervention be considered. Patients with an actual stenosis or with evidences of its onset should be subjected at once to surgical intervention.

The internist and not the surgeon is able to determine the percentage of cures following gastroenterostomy for gastric and duodenal ulcer.

The recurrences over a period of five to ten years are rarely seen by the operator. The brilliant reports in gastric surgery would lose some of their glamour were results known after an interval of ten years.

The confidence of the internist in the surgical treatment of these diseases will be enhanced when the surgeon is willing to excise the ulcer bearing area as well as to perform a gastroenterostomy.

In my small experience I have seen three patients develop carcinoma on an ulcer following gastroenterostomy. These patients exhibited no suggestion of a beginning carcinoma at the time of operation.

The percentage of permanent cures in gastric and duodenal ulcer is sufficiently low by either medical or surgical methods to justify a closer and more intimate co-operation between internist and Roentgenologist, surgeon and the research worker.

70 South Grant Avenue.

*PLEASE do not make it necessary for the officers of the State Society to harp about the collection of dues throughout next year. Pay yours now. Send the secretary of your county society a check covering the amount, today, so that he may remit to the Secretary of the State Society on January first—the day on which it is due. It is easier to attend to this matter now than later, and it will save all of us much bother.*



## Surgical Considerations in the Diagnosis and Treatment of Gastric and Duodenal Ulcers\*

FRANK E. BUNTS, M. D., CLEVELAND

THE title of this paper may be so widely comprehensive as to include everything that might pertain to the diagnosis and treatment of gastric and duodenal ulcers, or so restricted as to embrace only a few points to which special consideration might be directed. I shall, therefore, take the liberty of considering certain factors based largely upon clinical observations in 250 operations upon the stomach for all causes occurring in the practice of my associates, Drs. Crile and Lower, and myself.

Of these 250 cases 78 were carcinoma of the stomach, 30 of the pylorus and one of the duodenum, while 39 were recorded as gastric ulcers, 14 as pyloric ulcers, and 85 as ulcers of the duodenum. The preponderance of duodenal ulcers over pyloric ulcers, 85 to 14, is very striking, especially if we are to consider ulcers in general as predisposing to cancer formation, for we have recorded but one case of carcinoma of the duodenum as against 30 of the pylorus, though there were six times as many duodenal ulcers as there were those of the pylorus.

Undoubtedly, in our series, the evidence that males are more subject than females to ulcer is borne out by the fact that in 138 cases, 91 were males and 47 females, though if they be divided into gastric, pyloric and duodenal ulcers we find that in gastric ulcers 18 were males and 21 females, the latter slightly preponderating, while in pyloric ulcers, 11 were males and 3 females. And in ulcers of the duodenum, 62 were males and 23 females, a proportion of nearly 3 to 1. The youngest patient was a child 8 years of age, the oldest 69 years, the average age of all classes was 44 years.

In an interesting series of 500 cases reported by Smithies, 30% were from rural communities, while in our series less than 3% were farmers, which goes to show, perhaps, that this factor must depend very largely upon the clientele of the individual surgeon. So far as occupation is concerned, the greatest variety exists, from the retired banker or merchant to the active day laborer, and in almost equal proportions, except that the hard worked housewife with her intimate contact with the kitchen and its products exceeds any other two occupations, and next in frequency come travelling salesmen and physicians with their irregular habits so far as eating and resting are concerned, to suggest at least a predisposing factor. We have, however, found that a very large percent of advanced or inoperable carcinoma

has come from rural districts; a fact which should suggest the necessity for inculcating among the laity the knowledge that dyspepsia is a serious matter and needs prompt attention and careful investigation, and that a persistently sour stomach may mean something much more important than the necessity for taking soda. The question of hyperacidity has received voluminous attention from all writers on this and allied diseases, and probably deserves about the same consideration that routine examination of the pulse and temperature merits. But whatever value may be placed upon the discovery of hyperacidity, it is at least probably safe to say that if it be accompanied by pain it is not functional in character, but due always to some organic cause such as ulcers, cancer, or diseases of the gallbladder or appendix, and often the real lesion can only be ascertained by operation.

Just a word as to perforating ulcers which occurred in 11 of our series of cases, or about 9%. Almost invariably there is a history of previous digestive trouble, followed by absence of any symptoms, then they recur with premonitory sense of discomfort, lasting for a few days or weeks, to be followed by sudden severe pain and rigidity of the upper recti followed by general board-like rigidity. At first the abdomen assumes a scaphoid rigidity soon followed by distention, and this fact when noted is of distinct diagnostic value.

Occasionally, owing to tenderness in the right iliac region, the diagnosis of appendicitis has been made and upon operating a large amount of viscid fluid, chiefly mucous, is found in that region and gives a clue at once to the true nature of the disease. When no history can be obtained from the patient the diagnosis is often difficult or impossible, but when the reverse is true this mistake will rarely occur.

The use of the X-ray must claim our attention as one of the methods of diagnosis, and it is in this direction that the most important recent advances have been made.

Since the first use of the X-ray in 1896 by Cannon of Boston, in the examination of lesions of the stomach, wonderful progress has been made, and today it has become one of the strongest confirmatory factors in the diagnosis of ulcer, whether of the stomach or duodenum, and in penetrating or perforating ulcers it is positive in its indications.

The constrictions in the stomach wall opposite ulcers are strongly suggestive though not positive signs of ulcer, since they may be present from various other causes such as gallstones or appendicitis. They should not be allowed any diagnos-

\*Read before the Joint Session of the Medical and Surgical Sections, Ohio State Medical Association, in Seventieth Annual Session, in Cincinnati, May 4, 1915, as a part of a symposium on this subject.

tic importance unless constant in their position and associated with other signs of ulcer.

Gallstones themselves may sometimes be revealed in the search for ulcer, and, of course, are many times associated with gastric or duodenal ulceration. The later methods and improvements in the X-ray tubes have made it possible to discover gallstones in something over 25 per cent of cases. Dr. Case estimates it as high as 50 per cent, but I am sure this is not the experience of most radiographers.

Fluoroscopic examination of the stomach and duodenum may be more valuable than X-ray plate examination, in many cases detecting as it does rapid or delayed emptying of the stomach contents. Thus rapid emptying occupying only an hour as contrasted with a six or eight hour period, and this hypermotility followed by pylorospasm and delayed emptying may be considered as possible evidence of ulcer of the duodenum. A marked residue in the stomach after the normal emptying period, especially if accompanied by X-ray findings of an indentation or niche in the stomach wall, is a strong evidence of an ulcer particularly if the stomach be not of the atonic type. Naturally it is more difficult to determine changes near the pylorus than in other parts of the stomach, but numerous plates taken at very frequent intervals, will sometimes solve the problem, and though the antrum and cap may, in some of them, appear to be abnormal, a single plate showing a normal appearance will suggest at once that the deformity is due to a reflex spasm and not to ulceration.

If dilation of the stomach exist together with slow emptying, the presence of an ulcer rather than a carcinoma is to be suspected.

When the ulceration has resulted in thickening and actual obstruction, the emptying period is greatly lengthened, and, finally, in some cases the emptying period seems perfectly normal.

We must concede, therefore, that the interpretation of X-ray examination is thus far attended by many difficulties, and Case summarizes the situation by stating that in certain cases, especially those of simple pyloric or duodenal ulcer, the X-ray findings may not be significant of anything other than normal conditions. But in the great majority of cases in his experience the X-ray examination is likely to prove of great value, especially, and this, I think, is the crux of the whole situation, when the findings are carefully studied in connection with other clinical data.

At the last meeting of the American Surgical Association, April 1914, numerous papers and extended discussion upon the relative value of chemical findings, radiographic and fluoroscopic examinations, and physical examinations and clinical history of the case, left one in a somewhat confused state of mind, opinions ranging from that of Bevan, who considers X-ray findings of

the least value, to that of W. J. Mayo, who considers them of the first value.

If I might add a word to that discussion based upon our own series of cases, it must be that the clinical history and physical findings have been the final determining factor in nearly every instance.

Now as to treatment. Has anything been recently brought forward that makes an advance in that line? I think I may truthfully answer this question by saying, No. The real advance, if any, has been the emphasizing and more general acceptance of practice long urged by many surgeons. The possibility of cures under medical treatment must always be taken into consideration when deciding the question of operation. Undoubtedly, cures do occur under purely medical and dietetic lines of treatment, but the well known periodicity of symptoms makes it probable that many of the medical cures are really attributable to this factor, thus Ewald, Von Leube, Boas, and others claim such cures in from 62 to 70%, while in an analysis of a large number of operative cases by Smithies of Chicago, periodical remission of symptoms with definite return at varying periods occurred in 69%, a percentage almost exactly coinciding with that of non-operative cases.

Basseler gives it as his opinion that acute ulcers are curable by medical means or by no means at all in 95% of all cases and that it is from the remaining 5% that the surgical statistics are gathered.

Of course, this does not mean 95% of diagnosed cases, but includes a large number found healed at autopsy, in which this lesion had not even been suspected.

I think that most surgeons agree that medical measures should always receive first consideration, but it would seem that recurring attacks should positively determine the necessity of surgical intervention. Particularly is this true if severe pain, vomiting of small amounts of coffee-ground material or continuous hemorrhage be present. I am convinced, too, that persistent stomach trouble which has failed to respond to intelligent medical treatment and in which the diagnosis is so obscure as to prevent positive conclusions, demands an exploratory operation, at least. Since no method has yet been discovered whereby early carcinoma may be determined and since in the estimation of many surgeons, ulcers are a contributing and probably a causative agent in the development of carcinoma, it will be by the early recognition and cure of ulcers that we must hope to prevent the inevitable catastrophe of a fully developed cancer.

I have purposely refrained from entering into a discussion of the well known features of differential diagnosis between ulcers of the stomach and the many other abdominal lesions with which they may be confounded because little or nothing has been added to our knowledge during the past



year that would materially affect our viewpoint or aid us in differentiation unless it be that a better knowledge of the interpretation of X-ray plates and the technique of their production, together with appreciation of the increasing value of fluoroscopic observations mark such an advance. In a certain limited number of cases exploratory operation will prove the final and necessary procedure not alone for clearing up the diagnosis, but for the ultimate safety of the patient.

#### TREATMENT.

Immediate operation is, of course, indicated in all perforated ulcers, though some undoubtedly recover without operation, but the number is small and in no way justifies expectant treatment. Remembering that perforation may be multiple, careful search should always be made and each opening sutured by purse-string or Lembert sutures and reinforced whenever possible by omental grafts. In favorable cases a gastroenterostomy should also be performed, though I am satisfied from repeated personal observations that this is not always necessary and should not be insisted upon in the presence of severe or generalized peritoneal infection or where time becomes an important question in the safety of the patient.

Drainage is usually necessary especially when delay in the operation has occurred and should be provided according to the necessities of the case. It has been our experience that in a limited number of cases in which the perforation was in a very inaccessible position or when on account of the great thickening and friability of the ulcer margin, suturing could not readily be performed, or when the state of the patient forbade prolonged manipulation, that simple drainage has resulted in a cure. The sterile condition of the stomach and our ability to regulate its contents, of course, explain the favorable outcome.

So far as the general surgical treatment of these ulcers is concerned it is no longer a question of anterior or posterior gastroenterostomy, of long-loop or short-loop, of anastomosis with or against the current, of the Murphy button, or McGraw's ligature, of linen or silk or catgut, as it was in the earlier history of operation for ulcers. These questions have, I believe, been satisfactorily settled. The interest and value of modern work, now centers largely upon the question of excision of the ulcer-bearing area, not only when they occur in the walls of the stomach, but even more so when occurring in the pylorus and first part of the duodenum.

In looking over the letters received in response to inquiries regarding the subsequent progress of the series of cases referred to in this paper, I confess to a feeling of surprise and disappointment, for while nearly every patient upon whom a gastroenterostomy was performed was immediately benefitted and left the hospital feeling in excellent condition, yet the late reports show that many

of them have not been entirely relieved of their stomach trouble, and have more or less constant distress, or have to be extremely careful in their diet, and a few at least have definitely developed cancer. Most of these cases were treated by gastroenterostomy either with or without plication of the pylorus. The number of ulcers treated by pylorotomy or partial gastrectomy is very small, though we have, of course, treated a considerable number of carcinomata by this method and I have been impressed with the excellence of the patients' condition following the more radical operation and believe very thoroughly that the so-called Rodman operation advocated by Dr. Rodman over fifteen years ago, is the operation which promises most in the future and is the one which should be generally adopted as the routine treatment of all readily accessible ulcers of the stomach and pylorus.

Ulcer of the pyloric end of the stomach, at least seems to stand in a definite relation to carcinoma of that region and, therefore, a pylorotomy should give the greatest possible safety to the patient, and while ulcers of the walls of the stomach are not often followed by the development of carcinoma yet they are often the seat of perforations and therefore the excision of the ulcer would be indicated here, too.

Inasmuch as cancer of the duodenum is an extremely rare disease, only one case being present in this series of 112 carcinomata, the excision of duodenal ulcers does not seem to be as imperative as in those affecting the pylorus, though owing to the dangers of perforation a pylorotomy would probably give the greatest safety to the patient and the greatest probability of permanent relief, though it must be confessed that these ulcers are the ones most favorably affected by gastroenterostomy.

To my mind, therefore, it is not a question as to the advisability of pylorotomy or partial gastrectomy, but rather as to the time and method of performing the operation. In the presence of a ruptured ulcer with peritonitis even a gastroenterostomy is often contra-indicated, much more so a pylorotomy, but under ordinary circumstances it becomes a question of doing the pylorotomy and associated gastroenterostomy at one time or separating them so as to make a two stage operation.

We have followed both methods and there are certain advantages in each. In an otherwise healthy patient with a fairly movable non-adherent ulcer a primary pylorotomy and an immediate gastroenterostomy seem to be well borne, but with an adherent pylorus, particularly if the pancreas be involved, the operation becomes much more dangerous and difficult. It is in this class of cases that the two stage operation is particularly indicated, first, because a successful gastroenterostomy allows the patient rapidly to resume his nourishment and strength, and second, because we have found in several instances in which, after

a gastroenterostomy for an apparent carcinoma of the pylorus, a subsequent or second stage operation for a pylorotomy some weeks later revealed an entire disappearance of the growth.

I realize the desultory nature of this paper. If it has any value it must be as the recorded clinical experience based upon a series of 138 cases of ulcer of the stomach and duodenum, and of the conviction which has been forced upon us by a study of these cases and their end results that gastroenterostomy is after all a very unsatisfactory operation so far as restoration to complete health and comfort is concerned and that the operation of the future in all suitable cases will be the excision of the ulcer.

## Factors Entering into the Diagnosis and Treatment of Gastric and Duodenal Ulcer

W. D. HAINES, M. D., F. A. C. S., CINCINNATI

W. D. Haines, M.D., Cincinnati, O., opened the discussion on Dr. Frank E. Bunt's paper—"Factors Entering Into the Diagnosis and Treatment of Gastric and Duodenal Ulcer," as follows:

Our meeting place this year should hold a peculiar interest for those interested in surgical lesions of the stomach. In this city a third of a century ago, the late P. S. Connor removed the entire stomach for the first time in the history of surgery, and notwithstanding the fact that the patient succumbed to the operation, the boldness of the procedure attracted the attention of the entire surgical profession, encouraged further attempts in dealing with surgical lesions of the stomach, and had much to do with the advancement of surgery as applied to this organ. Bolton of England, in 1902, induced gastric ulcer experimentally by producing a septic thrombophlebitis of the vessels of the stomach wall; these experiments have been confirmed by Rosenau, Steinharter, and others of our country, and but confirm what Copelan taught a century and more ago. He said that gastric ulcer is due to a hardening of the vessels of the stomach wall, and the modern pathologist has discovered that arteriosclerosis is due to an infective process, hence Copelan was teaching practically the same thing as we are hearing in this hall today. The site of the infection which produces gastric, or duodenal ulcer in man, may be in the gums, pyorrhea alveolaris, an infected tonsil or one of the sinuses located in the face, or head; or in the gallbladder, appendix, or colon, and the ideal treatment lies in discovering and removing the source of infection, putting the patient to bed, and treating him as you would treat any other ulcerative process of the gastrointestinal tract,—this implies that we are dealing with acute ulcer. In the management of chronic ulcer, experience shows that end results will largely depend (a) upon the time in the history of the ulcer when the patient is re-

ferred to the surgical side; (b) accuracy in diagnosis; (c) the type of operation. Many surgeons have come to look upon gastrojejunostomy as a sort of cure-all for gastric ulcer, and the indiscriminate application of this misconception with resultant failures has done much harm to a very useful operation. Gastrojejunostomy was devised, and performed for the relief of an inefficient pylorus, and the man who does not comprehend this fundamental principle will be frequently disappointed with the results which follow in the wake of his work. One of the essayists spoke of the recurrence of symptoms after medical treatment, unfortunately this is true also of the surgical treatment. The explanation lies in the fact that we have not removed the source of infection, selected the right type of operation, or other factor beyond the grasp of our comprehension. Whatever the cause of failure, all men doing stomach surgery have a certain per cent of failures, and only those who can follow the postoperative histories of their cases for a number, ten to fifteen years, are competent to speak on this phase of the treatment of gastric ulcer.

It is very difficult to keep track of your cases after they leave the hospital. We tried to demonstrate the post operative effects of some cases at the clinic given our guests of the Clinical Association on Monday and Tuesday. A star case for demonstration had had a resection for carcinoma of the pylorus, but when we wanted him we learned that he had moved to another city. We showed the microphotographs of his tumor, and had his family physician, Dr. M. E. Wilson, tell the story of a splendid recovery after operation. I have long since discarded gastrojejunostomy for excision in dealing with cases where the ulcer is situated in the lesser curvature, anterior wall, or fundus, and not interfering with the pylorus. In 1908 I read a paper before this section in which resection of the ulcer bearing area was recommended for ulcer of the pyloric one-fifth of the stomach, but the mortality of this operation was too high, and I abandoned it for a time; today the mortality has been brought within reasonable risk limits, and we have again adopted it in the cases wherein any degree of suspicion exists concerning the presence of a beginning malignancy. If the ulcer is remote from the pylorus, and accessible, we prefer to excise the ulcer and have a clean scar, rather than take chances with a perforation or malignancy by leaving diseased tissue in the stomach wall. One cannot say in a given case even with the mass in his hand whether malignant degeneration has been in the margin of the ulcer, neither can we determine from the immediate post-operative behavior of a patient whether the overgrowth of connective tissue at the site of the ulcer will disappear in a few weeks, or end the patient's life by undergoing malignant degeneration. This point is well illustrated in a patient with a five year ulcer history, referred to me by Dr. E.



O. Smith. The man was reduced to a mere shadow of his former condition, and had almost complete pyloric obstruction. At operation a mass the size of a lemon was found in the pylorus, but the patient's physical condition precluded other than a rapidly performed gastrojejunostomy—artificial respiration was required before the patient left the table, and for five hours after he was returned to his room. The post-operative recovery was smooth, and the patient made a remarkable gain in weight, nearly 100 pounds in four months. The patient continued well for almost one year, at which time stomach symptoms, accompanied by an extensive ascites, began and continued until the time of his death. A short time before his death the mass which occupied the pylorus at the time of the operation increased rapidly in size, and obstructed the portal vein.

One of the essayists spoke of gallstones complicating gastric or duodenal ulcer. This is not a rare occurrence, and we should not be surprised, the surprise being in the fact that we do not meet gallstones more frequently in ulcer cases. Stone and ulcer are both produced by infection, and the organs affected are intimately associated functionally: the stomach, liver, gall bladder, and ducts, the duodenum, and pancreas are so inti-

mately associated that a serious lesion in any one of this group will find some degree of functional expression in the others.

I fully agree with those who hold that we should be on our guard for visceral syphilis. You do not require a Wasserman, or Naguchi; thirty-five cents worth of iodide of potash will give surprising results in such cases, and may save the patient from a useless operation.

Dr. F. L. Ratterman referred a patient to me recently who presented the mimicry of gastric ulcer, the presence of a number of the stigmata of lues caused me to suggest a trial of the iodides. The patient improved greatly, and entirely recovered after we drained his gallbladder, which was mildly distended with a thick, dark fluid.

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## Some Reminiscences of the Treatment of the Eye\*

S. C. AYRES, M. D., CINCINNATI

**W**HEN your Secretary did me the honor to invite me to read a paper before this Section, I thought of the terrible war which is devastating Europe where the reserves are called to the front to do active service. I consider myself among the reserves, but like an old soldier, as I am, I cannot resist a call to the front. I have reached the retrospective period of life and I thought that some things, old in my experience, might be new to many of you.

Four decades have seen many improvements in surgery and therapy and in the practice of medicine in general. During this period the advancement has been profoundly influenced by the development of the germ theory of disease, and by the new and extremely valuable therapeutic measures which have been discovered. The X-Ray has exposed things hidden from our view and given us almost superhuman power to see things unseeable by the natural eye. Radium, weird and uncanny, is working wonders in its own mysterious way. Serum therapy and intravenous injections are producing striking results. Many of our old ideas have been rudely brushed away and we now have adopted new views of the pathology of disease. I do not propose to touch

on these broad and fascinating subjects, but will try to mention some of the changes and advances in the treatment of diseases of the eye in the past forty years.

Let me begin by telling you what a difficult matter it was to get a pair of cylinders for an astigmatic patient four decades ago. Every prescription was sent to Zentmeyer in Philadelphia. The lenses were returned in from ten to twenty days. At that time there was only one man in Cincinnati who could set cylindrical lenses. The lenses came in a square block and had to be ground down to suit the size of the frame. The only motor power for that kind of work was a grind stone propelled by the operator's leg muscles—a treadle. You may know that the preparation of a single pair of lenses took considerable time. The patient was fortunate if he got his lenses in from two to four weeks after they were ordered. But, now, how different! Cylinders are in stock and there is no delay in filling any prescription. Electricity has taken the place of leg muscles, and the grinding is not a torture as it was formerly. At that time cylindrical lenses were always put in round frames and there was a mark on the edge of the lens to show its axis. If the axis was not correct the lens was loosened and twisted around until the patient was satisfied. This adjustment of the

\*Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, in Seventieth Annual Session in Cincinnati, May 4, 1915.

axis was made sometimes by the optician and sometimes by the doctor.

#### DEVELOPMENT OF LENSES.

It would be interesting to trace the evolution of the bifocal from its first crude form as devised by Benjamin Franklin to its present perfected state. Our present lenses represent the accumulated product of scientific mathematical study and the highest type of mechanical exactness. Perhaps some of you have never seen a pair of the old fashioned "split lenses," as they were called. They were a great convenience and much better than the use of two pairs of lenses. Strange to say, I have a client who still wears them in preference to the modern bifocals. The "grab front" lenses were the first advance over the old Franklin lenses. The walking glasses were worn constantly and the "grab fronts" used when reading or writing. Then came the insert of the reading glass into the walking glass. The next advance was in the use of the cemented segment or wafer. The segment is glued on with an invisible balsam, which does not interfere with the clearness of the lens. This method of constructing lenses has been very satisfactory and is so today.

The final crowning invention was the invisible bifocal. It is certainly the perfection of skilled workmanship.

The combination of cross cylinders with reading spheres in one lens was an impossibility four decades ago. I well remember a remark made by my former associate, Dr. E. Williams, when he was puzzling over a patient who required cross cylinders for distance and who was presbyopic and required plus spheres for reading. It was not difficult to correct the ametropia for distance, but how to combine three lenses into one had not yet been discovered. His remark was, "if we only had three surfaces to the lenses we could correct this trouble for both near and distance." This problem has been solved by mathematics and skilled workmen. It is impossible to estimate the great good which has come to thousands of people with astigmatism and hyperopia or myopia, who are now comfortable with various combinations. The beneficial influence of lenses on the health of the wearer is beyond computation. The intimate connection between ametropia and heterophoria and the physical well-being of our patients is today more than ever appreciated by the profession as well as the laity.

Trial cases of lenses were at first made in English inches, the sphericals running from 1/60 inch to 2 inches focus. There were twenty-eight pairs of glasses in each case—now there are forty. In testing a patient it required some mathematics to figure out for distance the value of 1/36 in 1/48. Nod, with the admirable test cases ground according to the metric system, this mathematical computation is unnecessary. In those days the usual lens prescribed was about

the size of 1.0 and prescribed for young and old—small faces and large ones. The pendulum has swung the other way and now we are ordering large round lenses in tortoise shell frames, the exact imitation of the old bone, wood and leather frames made two hundred and fifty years ago in Europe. Numerous ingenious devices for holding lenses on even badly constructed noses have been patented and altogether there are many conditions to mitigate the necessity of wearing glasses constantly.

Looking back over the treatment of strabismus, what a revolution has been brought about by the scientific study of this distressing condition! A cross-eyed child has a hard road to travel in its intercourse with other children. It is a child marked for the cruel gibes and taunts of its playmates. Its life is made miserable, unless the deformity can be relieved or corrected. In the early days of my practice, every child was operated immediately. No estimate of the error of refraction was made. One or both eyes were operated and it was a hit or miss chance that the operation succeeded. A good many cases were successful, but occasionally they came back to us with two eyes apparently not on friendly terms and trying to get away from each other as far as possible. In other cases, the results were negative. In all, the surgeon showed his ignorance of the true cause of strabismus as you well know. Now, with the aid of the shadow test, we refract the eyes of the youngest child and prescribe with intelligence and success, lenses which correct the optical defect. Operations are not resorted to until lenses have been worn for a long time. The treatment of strabismus, by correcting the ametropia has to me been very satisfactory. No longer cases of divergence return like evil spirits of the past to haunt and accuse. I have watched many cases for ten, fifteen and even twenty years and have had the satisfaction of seeing a fairly large proportion of them grow to maturity with eyes parallel and all traces of strabismus gone.

It takes a lot of faith to stick to a doctor long enough to enable the child to accomplish this. The triumph of lenses over the strabismus hook and scissors is something we should be proud of!

#### OPHTHALMIA PREVALENT.

I will never forget a visit I made to an orphan asylum in my student days, where there were more than a hundred children with acute ophthalmia. It started and spread with great rapidity and soon all or nearly all were infected. It was a striking object lesson which impressed me deeply. Such a condition could not possibly occur at the present day. Isolation of the first case would prevent the spread of the disease, and this is carefully attended to by the managers of every hospital. In this connection I cannot refrain from speaking of the medical inspection of our public schools. It is one of the grandest movements of our times. It is in the public and



parochial schools that large numbers of children are daily brought into close contact. Contagious and infectious diseases are rapidly communicated and innocent children become the victims of their surroundings. Today, medical inspection of the schools does much to prevent the spread of these diseases. The affected children are isolated and treated and not allowed to mingle with others until they are cured. In this way the spread of infectious diseases of the eye, nose and throat, to a considerable extent, is controlled. A campaign of education has been going on for several years. The parents of the children have been instructed as to the symptoms, dangers and prophylaxis of these destructive diseases. The efforts of the state and city to stamp out and control them are everywhere meeting with a ready and willing co-operation on the part of the parents. Attempts on the part of the authorities to enforce the medical inspection of the schools met with some objection at first. It was resented as an interference with personal rights. But the system is developing with such excellent results that there is a general acquiescence in its enforcement.

#### USE OF COCAINE.

I very well recall when cocaine was first used. Dr. H. D. Noyes, of New York, was in attendance at the Heidelberg Ophthalmological Congress in September, 1884, when this drug was first demonstrated. He wrote an account of it for the Medical Record of October 18th. When I read it, I had a druggist telegraph to New York for some of the drug. It was hard to obtain at first and very expensive.

Our first experiments with it were very interesting. Cocaine had been used in the treatment of diseases of the larynx for a year or two, but Dr. Kohler, of New York, then an undergraduate in Vienna, was the first to demonstrate its value in the eye. It created a great sensation. Numerous articles appeared in the special journals describing its effects. Pamphlets and monographs were scattered broadcast over the country and it was heralded as a most valuable discovery for the treatment of the eye. While its usefulness is limited, yet what would we do without it? It has added much to our success in practice and very much to the comfort of our patients.

Take for instance a cataract extraction. It is now almost a painless operation. The eye is fixed and held in position and the corneal incision made without any sensation of pain. The result is that patients hold much better and give themselves and the surgeon a much better chance of success. Have you ever tried to dig out a piece of metal imbedded in the cornea without the use of local anaesthesia? Perhaps some of you have not—if you have not, you cannot imagine how painful that simple operation is, and how difficult for the operator with the eye wobbling around from side to side as he tries to

touch a very sensitive cornea. A cataract operation without cocaine was quite a different thing. Occasionally we used general anesthesia. The holding of the eye by the fixation forceps was extremely painful and continued until the completion of the corneal incision and the excision of the iris. In spite of this, patients nerved themselves up to the occasion and generally behaved quite well.

In this connection I must say a word about adrenalin and how very valuable it is in operations of the eye. Every part of the eye and its surroundings are very vascular, and a slight incision causes considerable hemorrhage. With the tissues blanched by the use of this remedy, we are very much facilitated in a good many operations.

The modifications in the extraction of cataract have not been striking. I learned to do Graefe's modified linear extraction with iridectomy and have reason to be very well satisfied with the results. For a while I operated without iridectomy, by making a large corneal incision and then discising the lens capsule and forcing the lens through the pupil. The iris was then replaced and a drop of eserine instilled into the eye to contract the pupil.

The results were ideal, but prolapse of the iris would occur in some cases. It was an operation which was limited in its application. All conditions of the cornea, iris, and the maturity of the cataract and age of the patient had to be favorable. But Graefe's operation was then, and is today, a good operation, and its results have justified its almost universal adoption. The Major Smith Indian operation is, in many respects, the ideal one. Statistics of operations done outside of India are not yet sufficiently large to determine whether it will finally supercede Graefe's operation which has stood the test for more than half a century.

In the early days of my practice we used to go around to private houses and operate for the poor as well as the rich. The Cincinnati Hospital, which has just been abandoned for the finest hospital ever built, had two wards for private pay patients. But the rooms were open to all surgeons, and you never were sure that you would not have a septic case next door to your cataract patient. The question of operating then depended somewhat on the weather. If the day was very dark the operation had to be delayed. Now, with the advent of electricity, the sun has to be eclipsed, so far as cataract operations are concerned, for probably the majority are done under electric illumination. The aseptic measures, which are now so universally carried out, as to the preparation of the patient for the operation and his care afterwards, give us much better results than we had formerly.

#### THE ELECTRO MAGNET.

The use of the electro magnet to remove pieces

of iron and steel from the eye has proven one of the most striking and brilliant steps in the advancement of ophthalmology. Before this instrument was perfected, an eye with a bit of metal in it was doomed. It either suppurated at once or later on caused sympathetic ophthalmitis. Now, with the aid of the X-Ray, the foreign body is located with great exactness, and many eyes are saved with more or less useful vision which not many years ago would have been lost. Let me tell you of my first experience in the use of a magnet. I think it was the first one used in the city. It was a cylinder about an inch and a half in diameter and six or seven inches long, with a point on one end to reach the foreign body. The first patient I tried it on had been struck by a large fragment of iron, which went directly through the center of the cornea and lens and lodged in the fundus of the eye. The point of the magnet was pushed through the open corneal wound into the vitreous. Click, came a sound new to me—I knew I had struck the foreign body. I drew it carefully out until I could see it, when, to my disgust, it dropped back out of sight. I then made another attempt, with the magnet in one hand and a pair of forceps in the other, I brought the metal up and seized it with the forceps and drew it out. It was a success so far as that eye was concerned, but it was of no value in any other case. Its traction power was too feeble. Now, the magnets have a lifting power of a hundred pounds or more.

In those days we had a good many injuries from the old-fashioned gun caps which were made of copper and lined with fulminate. When the nipple on which the gun cap was placed was struck by the hammer, the cap was flattened out. Sometimes it flew into pieces and then the eye which was close to the gun in sighting, was in great danger. These fragments of copper were almost sure to cause serious trouble sooner or later. Gun caps have given place to shells which are not dangerous to the eye.

Let me note a few changes in the diseases which we used to treat. First, I will mention trachoma. In those days there was a string of them every day in the private offices and clinics, and the hospitals had a large number on hand all the time. This disease is seen comparatively seldom now. For the past few years most of our cases have come from the mountains of Kentucky and West Virginia.

The prophylaxis against trachoma in the school and asylum, the home and the workshop has done much to prevent its spread. The stamping out of this dangerous and distressing disease has become a state and even a national question. The U. S. Public Health Service is rendering valuable assistance in states where the disease prevails and is caring for the Indians in the West, among whom it is very prevalent. The treatment of trachoma forty years ago was the use

of silver nitrate and copper sulphate. These remedies are still in use and will probably never be superseded, for their value in certain conditions is fully established. Surgical interference has done much to hasten the cure of trachoma and mechanical expression of the granulations is now resorted to with gratifying results. The radical operation of excising the conjunctiva of the upper lid together with the tarsus is a difficult but valuable operation in some of the inveterate cases.

Operations for trichiasis and distichiasis, entropion and ectropion and staphyloma of the cornea, the products of trachoma, are memories which no one who has done many of them wishes to recall.

#### INFLUENCE OF COMPENSATION ACT.

Sympathetic inflammation is seldom seen now, owing in part to the use of the magnet, and also the prompt attention which is given to all wounds—slight or severe, punctured or incised. The state laws making manufacturing plants responsible for the injuries of working men, is doing much to save the laborers from suffering and impairment of vision. An injured man is now hurried to an oculist, and the Industrial Commission notified of the accident. In this way the employer is relieved of the dangers and expense of a damage suit, and the employee gets prompt and judicious treatment.

In those days, ordinary cases of astigmatism were considered of enough interest to be talked about and reported. The tests, aside from the lenses were rather crude and unreliable as compared with those we have today. We used Dr. John Green's dials of various kinds, and his sets of parallel lines placed at different angles, and the placido disc. Visual fields were marked out over a flat surface on a series of horizontal lines at right angles, for want of a perimeter. Phorometers were not yet invented. Graefe's dot and line test for muscular errors was the only one in vogue. Thanks to the Maddox rod and red glass, our results are far more accurate now and tests are more easily made. The nomenclature of muscular errors was very cumbersome. Insufficiency was the word used—Insufficiency of the interni and insufficiency of the externi. The profession owes Dr. Geo. T. Stevens a debt of gratitude for a series of Greek compounds which are very expressive and descriptive. Advancement has been specially marked in the study of the ametropias and heterophorias.

Ophthalmology is not so much an individual specialty now as formerly, but is intimately interwoven with medicine and obstetrics, nervous affections and diseases of the brain, stomach, kidneys and nose. The intimate or remote connection between the eye and the other organs of the body is now fully recognized and it is on these lines that it will still continue to progress.



## The Usefulness of Gastric Lavage in Diabetes Mellitus\*

JOHN P. SAWYER, M. D., CLEVELAND

MANY theories and hypotheses have been propounded to explain the phenomena of diabetes but none have so satisfactorily served its purpose as to obtain universal acceptance nor to furnish a reasonable ground for regularly successful attack upon the disease itself.

The diabetic is carefully dieted and the estimate of therapeutic effect is based upon the determination of sugar excretion—the patient being supposed to be better with a diminished amount of sugar in the urine and usually thought to be doing less well if the quantity of sugar increases.

It appears to be accepted as a usual condition of the disease that there should be in most cases a polyuria with such frequency of urination as to greatly disturb rest at night, and because of the polyuria so great a thirst as to render necessary the consumption of large quantities of water to prevent dehydration of tissue. Besides the dietary measures, remedies like opium, ergot and bromides are used quite generally. Arsenic and a host of less frequently tried remedies are recommended to mitigate the suffering of patients from symptoms which are commonly taught can be controlled only by diet and to a lesser degree by such drugs as opium, bromides, antipyrine, etc.

In the absence of a satisfactory theory of diabetes, any procedure which lessens the intensity of symptoms so annoying as the polyuria and the intense thirst would seem to have claims for attention for this reason alone.

If one may believe the statements of scores of patients, if one may believe repeated observations of relief obtained, discontinuance of procedure, return of symptoms, resumption of procedure followed by prompt relief, then surely it is a well grounded statement that I would bring to your attention that the thirst and polyuria in a very large proportion of cases of diabetes mellitus may be greatly relieved by efficient gastric lavage, more than by any other single procedure, in less time and with greater certainty than by any method which has yet been published.

To secure a trial of a procedure whose action, if it be positively determined, must be explained at the cost of so popularly accepted a professional idea as that the excessive secretion of urine and the great thirst are directly due to hyperglycemia is no easy task; and it is with a full appreciation of this prejudice against the procedure which I am advocating, that I none the less wish to urge upon each practitioner of medicine the practical advantage and great benefit to most patients to be obtained by the daily, careful, and thorough use of gastric lavage in diabetes mellitus.

For fifteen years I have been using this pro-

cedure in practically every case which has come under my care. In practically every instance there has been prompt and immediate relief from the distressing polyuria and thirst. Patients whose sleep was broken from two to six times at night, patients whose thirst compelled them to consume unmeasured and enormous quantities of water by day and to keep a pitcher of water by the bed at night, have in scores of instances been so relieved in one, two, or three treatments that their sleep was almost unbroken, and their abnormal thirst was for a time completely assuaged.

If no other benefit accrued than the relief of distress occasioned by these symptoms the gain would be great, but in these cases with the relief of the nervous system from the distressing thirst and annoying polyuria, there are certain accompanying benefits which warrant of themselves a considerable value being attached to the procedure. When the total excretion of urine sinks from three, five, or more quarts per day to three or four pints or less, when the accompanying elimination of solids for more than the normal excretion of urine with a specific gravity of 1,035 to 1,045 and more, sinks to the normal amount of excretion with a specific gravity of 1,020-1,024, it is easy to suppose that the procedure producing this change will save much destructive metabolism and that therefore the strength and nutrition of the patient will gain. This has been so regularly observed that the cases in which it failed to occur are rare exceptions.

Without reference to any explanation the simple fact that this change regularly occurs in scores of cases establishes a usefulness for the procedure that can be gainsaid only by repeated failures in competent hands under suitable conditions.

That these results do follow with astonishing regularity when the procedure is used according to the conditions I have described in other articles may be verified in any series of cases by any physician who will perform lavage of the stomach in what I hold to be an efficient and easy manner.

Shortly after the introduction of test meals a number of investigators in the early '90's studied the gastric conditions of a number of cases of diabetes by test meals and found no constant relation of disturbed secretion, motility or catarrhal process which would serve as a useful guide for treatment. All these studies were made simply by expression, and lavage seems not to have been attempted because no constantly recurring condition was found in the stomach.

It is therefore concluded from these articles, and the conclusion has been almost uniformly accepted, that nothing was to be expected in the way of efficient treatment directed to the stomach conditions.

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The use of the procedure in no wise interferes with the regulation of diet or with the adoption of any measure which otherwise seems suitable for hygiene or for direct treatment. But when this alone is done and no other treatment instituted, the striking effect observed in a series of cases will justify the routine use of this measure which seems at first sight to have no relation to what we have hitherto been taught concerning the treatment of this disease.

In thus stating the benefits of lavage in diabetes, it must be clearly understood that I do not believe the ordinary methods of washing the stomach with the patient upright in the chair by simple siphonage fully meets the indications. While it is true that one may pour water or solution into the stomach and siphon it out again, it does not follow that by such a procedure a cleansing of the membrane of every portion of the stomach is accomplished.

Failure to have clearly in mind what is to be accomplished by a lavage has made us too content with a measure whose better application would often give us better results.

I would insist that for this procedure the patient should be in the recumbent position, that the abdomen should be freely exposed, and when a given suitable quantity of water is within the stomach there should be exercised by the physician a manipulation sufficiently vigorous—so applied that the volume of liquid within the stomach be sufficiently agitated to produce by its movement and weight a thorough cleansing of the membrane from the adherent mucus as well as the withdrawal by siphonage of the mass which is contained in the viscus.

When thus done, and only when thus done, will the procedure have a satisfactory trial, and if the attempt at lavage be made in the upright position with the ordinary siphonage without manipulation, I would insist that the purpose and intent of my recommendation has not been met. I am the more insistent upon this point because I have had several cases in which the previous failures of other physicians when trying this method were readily explained by the patient with the statement that when tried before, the conditions under which I used the lavage, and would recommend, had not been followed.

As to solutions employed, many differing formulæ may be tried, usually a 1% solution of sodium bicarbonate is advantageous, occasionally the addition of a few drops of creolin or Lysol, or Thymol. Rarely I use the silver salts and occasionally the use of some astringent like hydrastis, but as a generally useful formula one may put a teaspoonful of sodium bicarbonate, and half teaspoonful of borax, fifteen drops of creolin or Lysol and five to ten drops of a 5% solution of Thymol in alcohol, into two quarts of water and have a sufficient mixture for excellent results. Occasionally a 1 to 1,000 salicylic acid solution may be used or sodium salicylate may be

put in the solution first recommended and in a great number of cases most gratifying results are obtained. Age and sex of patients seem to have little influence. That it can not be ascribed to suggestion or to mental influence may be seen from the case of a fourteen months old child in whom the gastric lavage promptly reduced an enormous polyuria to a more normal urination. Other cases of children have repeatedly shown the same prompt relief. I must not be understood to say "cured," for this does not "cure," nor do I at any time claim that this procedure will cure many diabetics although there are a number of cases in which after its application there has been a complete disappearance of sugar and an apparently normal condition now existing for years.

But in the great majority of cases the measures will be so decidedly beneficial to the patient, so great a relief accomplished, there comes to be such a symptomatic gain in strength and weight, and freedom from suffering, that the patient will be most grateful for the skillfully accomplished procedure.

I will add two case histories condensed which show the advantage of this procedure.

#### CASE REPORTS.

*Case I.* January 28, 1913. Patient aged forty-one years. For nearly one year thirst, polyuria and increasing weakness unfitted him for his usual work as merchant. For over ten years usual weight was 235 pounds, now 218 pounds. Tests in office showed a large percentage of sugar, over 4%. A twenty-four hours' collection measured 5,600 c.c.

Lavage was at once instituted and the patient put into the hospital for a Leube cure because of severe gastritis. His polyuria and thirst at once ceased, and on leaving the hospital, March 1st, he was sugar free with apparently normal urine; feeling stronger than for a year.

He returned June 10, 1913, with a twenty-four hours' specimen of two quarts, specific gravity 1,022 and a trace only of sugar. The following day no sugar was present, nor in many tests since then, the last of which was April 30, 1915.

*Case II.* June 16, 1912. Mr. C—, traveling salesman, aged 50 years. Lost 20 pounds during last year. Save for this has been usually well for twenty-five years. Now tires easily and does not feel strong enough for work. No marked irregularity of urination.

The test shows specific gravity 1,032, with 4% of sugar. The test meal showed a marked catarrhal gastritis with hyperchlorhydria.

Lavage was at once instituted and on July 31st the specific gravity was 1,024, sugar 1.5%. August 6th sugar 0.8% and on August 8th sugar had disappeared. In various specimens examined since then none was found; the last specimen was submitted November 1, 1913, and nothing has been heard since from the patient.



## Some Practical and Modern Points on Dietetics\*

THOMAS WRAY GRAYSON, A. M., M. D., PITTSBURG, PA.

**P**ROBABLY no branch of medicine is changing more rapidly nowadays than dietetics.

Since the epoch-making work of Pawlow twenty or more years ago, the investigations of the physiology and chemistry of digestion have been extensive and fruitful, and I venture to predict that in the next few years our ideas of feeding both the well and the sick will undergo more extensive changes.

Physicians should be careful about allowing their own likes and dislikes to influence their ideas too much. Because you, a brain worker, getting little physical exercise and irregular meals, possibly indifferently cooked, suffer from overacidity, and so cannot take certain articles of food, you must beware lest you allow your experiences to color your advice to patients in far different conditions.

The inorganic substances—i. e., water and the various salts—are necessary to our metabolism, but I wish to deal in this paper mostly with the organic part of our diet. This consists of the proteins and the fats (derived from the animal foods—meat, milk, and eggs), and the carbohydrates (starches, and sugars from the vegetable kingdom). The starches we get mostly from those which Nature has stored up in seeds and the root vegetables; and the sugars in the sugar and syrups we make by concentration from sweet vegetable juices. This is a rough classification, but it will give us a working basis.

I do not wish to take up your time with an account of how the food values and the amounts required by the normal adult are calculated; these subjects are explained in any recent text book. For many years Carl Voit's estimate of one hundred and eighteen grams of protein, fifty-six grams of dry fat, and five hundred of carbohydrate as the average amount of food required for the average man per day has been generally accepted. Lately, however, there is a marked tendency among scientists to consider this too high, especially as regards the protein.

These classes of foods often occur in somewhat mixed forms, and they are much more mixed in preparation and cooking. We must remember, roughly, the protein, fat, and carbohydrate content of the different foods, and also the purin content of the protein or nitrogenous foods. The purins or purin bodies are synthetic or basic substances which upon oxidation or substitution give rise to many important derivatives (urea, etc.). Their presence in the blood is supposed to give rise to gout, rheumatism, rheumatoid arthritis, etc.

If you will bear with me, I wish to go a step

further. You know that the study of the physiology of digestion has made rapid progress in recent years. Often a suitable diet is no longer a matter of carbohydrates, proteins and fats; for we must remember that the food is broken down in the intestinal canal, finally into amido acids, about eighteen of which have been isolated up to the present time. Some of these are histamin, glycocoll, cholesterol, lysin, lecithin, tyranin, tyrosin and tryptophan.

It is in this form probably that the nutriment passes through the intestinal walls into the blood stream, and reaching the tissues is stored for future use, or used for building up or repairing tissues as necessary. (Folin.) As urea is known to be a product of the breaking down of these amido acids, it is concluded that the formation of urea takes place in the tissues, particularly in the muscles, and not in the liver. Furthermore, it seems that certain amido acids are necessary for growth, some maintaining tissues in proper condition, and others possibly having other definite objects.

The proteins, you know, are highly complex compounds of C, H, O, N, and S. Leaving out those of vegetable origin, the most important ones are the histones in blood corpuscles; the albumins and globulins in blood serum, egg and milk; the sclero-proteins (like caseinogen in milk and vitellin in egg-yolk) besides two most important classes: (1) the conjugated proteins (or nucleo-proteins, gluco-proteins, and chromo-proteins); and (2) the derived proteins.

The purins may be endogenous (formed by the breaking down of the cell constituents) or exogenous (introduced as food). The following is a fairly complete list of the purin-containing foods: All animal foods, especially the glandular organs, (liver, pancreas, kidney, thyroid, etc.); all meat soups, beef teas and gravies prepared from animal foods; beans, peas, lentils, asparagus, mushrooms, potatoes, sugar-beet, oatmeal, coffee, cocoa, tea and beer. All these contain purin bodies, but in many cases only in minute amounts.

People often say to one of us: "You are a doctor; is this or that article of food good for me?"—never stopping to think how many things must be taken into consideration in answering the question. An article of food may be digestible in a stomach where too much acid is present, and indigestible if the opposite condition obtains—and so on through the different states of the stomach itself. Then we may also have conditions in the small intestines influencing the suitability of a food. Fried foods, highly acid foods, and highly spiced foods are usually difficult of digestion, as also are fats with a high melting

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point, and such vegetables as radishes, cucumbers and cabbage; but highly spiced foods may be useful in atonic or subacid dyspepsia, and the fibrous vegetables may be helpful in atonic constipation. Furthermore, an article of food may be poorly digested because it is not relished, or because it is not properly cooked. Again, personal idiosyncrasy must be taken into account.

We like to think that this is the age of efficiency and we are not satisfied unless our machines and instruments are doing their best. Why not have our patients apply this principle to their bodies through the food they eat?

Many points of dietetics are not yet settled, but some of the fads of diet are finding their proper places. The painstaking work of certain laboratory men is yielding practical results, and we are in position to say much more on this subject than we could a few years ago.

You have noticed how preventive medicine is coming to the front, and how our up-to-date books on treatment have a section on the preventive treatment or the prophylaxis of the different diseases. This applies to dietetics also, and our patients are beginning to inquire from us about these things. Their parents may have eaten everything they pleased, avoiding only those articles of food which gave them trouble, and calling in the doctor only to relieve their distress.

Appetite may be a safe guide for the consumption of food when a person is in health, but appetite is diminished or absent in disease, and the digestion and nutrition are then the care of the physician and nurse.

Thus the physician's knowledge of dietetics is often of great importance, especially in these days when those of us who are honest with ourselves know that many digestives, bitter tonics, alteratives, etc., which we once depended upon, are worthless to the patient except possibly for psychic effect.

In the majority of cases, we can not depend upon the assistance of a trained nurse in looking after the diet of our patients, and we err too much in not making our directions for diet minute enough. We should give (as Boaz says) (1) An exact statement of time for the separate meals; (2) An exhaustive list of the allowed nutriments and refreshments; (3) Fairly exact directions as to the weight and amount of food and drink; and (4) Short directions for the preparation and temperature of food, temperature and other pertinent remarks.

A moment's thought shows us how widely different the manner of preparation and serving of the invalid's food may be, and also how important are these matters.

Take meat for example. The manner of preparation and cooking, the seasoning and the adding of sauce may determine whether or not that meat is eaten and retained. Similar observations could be made about every class of food

and drink. Although we may look upon all these as matters of nursing, they are often grave questions which the physician cannot ignore, and a knowledge of which often means success to the resourceful physician.

This knowledge is one of the things which the doctor acquires from his experience or reading after he graduates. We all have tucked away some place in our desks, some of those little souvenir diet lists, which may look good to us until we give one to a patient. We then realize that no such stereotyped prescription for food will answer any more than a stereotyped prescription for medicine. The only way to use them is as a reminder of the different classes of food, or as a basis on which to build up a diet list which will suit the individual case.

There are certain principles which should guide us in making up the diet for our patients, but the day is rapidly passing when we can say dogmatically that a certain list of foods is adapted to this or that disease. Too many things have to be considered, and the careful physician adapts the diet to the individual, not to the disease.

Let me say a few words about artificial food preparations. Most of them have no excuse whatever for being, and they are all used dozens of times where they do no good, to once where they are a help. A little care and ingenuity and trouble will nearly always result in a more palatable and nutritious article of food made in the patient's own home. Fortunately the day of most of these things is passed, and we, as physicians, are learning that with food preparations, as with medicines, elaborate advertisements, attractive appearance and ease of administration do not help much in the cure of our patients.

As regards the quantity, sometimes too much food is consumed, and sometimes not enough. If the consumption of food is excessive in comparison with the body's needs, the results are obesity, nephritis, etc., but that subject will not be taken up here.

The opposite of this condition is the starvation that takes place in such diseases as tuberculosis, rickets, diabetes, typhoid fever, and the different gastro-intestinal diseases. I think both theory and practice prove that the present more liberal feeding of typhoid fever patients with custards, crackers, toast, macaroni, and even potatoes and tender meat is doing good. In diabetes it is often difficult to treat the disease without harming the patient. Too often the physician wishes to be on the safe side, with the result that he cuts down the food supply too much. But few diseases require a more careful study of each individual case than does diabetes.

It is all right to limit the food in an acute disease of a few days' duration. Probably it is best to do so, but in typhoid fever, the katabolic processes go on for weeks or months. We must



look forward to the day when the convalescent is struggling back on the up-hill road to health, and see that he is no more handicapped than necessary.

In regard to the diet in hyperacidity, gastrologists are divided into two camps. It is true that theory requires the greatest restriction in the amount of the starchy foods, for the animal foods (meat, milk and eggs) combine with the acids which cause the irritation of the lining of the stomach.

At the same time, such a diet might be looked upon as encouraging the formation of acids in the stomach and thus by no means tending toward a cure. Personally, I think the best way is to give our patients relief by cutting the diet down to meat, milk and eggs and little else; and then gradually to add the tender vegetables and work back to a general diet as the patient improves. We then go back to what I consider the normal *mixed* diet for man, and thus avoid the fad of vegetarianism, and on the other hand, the danger which follows a prolonged animal diet.

When the acid is absent from the stomach, or nearly so, it has been my experience that the food is very well taken care of by the small intestines, and this condition exists oftener than we suspect. The diet need have very little restriction in the uncomplicated cases.

In all these secretory disturbances, I find that uncooked butter is well borne. In fact this is one of my hobbies.

Nearly all the maladies of the stomach may be simulated by nervous dyspepsia, and it is always a question as to how far we should be governed by the nervous phenomena. It is just in these cases that we follow the patients into the error of humoring the stomach at the expense of the organism as a whole.

There are many diseases where an intelligent use of food is better than medicine. Often the more completely we can get along without medicine the more satisfactory we may consider our results. Such diseases are hyperchlorhydria, peptic ulcers, constipation, diarrhoea, enteroptosis, diabetes mellitus, obesity, gout, scurvy, skin diseases (especially eczema), arteriosclerosis and certain diseases of the liver, pancreas, kidneys and heart.

In another class we have those diseases in which no particular diet is indicated. This includes most of the acute diseases (such as the exanthemata), many surgical conditions, chronic conditions, (such as bronchitis, arthritis, furunculosis, etc.), but even here a knowledge of our patients and of food values will help greatly.

The oldest theory of diet is vegetarianism, and this was followed by the Greek and Roman athletes and largely by the Roman armies. All through history we find this idea of diet cropping out in prominent places, and in recent years Haig, Graham and Kellogg have given it considerable standing. We cannot go deeply into this

subject, but most scientific men whose ideas can be relied upon, take very little stock in vegetarianism.

Dr. Alexander Haig, of England, is the author and probably the best exponent of what he calls the uric-acid-free or purin-free diet. The theory has influenced medical ideas in recent years a good deal, therefore let us look into it a moment. An entirely purin-free diet can not be found, and this probably is fortunate for the body needs the nucleo-proteins (from which the purins may be formed). Theoretically, much can be said for this diet; it appeals especially to young and inexperienced physicians; but the purins are not as poisonous to many people as Doctor Haig. I do not deny that people who suffer from periodical headaches can sometimes be cured by a purin-free diet; that epilepsy is often benefited by such treatment; that cases of asthma, and even neurasthenia, have shown improvement, but very few physicians claim that this treatment benefits a large number of cases. This purin-free diet agitation has done one thing, however: more than anything else, it has caused the medical profession to look into the subject of diet.

Water is an important therapeutic agent. I do not wish to discuss it here except to lead up to a few remarks upon water drinking at meal times. "The vexed question as to the advisability of drinking fluids at meal times (says Bryce) is one which amateur dietetic reformers invariably answer in the negative. At first sight this course of action is apparently justifiable, because we know that practically no fluids are absorbed by the stomach wall, but are rapidly rejected into the duodenum in advance of the solid food. In a healthy individual this is likely to have deleterious action on the process of digestion, but the stomach of the average town dweller is not provided with a very strong musculature, and so the fluids are retained too long, diluting the digestive juices, delaying digestion, and favoring an increase of microbic putrefaction. Hence the average city man has solved this question for himself by limiting his consumption of fluids at all times."

Of course what has just been said should not be taken as condemning the dry diet, which is proper in heart diseases, kidney diseases and obesity.

For the last few years the curdled-milk theory of diet has attracted a good deal of attention in the medical profession—especially through the literature of certain manufacturing chemical houses. With this as with many other dietary theories, practice does not yield the results promised. Most of us have gotten some good results from the use of curdled milk, or some preparation of the milk-curdling bacilli, but I think you will agree with me that the results have not been up to the promises with which this theory was launched on the medical profession. As one

writer says, the longevity of the Bulgarian peasantry is not necessarily due to the use of soured milk. There are many other powerful factors in operation, such as an open-air life, considerable muscular exercise, extreme moderation and simplicity of diet, absence of the nerve-exhausting occupations of civilized life, beside the influence of heredity, a factor whose value must not be overlooked. The fact is known, moreover, that many of the tablets put on the market are of little or no potency.

We all hear now and then of some advocate of raw food. This fad, like most others, contains a residuum of truth. For, more complete mastication is obtained by the consumption of uncooked food, and the food salts have not been removed by cooking. Such a diet may have an influence upon constipation or diarrhoea, too, for cooking may cause marked changes in the food. But as most of foods are so much improved by the cooking, we may conclude that the advantages

of raw food will be out-weighed by the disadvantages.

Let us call your attention to the importance of mastication. I would not go so far as Horace Fletcher and his followers, and call it "Divine Mastication," but the more I treat diseases of the stomach, the more careful I am to examine the teeth; for, of what use is it to make the diet the subject of serious thought when the mouth contains snags of teeth which are worse than useless and will negative our every effort to find a suitable diet?

These are some of the theories and conclusions which have a place in modern dietetics. I think you will agree with me that in thinking over the subject, we come to the conclusion that, after all, moderation is the main thing to be aimed at. Sufficient mastication is necessary, with proper action of the bowels and other things which contribute to the health.

Westinghouse Building.

## The Ohio Industrial Commission and the Country Doctor\*

CHAS. A. HOUGH, M. D., LEBANON, OHIO

SOME form of state medicine is imminent. The wide application of the various medical charities and inspections in the cities approaches it closely. Already we have a form of it in Ohio under the Industrial Commission. These recent innovations, together with changes in business methods within the medical profession itself, make the practice of general medicine a precarious means of earning a living. Especially is this true with the country doctor, the general practitioner<sup>2</sup> in villages<sup>2</sup> and hamlets, because in many cases his business methods have not been adapted to present conditions. Therefore a consideration of the causes which influence the remuneration of the general man, many of which threaten to diminish still further the country doctor's income should interest us today.

The number of cases which the country doctor treats for the Industrial Commission is small, compared with those seen in manufacturing centers; but the aggregate of cases in the entire rural portion of the state is large and they influence, both directly and indirectly, the aggregate income of a large number of country doctors. The bills allowed by the Commission will influence the small fees allowed by Township Trustees, who control most of the medical and surgical relief to the indigent in rural districts, and these two forms of official fees—those of the Commission and of the Trustees—will influence public opinion and tend to reduce the pay we now receive for special work in private practice. They will likewise influence charges for mileage and incidentals, all of which are now much less than those in cities.

### RELATIVE COST OF PRACTICE.

It is a mistake to suppose that it costs the physician less to do good special work in the country than in the city. Maintaining a supply of fresh dressings and of seldom-used instruments and appliances for the occasional case, entails a greater net cost per case. There is no equitable or statutory or political reason for the country doctor receiving less net profit from work done for the Industrial Commission, or from other departments of the state government, than does his city brother! Instead, in some cases his aggregate pay should be actually greater than the average in cities. This much about his legal and equitable rights in the premises.

Under the first Fee Schedule and Rules Governing the Medical Department, issued by the Ohio Industrial Commission, there was considerable dissatisfaction on the part of medical men, and some friction resulted. Because the Commission showed a willingness to confer with the medical profession, a committee was appointed by the President of the Ohio State Medical Association and a number of conferences were held during the summer of 1914. The ten members of this committee practice in cities and appear to be unaware that a statute must operate uniformly throughout the state, that the injured workman should receive the same attention in every locality, and that what are practically public fees should be the same in all parts of the state. To the contrary, our committee was of the opinion that the uniform schedule should be abolished, and the fees should bear some relation to the population of the municipality in which the work



was done. In a formal communication to the Commission they stated:

"Resolved, that the Commission be asked to pay fees in accordance with the services rendered and based in part, at least, on local fee bills in actual use in the community where such services were rendered."—See O. S. M. J., July, 1914, p. 421, and Aug., 1914, p. 432.

We are glad to state that the Commission was not persuaded by our committee on this point. It did adopt a flat-rate fee schedule, dated October 1, 1914, averaging somewhat higher than the old, and new Rules to Govern Medical Department, all designed to have uniform application throughout the state. For this we commend the commission and also for its continuing to pay directly to the physician the fees allowed for services rendered. It gives us pleasure to acknowledge that, so far as we are aware, the Schedule and Rules now in use in Ohio are the most liberal toward all parties concerned that are in use in this country. But we fear that by a rigid constructions of the rules, the Medical Department sometimes awards to the general man, at least to the country doctor, an amount which is less than the service is relatively worth.

Probably for this the general men have only themselves to blame. Apparently no one spoke for them. Very properly the X-ray and the eye and ear men looked after their interests and they are specifically protected by a special schedule. City specialists in other lines are protected by the shibboleth, "customary fees"; but the general man, who seldom speaks in large figures and then only in bated breath, "cannot frame to speak the word aright," and, like the forty-and-two thousand other unfortunates, is liable to be bled at the river Jordan. We respectfully ask that in construing the Rules and in auditing bills for work done in the country the Claims Department consider the foregoing facts and kindly receive the following suggestions.

#### SUGGESTIONS.

Only the attending surgeon or the examiner appointed by the Commission can determine accurately the amount and the kind of service and the number of dressings and treatments required by a given case; and not infrequently the entire character of a case is changed during treatment by some unforeseen complication like infection, non-union in a fracture, or delayed repair or sloughing in a wound, due to some constitutional vice or to mistakes of amateur nurses, or to perversity of the patient himself. The doctor should not be held responsible for these accidents. Frequently in the country cases are handled without a graduate nurse, thereby requiring more frequent visits and greater vigilance on the part of the doctor. Because the Commission pays neither nurses nor hospital fees in these cases, it can well afford to remunerate the surgeon for a little

extra care, both for the good of the patient and to protect the Commission from claims for permanent disability. Frequently upon removing dressings an amount of inevitable deformity and disability is found, which the patient will never cure if left to his own devices. Many of these can be corrected by patient orthopedic treatment, and the Commission can well afford to pay the doctor for giving it. In every case, the true interests of the Commission and of every honorable surgeon are the same: to restore the patient to the nearest possible approach to the normal, not so much quickly or cheaply as permanently.

A reasonable allowance for mileage, in addition to the special fees which would have been allowed had the work been done in the physician's office, will still leave the aggregate expense less than if the patient had been removed to a distant hospital and the Commission had paid for hospital ambulance, hospital fees and the fees of a city surgeon. In country fee bills the charge for mileage is intended to cover cost of transportation and time in reaching the case, and does not cover special service. There is, and should be, a distinction between a medical visit and a visit with surgical or other special service. Hospitals dress their cases as frequently as do competent country surgeons, but because the work is done by nurses or by internes—who are forbidden by the rules to receive pay for such work—the cost of such service is concealed in the weekly charge of the hospital. On the other hand, the country doctor does this work himself, because he has neither trained nurses nor assistants. Each dressing costs him material, time, labor and the "know-how," and he feels entitled to pay for it. Because the country employer pays the same amount per capita into the general fund as does the city manufacturer, the country workman is entitled to as good service as the Commission furnishes anyone, and his doctor properly gives him the same attention that other patients receive. Perhaps these facts may explain the "padding of bills" and the "frequent" dressings we have seen mentioned in the literature of the Commission.

#### THE FEE SCHEDULE.

There is no occasion for captious criticism of the Fee Schedule itself, although it contains some minor defects. For example, there should be a distinction between "removing foreign body from" the cul-de-sac, and the removal, under proper aseptic precautions and with proper instruments and technique, of slivers of steel or iron, particles of emery or other foreign bodies from the eyeball. If the general man does this special work properly and successfully, he should be paid by the Eye and Ear Schedule. We believe that most frequently dissatisfaction is caused by the Medical Department arbitrarily cutting from the bills rendered, various items which the surgeon believed were necessary. Unquestionably, the Medical Department has the right to audit

bills, but we believe it impossible for its members to have full knowledge without seeing the case. Either the details of treatment should be left to the judgment and honesty of the attendant, or the local Examiner for the Commission should be used more frequently. We ask, without hesitation, for still more liberality in dealing with general practitioners, because employers have found their expenses less than under the former plan of Casualty Insurance, and are well satisfied with present rates; the workmen are satisfied, and the funds available are more than sufficient to meet all just demands on the Commission.

Some recent cases in this county indicate that the present method of making awards works injustice to the country doctor. I shall report two cases as briefly as is compatible with clearness, selected because I have personal knowledge of surgical facts and of circumstances which influenced the treatment and management.

Claim No. 75861. Hand infected from "blister" on palm. Case had been treated by a Lebanon physician until fifth day, when I saw it in consultation. Ulnar bursa, thecae and also dorsum involved, so that entire hand except thumb, both front and back, was literally a sack of pus. Indications of extension to forearm. Because patient had no home where he could be properly cared for, only temporary treatment was given, by enlarging a sinus between middle and ring fingers and deepening it to a free communication with bursa, thecae and dorsum, expressing a large amount of pus and distending and washing out pus cavities with normal salt solution. Hand and arm painted with Tr. Iodin, enveloped in large dry dressing, and patient sent to a Cincinnati hospital for radical dissection under anesthetic. After ten weeks in hospital patient returned to Lebanon with deformed and suppurating hand and for 58 days longer received full disability allowance until he returned to work, the Lebanon physician again treating him. Patient's statement and cicatrices indicate that in hospital three incisions were made in dorsum, one on dorsum of middle and of ring finger, and three weeks later flexor tendons and thecae were removed from the ring finger. In distribution of the statutory \$200, the hospital received \$107, a Cincinnati surgeon \$70, the Lebanon man \$10 for first five days' treatment, I received \$5; all these bills were paid in full as rendered; then the remaining \$8 were paid to the Lebanon doctor for 58 days of additional responsibility, furnishing his own supplies and doing 42 dressings, an average of about nineteen cents per treatment.

#### COMMENT.

The statutory limitation of hospital and surgical fees to \$200 should be repealed or amended. When this limit is exceeded all bills except that of hospital should be held up until termination of case, then all should be cut pro rata. Seventy dollars is too liberal for two little operations

which text-books classify in minor surgery, and looking at the hand once a week, the hospital meanwhile doing the daily dressings. It is not warranted by the Schedule of Fees. Ultimately the country doctor held the empty bag. Another case:

Claim No. 87928. Heavy, strong shirt sleeves on right arm caught in sprocket wheel, slowly revolving on horizontal shaft, and claimant was dragged around and beneath shaft a number of times before machinery was stopped. When seen fifty minutes after injury the robust man, age 26, showed marked shock, with skin pale and clammy, pulse 45, resp. 20 and shallow; temp., subnormal, mind dull. Shoulder and arm abraded by drag of clothing and bloody. Head of humerus luxated forward beneath center of clavicle. Post. border of scapula tilted  $1\frac{1}{2}$  in. from body and inferior angle dragged forward to axillary line. Muscles forming ant. and post. borders of axilla greatly stretched and apparently lacerated, and evidently exceptional laceration of joint ligaments to allow great displacement of humerus. Apparently hemorrhage into axilla. Transverse laceration of belly of biceps with great retraction. No fracture of bones apparent. Arm almost torn from body. The sub-clavicular luxation was reduced and patient taken one mile in my car to his home. Because arm dared not be closely confined, a sub-glenoid luxation occurred in sleep during second night, which was reduced with difficulty, with aid of medical assistance. The extensive abrasions required frequent and tedious dressings, to protect from infection the contused and lacerated tissues beneath. No pus. On the sixth day he was taken to Cincinnati and skiagraph showed no fractures and joint in good position. On seventh day he began to ride five miles to my office, every two or three days. Because of the exceptional lacerations, passive motions were delayed until 24th day. At that time voluntary motions were almost nil and passive motions but little greater. During next 60 days 12 orthopedic treatments were given; galvanism to contracted muscles and ligaments and to effusion and the induration about joint, and faradism to weak and atrophied muscles, with massage and increasing passive motion at each sitting. Discharged in twelve weeks from receipt of injury, with practically normal member. Had been doing partial labor for four weeks.

#### COMMENT.

This was much more than a luxation of shoulder. Statistics show some amount of permanent disability in more than half of all industrial injuries of shoulder; therefore exceptional treatment was warranted and the result is creditable. The Commission paid no trained nurse or hospital fees in this case, I carrying out all tedious details of nursing, dressings and treatments, and furnishing all surgical supplies. I reduced two dissimilar luxations of shoulder, did 19 dressings



with necessary aseptic precautions; gave 12 electrical treatments with massage and passive motions, each sitting requiring at least one hour; made seven trips of five miles and return with at least one hour detention to do dressing, charging \$3 mileage per trip; took patient 25 miles and return for X-ray work first day he was able; itemized my bill by Fee Schedule wherever it covered items specifically; charged electrical treatments at one-half city prices, and rendered a bill of \$101.50 for twelve weeks of successful treatment. Although Commission was informed of exceptional character of case and that total disability would last "at least six weeks," no local Examiner was sent to case and the bill was cut 43 per cent., without comment or explanation. In answer to a still further explanation of the charges I received an unsigned letter stating in part:

"For your visits to the residence we approved of but \$3.00. This to include the fee for dressing, as this is the customary method of physicians over Ohio in making their charges, and the rule we have adopted was formulated from this custom."

If it be the custom of Ohio physicians, in visiting surgical cases at a distance from their offices, to charge for an ordinary medical visit and then do tedious surgical or other special service for nothing, we are not aware of it. Certainly it is not in accord with our Warren County Fee Bill or custom. This patient received medicines at every visit, properly included under the \$3 charge for a "visit"; but for tedious dressings and nursing details I charged an extra fee, the aggregate being less than a graduate surgical nurse would have cost during the time patient was unable to be brought to my office.

#### HEAVY RESPONSIBILITIES

This talk is not because two country doctors

are disappointed in the pay they received for services. Every physician is inured to that. Neither is a principle involved; because the equities are too evident to be debatable. The question is whether a responsible country doctor can afford to work for the Commission under existing conditions for the pay he is likely to receive. Now-a-days pecuniary risk is always a liability in medical practice, his reputation is the physician's only stock in trade, and always these should be considered by him before accepting surgical responsibility. The same statutes which create the Industrial Commission protect the employer of labor and thereby increase the danger that the surgeon may be sued by some dissatisfied or mercenary workman. It is stated that already there is an increase in the number of suits against physicians in states which have some form of workmen's compensation which protects the employer against suits. But no statute protects the Ohio doctor in this particular. Making conditions still worse, our Superintendent of Insurance now prohibits insurance companies from writing physicians' liability insurance within the state. Thus the physician neither has friends in high places, nor is he permitted to purchase protection against threatened robbery or blackmail.

Amputation, deformity, loss of function or other defect follows a large proportion of industrial injuries. Unless the country doctor has the co-operation of the Commission in minimizing these permanent disabilities by careful management and full treatment of cases, he well may hesitate before assuming inevitable responsibility for end-results.

1. President's address before the Warren County Medical Society, in session at Lebanon, Ohio, for its October meeting.

2. In Ohio the word village means any municipality having less than five thousand population and general practitioners therein may be called country doctors.

*THE JOURNAL is glad to publish Dr. Hough's paper. We want, and we believe that the state industrial commission wants, constructive criticism. Workmen's compensation is new in this and in other states. It is the duty of the medical profession to assist in making its operation a success. This will be done if our members will aid us in calling to the attention of the commission conditions which should be remedied.*

## Intraspinal Injections of Salvarsanized Serum for Syphilis\*

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THE discovery by Noguchi followed by other observers (Moore, Nichols, Graves of U. S. and Marie, Levaditi, Foerster and others of Europe) of the *Treponema Pallida* in syphilis of the nervous system, paresis, and less frequently in tabes, gave a new impetus to the treatment of these conditions.

Heretofore, these were regarded as meta or para-syphilitic conditions and after the diagnosis had been made, nothing could be done but fold your hands and wait for the inevitable. A neurotoxic spirochaete was thought of which attacks only the nervous system. Nichols says cases having secondaries in the form of papular syphilides show a tendency to syphilis of the nervous system.

Following the demonstration of a definite cause, there remained two things to do:

1—Recognize the trouble before irreparable injury had been done to important structures.

2—Determine the most efficient therapeutic agent and the method of applying it.

To comply with the first, careful clinical and laboratory examination must be made, especially if the patient is a known luetic. Attention should be paid to the four reactions: Wassermann on the blood serum and spinal fluid, increase of cell count and globulin in the latter.

In doing the Wassermann reaction on the spinal fluid I used larger amounts of fluid than usually advised—.6 cc., .8 cc., 1. cc.

Paresis, tabes, and cerebro-spinal syphilis, cause practically the same changes in the spinal fluid. The increase of cells, which are lymphocytes (mononuclear), and globulin, point to a chronic inflammation and are probably the first changes to take place, even preceding the positive Wassermann (Nonne and Apelt).

Should these changes occur in the spinal fluid very early even in the secondary stage of syphilis, they are usually easy to influence favorably by local measures, but not so in the late manifestations. This is called the "Wassermann fast" stage by Dr. D. M. Kaplan of the Neurological Institute of New York City, and is not modified in the least by any kind of local measures, however intensive.

The Wassermann system used in my observations was that of a modified Noguchi using several different antigens, including the Swift-Walker (alcoholic extract of human heart plus .4% cholesterol).

In making the globulin test I used the Noguchi butyric acid precipitation reaction, being very careful to use spinal fluid that was entirely free from red blood cells.

The cell count was made with an ordinary blood counting chamber. A proper sized drop of the fresh spinal fluid was placed on the stage of the counting chamber. A white blood cell pipette and an acetic acid methyl-violet differential stain as diluting fluid, may be used. Several preparations were counted to get an average number of cells per cu. mm.

The recognized normal number of cells is 0 to 5, suspicious or border line, 6 to 9, and all above this are pathological.

The spinal fluid pressure was determined by use of a rather simple hydromanometer. The normal variations were great: 90 to 200 mm. I do not believe that this is of any practical importance as it closely approximates the blood pressure.

It is to be deplored that many cases presenting severe nerve involvement, with clinically only unequal pupils or sluggish patellars, will show a very clearly negative Wassermann reaction on the blood serum and the true condition be overlooked or explained otherwise, because of the supposed difficulties of a spinal puncture, whereby a correct diagnosis could be made. The nervous system may be the only place having an active syphilitic process, therefore the spinal fluid would show a very positive Wassermann reaction.

No case has ever been reported where a positive Wassermann on the spinal fluid was other than syphilitic, very strong reactions pointing to paresis and tabes, while milder ones point to gumma, luetic endarteritis, meningitis, etc.

Many of the nerve cases give a history of a very mild attack, and 50% no syphilitic history at all.

It is presumed that 1 to 2% of all syphilitics develop paresis or tabes. If the primary sore or infection is low down, the lower segments of the spinal cord will be affected first, finger or hand, the cervical cord, while infection of the tongue, mouth or face will give a tendency to cerebral syphilis. The spirochaetes are supposed to travel in the peri-neural lymph spaces.

Their strongholds seem to be in the regions of poor vascularization and the central nervous system is rich in these localities. Their predilection is for the lymph spaces; perivascular and perineural, which are not in direct communication with the general lymphatic system but are part of the sub-arachnoid space.

It has been shown by Simon Flexner and his co-workers that very little, if any, of a therapeutic agent ever reaches the spinal fluid even though introduced intravenously and in large amounts. Therefore, to treat acute infections of the meninges the anti-serum must be introduced intraspinaly.

\*Read before the Session on Dermatology and Genito-Urinary Diseases, Ohio State Medical Association, in the 69th annual session in Columbus, May 5, 1914.



We are a little more fortunate in the chronic infections, as local measures have some effect though they are not curative, especially in the late stages when the disease is usually discovered.

Mercury and potassium iodide are not very efficient in their effect on the spinal fluid evidences of lues. Frequently they make paresis and tabes worse.

Salvarsan and Neosalvarsan have no predilection for nerve tissue and but little ever reaches the ventricular fluid.

Some experiments go to show that if the meninges are irritated and their resistance lowered, there is a slight influx of agents from the blood. One observer injects serum, normal salt solution, or a mild antiseptic intraspinaly, and in the meantime, treats the patient energetically.

The spinal fluid is supposed to be secreted by the choroid plexuses of the ventricles and is absorbed by the arachnoid and pia as well as along the sinuses in the dura mater.

Harmless dyes, such as phenol sulphonephthalein injected into the lumbar sub-arachnoid space appear in the ventricles in 20 minutes, also in the urine in 6 to 9 minutes. If the dye is injected into the ventricles, it takes 10 to 12 minutes to appear in the urine.

Naturally intraspinal administrations of high dilutions of 606 or 914 suggest themselves, but both of these injected into monkeys experimentally proved to be too irritating, 914 being less so.

They were diluted with blood serum but this was not practical. The deaths of the Los Angeles cases graphically illustrate this.

Wechselman gave two paretics and two congenital luetics intraspinaly 914 without bad effect.

Marinesca gave 13 cases 5Mg. in 4 cc. intraspinaly; ten had severe immediate unpleasant affects; 8 had permanent bladder disturbances. He also used some Salvarsanized serum in a few cases with beneficial results.

Robertson used Salvarsanized serum from a case of secondary syphilis and injected it intraspinaly into paretics, one-half giving good results.

Gonder reports similar results on spirochaetes of relapsing fever in rats.

Salvarsanized serum injected locally in other luetics proved beneficial. Heating the serum to 56 degrees Centigrade for 30 minutes, increased its spirochaeticidal action.

Normal serum injected alone into the spinal canal proved non-irritating.

With culture media prepared according to Noguchi's method for growing spirochaetes, using luetic serum before treatment, the spirochaetes grew just as well as when normal serum was used.

With serum from a luetic who had received a dose of 606 or 914 intravenously at various times, up to one hour afterwards, there was a decided inhibition of the growth. Intervals longer than

one hour showed little or no inhibition. Therefore, the best time to secure the serum is from 30 minutes to 1 hour afterwards.

After securing 40 to 60 cc. of blood in sterile tubes during the above described opportune time, I allow this to stand on ice over night. I then pipette off 12 to 15 cc. clear serum and centrifuge rapidly to free it from red cells. According to a recent communication from Dr. Swift of the Rockefeller Institute a large part of the reaction was found to be due to the contained red cells. I next add 18 to 20 cc. sterile, normal salt solution and incubate for 1 hour at 56 deg. C. The percentage of serum may be increased from 40% to pure serum, depending upon the number of treatments and the amount of previous reactions.

In making lumbar punctures, I usually place my patients on their right side with their backs bowed out as much as convenient. After proper sterilization, soap, water, tincture of iodine and alcohol, I inject novocaine or cocaine locally in the intervertebral space of choice. This assists in keeping the patient quiet during the operation and also in warding off some of the immediate after effects such as dizziness, vertigo, etc.

The needle is introduced into the inter-space (3rd and 4th lumbar vertebra) on a line with the crests of the ilia, just a little to the lower side of the median line. I first determine the pressure of the fluid and then permit some of the fluid to be wasted as this is rich in red cells from the rachidian plexus of veins. The red cells interfere with the ease of counting the lymphocytes.

I withdraw a little more fluid than I expect to inject or until the pressure is reduced to 30 mm.

The gravity method is the one of selection for injecting the Salvarsanized serum. I use the barrel of a 30 cc. Luer syringe as a container to which is attached 40 to 50 cm. rubber tubing. This apparatus is flushed with normal salt solution, then filled with serum, care being used to exclude all air from the tubing, as air will not behave as well in the spinal canal as small amounts will in the blood.

The container is held about the level of the normal pressure and the fluid is allowed to go in slowly, the rate of flow being varied by raising or lowering the container.

The patient should be kept in the horizontal position for awhile. It might be well even to lower the patient's head to hasten the circulation of the fluid to the ventricles. Following this we have a polymorphonuclear leukocytosis and an increased secretion of spinal fluid. The treatment should be repeated every two weeks.

Four reactions are made each time and treatment kept up until they are all negative. There will be more marked improvement in the laboratory reactions after each treatment than will appear clinically, but your only hope is to check the process where it is.

Re-education will do a great deal for the ataxic gait, defective speech, etc.

As far as the effect on the nervous system is concerned, Salvarsanized serum from other patients can be used with good effect. A better plan is to give the patient the whole benefit by combined treatment, intravenous and intraspinal. Fifteen intraspinal and 20 intravenous injections have been given without any bad effects.

I have treated 24 cases divided into the following groups: Paresis, 6; tabes, 10; syphilitic spastic spinal paralysis, 2; syphilitic meningitis, 1; syphilitic anterior polio myelitis, 2; transverse myelitis, 1; syphilitic chorio retinitis, 2.

Each patient received from 1 to 10 intraspinal administrations, totaling in all, 78. Of the cases of paresis treated, 3 received distinct benefit and 3 were unimproved.

The 10 cases of tabes showed decided improvement physically as well as in the 4 reactions.

Of the two cases of syphilitic spastic spinal paralysis one showed decided improvement, and the other, of 8 years' standing, very little, if any, improvement clinically.

The case of syphilitic meningitis has shown progressive improvement.

The transverse myelitis case and the two syphilitic chorio retinitis cases have been improving nicely. The two cases of syphilitic anterior polio myelitis showed decided improvement. One of these, nine days following his third treatment, died of an encephalo meningitis. This patient had his intravenous 606 on Saturday, December 13, 1913, and on Sunday I prepared the salvarsanized serum, but as he was not feeling very well, did not come to the office until Monday when I resterilized the serum and gave him about 35 cc. intraspinal. On Tuesday he felt fairly good and Wednesday came down town, attending to a few business matters and in the evening went out to a dinner party. Thursday and Friday he did not feel so well and on Saturday, called at the office. At this time he had a temperature of 102.

A blood count was taken on Thursday and was normal. Sunday evening he complained of a severe headache and occasionally was in a mild delirium. Monday, Dr. Coons saw him with me and at that time his blood count showed 32,000 leukocytes and 95.5% polymorphonuclears. His delirium and restlessness had increased and on Thursday, Dr. Deuschle saw him and we made a spinal puncture, withdrawing a very cloudy fluid at low pressure, loaded with pus cells. 15 cc. anti-streptococcic serum was administered intraspinal, also some intravenously and subcutaneously. He showed slight improvement under the anti-streptococcic serum and it was repeated in 12 hours. Cultures of the fluid showed a diphtheroid organism which I believe to be only a contamination and not the true offender. He had been suffering from a severe coryza and bronchitis up to the time of treatment and we thought him sufficiently recovered to take the treatment. He gradually grew worse and died Wednesday, nine days after the intraspinal administration of salvarsanized serum. Two other men received the same serum at the same time with good results. One patient furnished serum for all three cases.

In conclusion, I would say that syphilis of the nervous system is a persistent, chronic disease and demands persistent treatment.

Bear in mind that the only thing that can be hoped for in this or any other kind of treatment against such infections is to stop it where it is and endeavor to re-educate some other nerve tracts to take up the lost function.

To obtain good results, the case should be diagnosed and treated as early as possible. The majority of cases that I have treated were of too long standing to get the best results. This method of treatment is by no means ideal nor final but it certainly is a decided advance over what we have been able to do in the past.

*Red Cross Christmas Seals are now on sale in almost every city and village in the state. Help boost their sale in your community. Use them on ALL your Christmas packages, and your mail. A great practical charity will be aided thereby.*



# Reorganization of Toledo Health Department: Replacing Sanitary Police with Public Health Nurses.

D. W. IFORD, M. D., HEALTH OFFICER

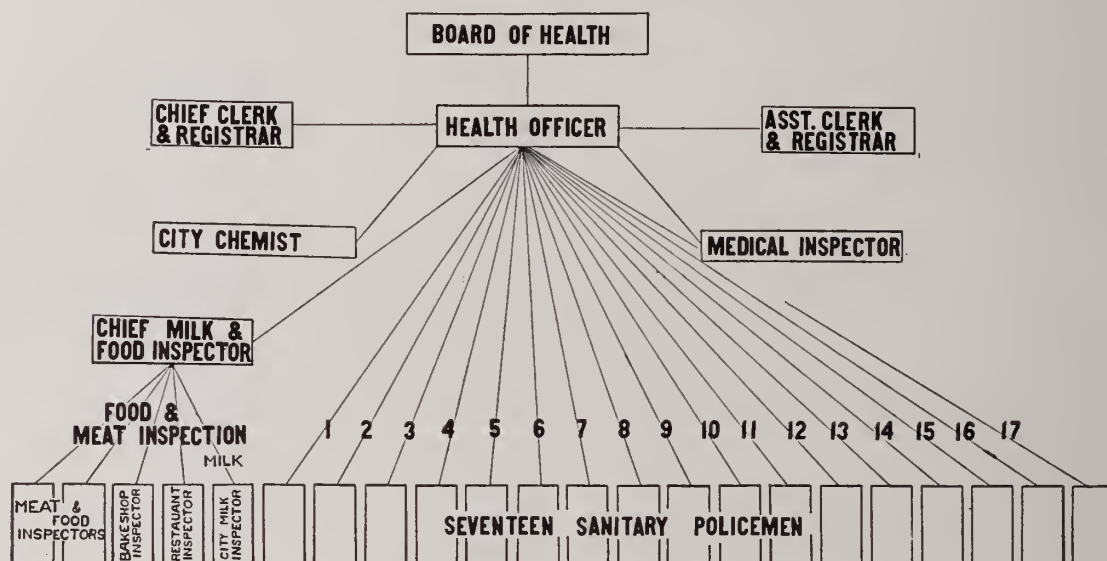
Editorial Note—Toledo is working out an extensive reorganization of its public health activities, following a survey of the local situation by the U. S. P. H. S. Before the Toledo Academy of Medicine, on October 1, Dr. Iford briefly outlined the work, and Dr. Mundy reported on the campaign against typhoid. Inasmuch as these are problems of great interest in several Ohio cities, The Journal secured these papers and the accompanying charts for publication.

THE reorganization of the health department of Toledo was completed May 18, 1915, as shown by charts on this page, and we believe that we will be able under the reor-

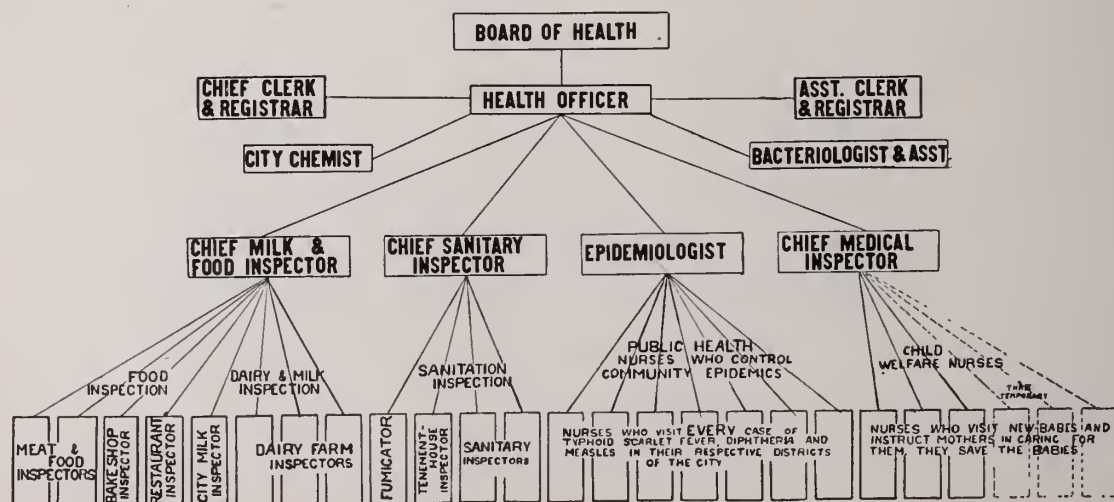
ganization to reduce the mortality and morbidity of the city, which always has been among the highest in the state. The work already done by the department has shown marked results.

Our experience is again proving the inconsistency of employing sanitary policemen in preventing communicable diseases. Their lack of knowledge in sanitation and hygiene makes them practically useless. We have reduced the number in Toledo from seventeen to five, and have put in

## TOLEDO DEPARTMENT OF PUBLIC HEALTH BEFORE REORGANIZATION .



## TOLEDO DEPARTMENT OF PUBLIC HEALTH AFTER REORGANIZATION



their places seven communicable disease nurses, whose duty it is to placard quarantinable diseases and make daily visits to see that the orders and regulations of the department are being carried out. They also give such personal assistance as may be necessary to carry out the prophylactic measures.

We admit that we have more recorded cases of typhoid fever than in years before. The fact is there were only about 40 per cent of the cases reported in the past, where now we have reported about 80 per cent of all cases. And the cases that are not reported by the physicians are usually found by the division of epidemiology in their investigations—thereby providing a double check.

The work done by the division of epidemiology has shown splendid results. They investigate every case of smallpox, diphtheria, scarlet and typhoid fever, and measles, and such other cases as are determined by the head of the department. This is done in an endeavor to ascertain the origin

of the infection, so that proper preventive measures may be taken at the source to prevent the spread of the disease.

It is our aim at all times to cooperate with the attending physician, and under no circumstances are the members of the department allowed to interfere with the treatment or diagnosis of the attending physician.

Our bacteriological department's work has more than tripled in the past three months. We are now prepared to do all examinations that are necessary for the early diagnosis, and we give all the assistance that is possible to the profession in the examination of blood, sputum, Widal's and throat cultures, free of charge.

The school inspection is done under the supervision of the board of education, which is giving this department all the assistance possible.

Our aim has been at all times, in the reorganization of this department, to have one of efficiency and not of politics.

The charts on the opposite page show more clearly than may be expressed in words exactly what has been done in the past few months—changing the department from a bureau relying chiefly on sanitary inspectors to a well-balanced organization designed to carry on its activities in accordance with the best ideas of modern prevention medicine. The change from sanitary police to public health nurses is being made throughout the country.

## The Typhoid Situation in Toledo\*

CARLL S. MUNDY, B. Sc., M. D., TOLEDO, OHIO

(Epidemiologist, Department of Health, Toledo, Ohio)

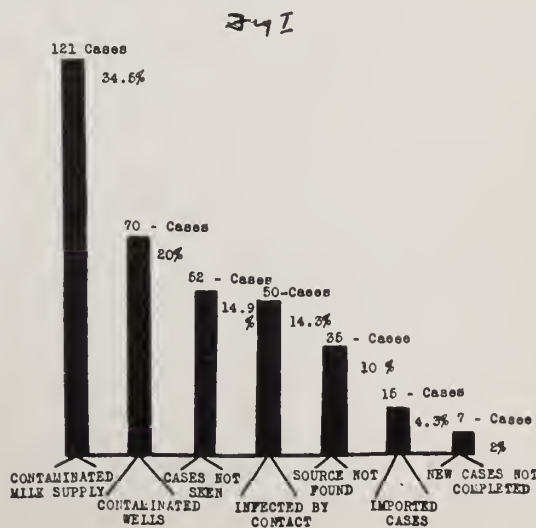
THE public health problem of Toledo, which is at present of first magnitude, and which has been constantly so for the past ten years, is the typhoid problem. The yearly toll of deaths in our city and the devastation wrought by this almost, if not entirely preventable disease, has attracted not only statewide but nationwide attention. It has caused an economic loss which can never be estimated.

The seriousness of the smallpox epidemic of 1913-14 was for a time overshadowing, but it was only transient. It is small wonder that this problem should ever be uppermost in our minds, when you consider that in Toledo the average mortality for the past ten years has been 34.7 per 100,000, and that during this time our mortality has ranged from 22.5 to 43.2, being below 31 in only two instances. In 1913 our typhoid rate was second highest of all cities in the country and highest of all northern cities, namely, 41.57. For these reasons not only the profession but civic organizations have been aroused to activity and demanded that something definite be done.

Since May 18, 1915, when the reorganized health department began work, our activities have been confined principally to this situation. The problem has resolved itself into three components: First, getting better reports from the physicians, that we may know where each case

possible; and third, removing the cause when found. This last also includes the prevention of contact cases.

Glancing back over the office records of the past four years we find reported during the first nine months of 1912, 161 cases; of 1913, 259 cases; 1914, 198 cases; and during the same period of this year, 350 recorded cases of typhoid. From the surface it would seem that we are having located; second, the investigation of these cases with a view to finding the source of infection, if



\*Read before the Academy of Medicine of Toledo and Lucas County, October 1, 1915.



## These Maps Show How Toledo is Fighting Typhoid

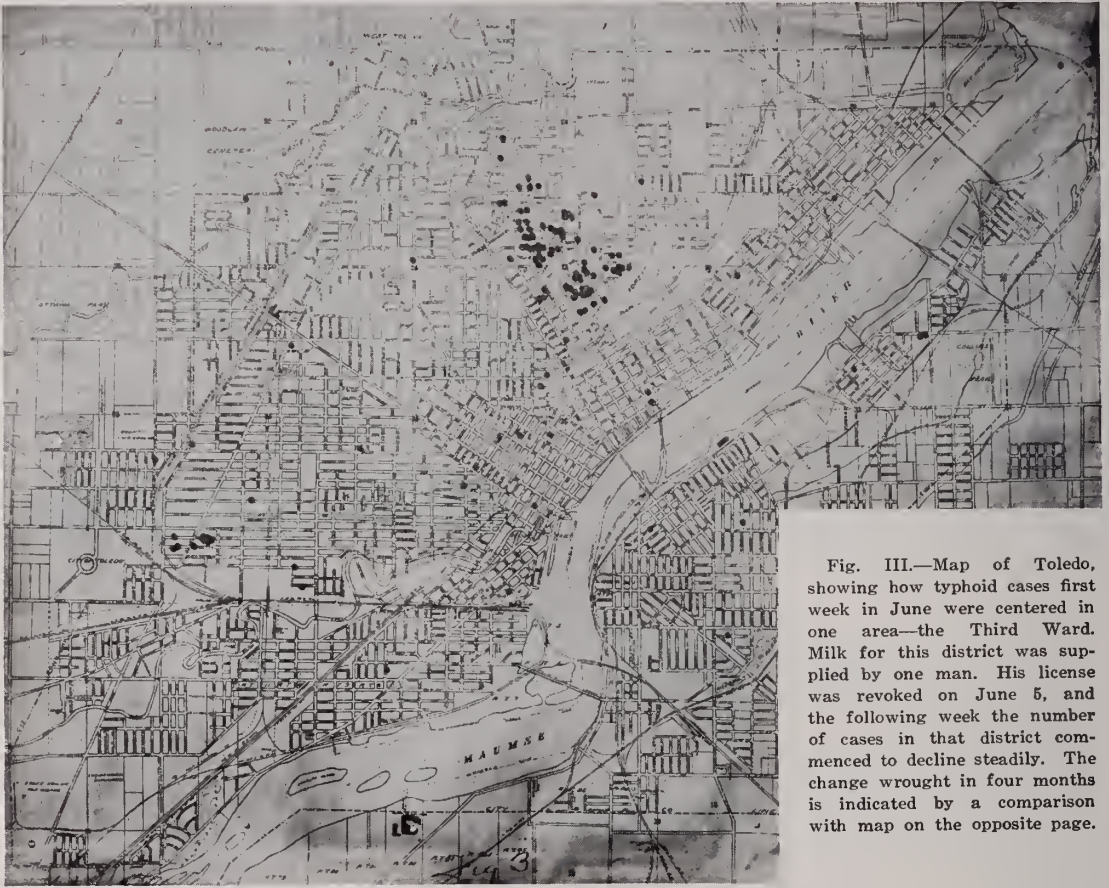


Fig. III.—Map of Toledo, showing how typhoid cases first week in June were centered in one area—the Third Ward. Milk for this district was supplied by one man. His license was revoked on June 5, and the following week the number of cases in that district commenced to decline steadily. The change wrought in four months is indicated by a comparison with map on the opposite page.

ing more typhoid this year than for some time past, but let us look at the mortality record. For the same periods we had in 1912, 35 fatalities; in 1913, 51; in 1914, 49; and in the first nine months of this year, only 31 fatal cases. From these figures, our mortality up to the present year has been between 20% and 25%, yet it is hard to believe that there is any physician who loses one out of every five cases he treats. Authorities variously estimate the mortality at from 5% to 10%. Either is high enough, but to make an estimate of the number of cases which is liberal, we are assuming a mortality of 8%. Upon this basis the probable number of cases in Toledo for the periods mentioned were 450 in 1912, with 161 reported; 625 in 1913, with 259 reported; 600 in 1914, with 198 reported; and 400 this year, with 350 cases on record.

Thus we see that during the past years we have had only between 30% and 40% of our cases reported. Since only 328 cases were reported this year (the remaining 22 cases having been found by us), we are now having about 70% reported. This is a big improvement, but still falls far short of what it should be. We can

never cope with the situation until we know the location of each and every case, and have our nurses there when it is necessary.

Of the 350 recorded cases, 291 have been investigated. Of the remaining cases, 52, or 18%, were cases which had recovered previous to the 18th of May and were not seen; and 7, or 2%, were new cases which had not been investigated at the date of this writing.

The result of these investigations has been the division of the source of trouble into four factors. According to importance they are: milk, surface wells, contact, and importation; and, incidentally, remedies have been suggested. (See Figure 1 on page 775.) In 35 cases, 10% of the total, we were unable to trace the source of infection and they have been classed as "unknown."

### POLLUTED MILK.

The first and most important factor with which we have had to deal has been polluted milk. To this source we have definitely assigned 121 cases, 35% of the total, to date. The farm in question has, for the last four years, sold its entire output to a peddler in the Third Ward. Previous to this

## They Testify to Value of Milk Regulation



Fig. IV.—Same area first week in October, four months after milk supply of Third Ward had been cleaned up, showing reduction in cases in that district from 70 to 1. A comparison of these charts gives a striking example of how a well organized health department may almost wipe out typhoid. (Cases of typhoid are indicated by the black dots on both maps.)

the milk was sold to another man, in a different section of the city, who had what was known as the "typhoid route." Suspicion centered on the first mentioned route very early. A history, Widal's and stools were obtained from all persons having anything to do with the care of the milk. A chart of cases under observation would show that there had been a rapid rise in the number of cases under observation, beginning the first week in April. Early in April we had 20 cases reported. This rose steadily during April and May until during the second week in June, when there were 99 cases in the city. Our maximum number of cases under observation was reached at this time and then dropped rapidly to 62 cases during the week of July 4.

From the map (Figure III on page 776) showing the distribution of the cases under observation the first week in June, it may be seen that most of our cases at that time were in the Third Ward—the district supplied by this man. About June 1 we had found 80 cases who had used this milk. We had 70 cases under observation in the Third Ward, with 90 in the entire city. At this

time typhoid bacilli were obtained from the milk and the diagnosis confirmed by animal inoculation. Accordingly, on the 5th of June, the peddler's license was revoked and his source of supply changed. Our chart shows that the next week we reached our maximum number of cases under observation, namely, 99; fell to 95 the week of June 13, and then dropped rapidly until the week of July 4th.

Here the line of incidence again begins to rise. This was due to 38 cases which developed at one of the large factories in the city. Upon investigation it was found that the farm above referred to was selling to a creamery that pasteurized. To date there has not been a single case traced to the milk from this creamery when sold in bottles. But milk was sold to the factory in bulk, and as the manner of washing the milk cans and can covers was not good, the infection was presumably transmitted to the pasteurized milk in that way. Meantime typhoid bacilli had been isolated from the stool of one of the men on this farm, and upon this evidence the place was closed entirely July 24th. Allowing for the usual period



of incubation, we have had no further cases from this factory. It was unfortunate this second situation occurred, but since it did, it must be accepted as proof positive that the real source of infection, in this instance, had been found. And further proof is offered from the accompanying map (Figure IV on page 777), showing the distribution of cases the first of October. It is to be noted that at the present time we have but one case in the district where before there were 70. In the near future we expect to publish an account of this epidemic in fuller detail.

#### SURFACE WELLS

The second factor in our typhoid rate is the surface well. In 70 cases, 20% of our recorded number, it has been found that water from a polluted well had been used. This is a most difficult problem to handle. In a survey of the city made two weeks ago the actual number of surface wells in 70 city blocks, distributed through seven sections of the city, were counted. From these data the number of wells was computed. We find there are between 9,000 and 10,000. When you consider that out of 650 samples taken from these wells, only 25 were found free from colon bacilli, and only five wells had two or more samples taken from them which were free from contamination, the seriousness of the situation can be readily imagined. We have taken samples from 320 wells; of these 280 have had two or more samples examined in our laboratories and have been found bad. They have been condemned, and 115 of them have been filled. Forty wells have had but one sample taken, to date. The condemning of these wells individually is an expensive and time-consuming process, but we cannot, by law, enact a blanket ordinance covering the proposition. There seems to be no other remedy for it. It is one of our big problems and is receiving full attention. We hope before next fall to have disposed of a goodly share of them.

#### CONTACT CASES

The third factor is contact. This includes both direct and indirect contact, and those cases which with a reasonable degree of certainty may be attributed to flies. In this class are 50 cases, a little over 14%. This comparatively high percentage is due in large measure to delayed or unreported cases. The importance of an early report can not be over-emphasized. It is not only a lawful duty of a physician, but a moral obligation to his patient and the community at large.

Over in Birmingham, in a block where there are neither sewers nor city water, but many surface wells and surface privies; where the houses are not screened, and where there is much overcrowding and more filth, a little girl was taken

sick about the middle of last July. Her case was diagnosed as one of typhoid fever. The doctor called daily, but never reported the case. No doubt he did his duty by the patient, but not by the community. In less than a week following his dismissal from the case three other members of the family were stricken. This time another doctor was called, who reported the cases to us. About the same time four cases were reported in the house on one side, and two in the house on the other side of this home. Within ten days we had 12 cases in that block, and 20 cases within a radius of two blocks of this house. Two deaths have resulted.

Previous to the first visit of our nurse there had been no preventative measures attempted. It is no more than reasonable to suppose that we could have prevented at least half of these cases had we been notified of the first one. Our nurse makes daily visits to the homes where there is typhoid and instructs the attendant in the best prophylactic measures to be used. Moreover, she sees that these instructions are carried out. That we are getting results is proven by the fact that there are only ten contact cases on record that have occurred after our nurse had been visiting a sufficient length of time to rule out a prior infection.

#### IMPORTED CASES

The smallest percentage of cases of known cause are those imported. Of these we have 15, or 4¼%. These, of course, could have been prevented had vacationists heeded the warning given to be vaccinated. The statistics of the U. S. Army show that in the year 1910 there were 198 cases of typhoid among the soldiers. Less than 12,000 out of the 82,000 troops were vaccinated at that time. During the years 1913 and 1914 there were 11 cases, 4 in 1913 and 7 in 1914, with a mean strength of 91,500 men. During these years vaccination was compulsory. Unquestionably most of our cases could be prevented by this measure alone.

In brief, then, typhoid fever has been endemic in Toledo for some years past. Of the four principal sources of infection—milk, water, contact and importations—the first has already been, for the time being, eliminated; and the second is being dealt with as rapidly as possible. The last two factors cannot be met until we receive the full co-operation of all physicians to the extent of reports on all cases, and until we have been more successful in a propaganda favoring anti-typhoid vaccination. Each case is a focus of infection from which others may be derived, and the importance of being on the ground early, with proper disinfection, isolation and other preventive measures, cannot be overestimated.

## Cardiac Affections from Gall Bladder Disease and Appendicitis\*

M. J. LICHITY, M. D., CLEVELAND

MY attention was first called to this subject through a paper which Dr. Robert Babcock presented to the Association of American Physicians in 1909. Under the subject of "Chronic Cholecystitis as a Cause of Myocardial Incompetency," he discussed the effect upon the heart, of gall bladder disease only. I am pleased to refer to that paper, both on account of its value, and for his reference to the literature on this subject. He reported 13 cases. His reference to the literature at that time was to me not so much of a surprise as the assurance that the gall bladder and appendix must be blamed, not only for the many troubles which the practitioner has to contend with when he sees patients complaining about indigestion, but for many of the cardiac affections which are often just as annoying, and more serious.

The practitioner realizes now, more than ever before, that many of his gastro-intestinal cases cannot be restored to health without the aid of the surgeon, and he will realize also, as time passes, that it is fully as important, and even more so, to refer many of his heart cases to the surgeon. It might seem very rash to make the statement that an exploratory abdominal incision is warranted in some cases for diagnosis and treatment of certain forms of heart disease. But it is nevertheless true, in spite of all controversy, that many times the exact condition of the patient's heart is not known until the abdomen is opened, and that rational treatment for the heart begins at that very moment.

A tabulation of patients seen in private and consultation practice shows that the surgeon has operated upon the gall bladder or appendix or both, in approximately 600 of my patients. Most of the patients sought relief of what they called "indigestion" or "stomach trouble." In but a small percentage were they complaining of pain in the abdomen, and but few of them could be easily persuaded that they had any disease of the gall bladder or appendix. This number of operated cases has been collected from 1500 cases of gastro-intestinal disease, which shows that 40% complaining of indigestion had a surgical lesion of the abdomen, which lesion was found in the gall bladder and appendix. This observation convinced me long ago that the stomach deserves the reputation it has been given of being considerable of a liar. One of our best known American surgeons has called the stomach "The biggest liar in the body." The philosopher, Bacon, has called it "The master of the house." Some masters are liars. However, the stomach is not

the only organ from which come misleading symptoms. The heart often seems to be defective in the patient's estimation, when in reality, it is normal. On the other hand, a patient often thinks his heart in perfect shape, when, in fact, it is defective, manifesting organic disease.

At present, any reputable surgeon or internist will find the disease of the gall bladder or appendix very frequently and often very easily, through a study of the symptoms arising from the stomach. Now, while it is not hard to see how the diseased gall bladder and appendix may affect the heart, it is not so common to discover the diseased gall bladder and appendix through the annoying cardiac disturbances, as through the annoying gastric disturbances. But as I study the records of my cases in which occurred operations upon the gall bladder or appendix or upon both, I am surprised to see how frequently there was some functional disturbance or some organic disease of the patient's heart.

The "Gall Bladder Heart" is a term which may be used for very good reasons, and to use it more frequently might be a safeguard to prevent overlooking the myocardial incompetency which, in many cases, is the result of cholecystitis. We all know how, in years gone by, there was much talk of "catarrh of the stomach and bowels" and of "gastric and intestinal indigestion," but we also know now that many of these cases were nothing more or less than disease of the gall bladder or appendix, which may be found through the gastro intestinal symptoms more easily than was formerly supposed.

More recently we have heard the term "Appendicular Nephritis," and it is a justifiable term. Dieulafoy has even spoken of an acute hemorrhagic nephritis which is the sequel of appendicitis. An account of this may be seen in his text-book on medicine. I have seen some of these appendicular nephritic cases and have also seen them restored to health after an appendectomy and likewise in more recent years, I have seen many cardiac affections relieved by an appendectomy, and more cardiac affections relieved by an operation upon the gall bladder. Should one therefore doubt the propriety of speaking of "Gall Bladder and Appendicular Carditis"? While the discussion is about "Cardiac Affections," as the title of the paper indicates, and is not limited to pathological changes in the anatomy of the heart, it must not be forgotten that a functional disturbance of the heart is often as much, and frequently more, of a heart trouble or affection, than is a true pathological change in the heart muscle, which may have been existing long before the diagnostician or pathologist could condemn the heart. In other words, it seems to

\*Read before the Medical Section, Ohio State Medical Association in seventieth annual session in Cincinnati, May 4, 1915, and before the San Diego County Medical Society, California, June, 1915.



me that the functional cardiac disturbances which are generally regarded as merely somewhat more annoying though less serious and detrimental to the patient's welfare than the organic cardiac affections, should be regarded as a serious matter in every instance until one can exclude all pathological changes of which the gall bladder and appendix are but two.

It would be as difficult for me to concede that those statements and arguments given, have an unwarranted premise, as it would be to admit that the gall bladder and appendix have no effect whatever upon the heart. Of course, there may be some who doubt even that. But there are some also, who seldom diagnose disease of the gall bladder or appendix except in those comparatively rare instances when they see the life of a human being in jeopardy. The acute gall bladder and appendix attacks which threaten one's life are very rare compared to those of the chronic type which endlessly annoy one's life. Indeed, it is a question whether there is much acute appendicitis and gall bladder disease. I have believed for some years now, that by far the greater number of attacks of acute appendicitis and acute cholecystitis which threaten one's life are nothing more nor less than acute exacerbation of pre-existing chronic appendicitis and cholecystitis.

"No appendicitis without stricture" was Dielafoy's remark. But what made the stricture? Either chronic inflammation of the mucous membrane or some other pathological change, or even an anomaly in embryology. Of course those who doubt the extreme frequency of chronic disease of the gall bladder and appendix will doubt much more the wisdom of making mention of "Gall Bladder and Appendicular Carditis" and will continue to talk about "Catarrh of the stomach and bowels." It is very difficult for many of the profession and many more of the laity to give up the idea that catarrh of the stomach and bowels is an awful and frequent affliction, in spite of the fact that it is a very rare condition to be found at autopsy when compared to other lesions.

I regret that no report can be given here about bacteriological conditions in the gall bladder, appendix, or heart, such as have been given recently by Rosenau and Billings. Whether these cardiac affections are the sequelae generally of a bacteriological infection of the gall bladder and appendix or a concomitant infection is perhaps hard to determine in many cases. Then, too, other toxins, non-bacteriological, resulting from disease of the gall bladder and appendix may produce cardiac disturbances.

It is quite probable, perhaps indubitable, that disease of the heart may be produced by any or all three of such conditions as chronic alcoholism, chronic cholecystitis, and chronic appendicitis. If the inebriate who is afflicted with disease of the heart and gall bladder and appendix should be-

come a model of sobriety and at the same time submit to an operation upon his gall bladder and appendix and thereafter find his heart restored to a normal condition, it is not likely that one could say he was cured solely because he became so rigidly temperate. Who can say that glutony and alcoholism are any more or less a cause of heart disease than is the deadly microbe activated through disease of the gall bladder or appendix? But one may say with comparative certainty that when the heart becomes restored to normal condition after the elimination of the microbe or the subduing of intemperance that the etiology of such heart disease has been discovered. So also when the heart becomes normal after an operation upon a diseased gall bladder or appendix, one can safely say that the underlying cause of the disease has been discovered.

In those cases of mine where the appendix only was diseased there was more frequently only a functional disturbance of the heart, though in other cases the appendix alone could be blamed for the organic heart lesion which was alleviated or cured by an appendectomy. But in disease of the gall bladder or both gall bladder and appendix, the resulting cardiac affection was usually more serious than a neurosis. While in chronic cases of long duration, myocarditis is the usual sequel, I feel sure that endocarditis, pericarditis, and indeed pancarditis, are complications or sequelae of disease of the gall bladder or appendix, whether recognized or unrecognized.

The type of cardiac affections which I have noticed in both the operative and non-operative cases may be easily classified as follows:

#### A. Functional

1. Those with substernal distress, irregular heart action, and other symptoms referred to as "neurotic."
2. The anginoid type—pseudo-angina.

#### B. Organic.

1. Myocarditis, with or without hypertrophy, and but little decompensation.
2. Myocarditis, with endocarditis, pericarditis, pancarditis, having decompensation, and sometimes attacks rather typical of true angina pectoris.

Many of these cardiac cases not here reported have arterial hypertension, nephritis, albuminuria, at one time and glycosuria at another. The cases of which mention shall be made with description as brief as possible, may be considered under four subdivisions. They are twenty-five in number.

Class A. Six cases of cardiac affections in which there is very positive indication of gall bladder disease, as well as other affections most probably the sequel of the gall bladder trouble. None have been operated upon, but none are free from serious symptoms.

Class B. Six cases of cardiac affections in which there was appendicitis. Treated by ap-

pendectomy. All have improved, if not completely recovered.

Class C. Twelve cases of cardiac affections in all of which there was cholecystitis with gall stones. These are typical cases of the "Gall-bladder Heart." Now I do not mean to say that the gall bladder heart must be associated with gall stones, nor that gall stones may not exist with or without much cholecystitis and yet have no recognizable effect upon the heart. These twelve cases were operated upon, and all have improved or completely recovered, except one. This patient died four days after an operation done in extremis.

Class D. This includes only one case, which was seen in extremis when first observed professionally. The patient died without an operation. A post mortem examination was made immediately, the result of which will be given later.

Of these twenty-five cases, seventeen were practically cured by operation, one died four days after operation, one died without operation, six unoperated are not at all well, and the question of operation later demands personal consideration and conclusions for or against surgery in each individual, though three have already stated their willingness to submit to operation soon, if their condition is not improved. These eighteen operated patients do not comprise all the cases having a cardiac affection in the approximate number of six hundred in which there was surgical interference. Neither are they all typical. And the six unoperated cases are but a small percentage of the cases in which there is some cardiac affection associated with or resulting from disease of the gall bladder and appendix. Indeed, I often wonder whether many of the cardiac affections in well nourished people of sedentary habits, developing after the age of adolescence, especially after the age of thirty to forty, are not just as frequently the result of acute or chronic cholecystitis and appendicitis, as of any other acute or chronic affection.

#### Class A.

Case 1. Mrs. A., rather obese, aged 62. Has been under observation fourteen years. She never had any acute infections, though she had attacks of mucous colitis for many years. She said there were many periods of consecutive days when she would have one to three bowel movements each morning before breakfast, and three to six more evacuations before her noonday meal. Then she would be more comfortable the rest of the day. There were times when the colitis would not be controlled without rest in bed, careful feeding, nursing and medication, and there have been recurrent attacks of this trouble for fourteen years. Later she developed dyspnoea, cough, cyanosis, vertigo and headaches. Her liver became enlarged and somewhat tender. Sometimes she was slightly jaundiced. The heart has been enlarged one to two finger breadths to the left, one to the right. The lips and nails were then cyanotic, and the blood pressure low. A diagnosis of myocarditis was made six years ago, and the prognosis for recovery or for long life was not very favorable. Later she had attacks of "intestinal in-

digestion"? when much undigested food could be found in the feces. Some of these attacks were attended with much pain and rigidity over the appendix, and with a leucocytosis. About four years ago the attacks, coming on once or twice a year, became more severe and would come at night, the pain being in the upper part of the abdomen. The first week of May, 1915, she had a severe attack of gall bladder colic, lasting four days. It was attended with nausea—vomiting, slight jaundice, clay-colored stools, leucocytosis, temperature, rapid pulse and an intense rigidity over the gall bladder, which seemed to be palpable. The third week in May, when all symptoms had subsided, she was examined by a roentgenologist, who says he found in two plates a shadow as of a gall stone 3-4 of an inch in diameter. The patient dreads operation, but says she would rather have it than suffer another severe attack, or become more of an invalid. I have advised operation and believe it can be done without much risk.

Case 2, Mrs. B., a widow, age 75, rather obese. She was never seriously ill. Has been under my observation for six years. She has headaches, distress over the heart, and attacks of neuralgia in the left side of the chest. Her heart has been enlarged somewhat for years; pulse ranges from 60 to 100; blood pressure, 145 to 210. Her urine often contains sugar, other times albumin; at other times the urine is quite normal, though bile and indican are often present. The patient says she is much better than when first put under treatment, and is, indeed, a very grateful and co-operative patient. Her attacks of neuralgia, which came on at night and seemed like angina pectoris, would last only a short time. A few years ago I saw several of the attacks of supposed angina pectoris, and they seemed more like gall bladder colic than anything else.

Case 3, Mr. D., aged 53; a contractor. Never seriously ill, but of reckless habits. Alcoholic for years. He had dyspnoea, cough, anxiety on account of pain in chest, distress over the heart, with attacks of pain supposed to be angina pectoris. He was cyanotic, had enlargement of his heart to right and left; pulse irregular, urine often containing sugar. There was a rather constant leucocytosis, liver was palpable, and the entire right rectus muscle rigid. This patient was seen in consultation with Dr. Babcock of Chicago. He confirmed all the findings of heart disease, and also had the same suspicion of angina pectoris and a diseased gall bladder. One month after consultation with Dr. Babcock, the patient had an extremely severe attack of gall bladder colic, which came on at night and lasted three or four hours. He told me this attack was like his previous "heart attacks," only much more severe. This attack was followed by a further rise in the leucocyte count. There was a slight temperature and a jaundice, and pale stools were noticed. The right rectus was very rigid, and one could palpate a mass, possibly a lobe of the liver over the gall bladder. In this case I have ceased to worry about instant death on account of angina pectoris.

Case 4, Mrs. W., age 68; a widow; obese. Never seriously ill except for some attacks of indigestion, with pain in the right side. These happened twenty years before. Patient has been under observation nine months. She had vertigo, dyspnoea, distress over the heart, cyanosis, blood pressure 210 to 260. Heart was much hypertrophied. There was only an indistinct mitral, systolic murmur, a leucocytosis, a pulse very irregular; urine scent, and somewhat albuminous. Tenderness and rigidity were noticed over the right rectus muscle. Medical treatment seemed to be of little benefit. Venesection was done three months after treatment was begun, and twenty-four ounces of blood were removed. Since then the



blood pressure remains below 200. However, the patient has had much vertigo. Precordial distress and tenderness in the right side of the abdomen have been complained about from the beginning of my observation until recently. Later she had a typical gall bladder attack one night. In consultation with another physician and also a surgeon, we could think of nothing else except gall bladder disease and heart disease. It was suggested to wash out the stomach, but the patient feared it until she had much distress one day, when she asked for it. But lavage was unsuccessful. When the patient tore a stomach tube into pieces while I was trying to persuade her to keep it down, she convinced me that her bodily vigor was still abundant; and, when I found that her blood pressure did not rise or fall after that attempted procedure, I told her that perhaps a little work and some out-door exercise would be beneficial, and that this fear of sudden death from heart disease might be postponed for the present. She accepted the rebuke, smiled and has come to my office several times since. She says she is willing to have an operation upon her gall bladder if she does not improve, and if we must advise it later.

Case 5, Mrs. K., age 74, obese, has been under observation nine years. She never had much sickness, except for considerable asthma for ten years previous to my first interview, and a few attacks of indigestion. These attacks usually came on at night; were attended with pain in the abdomen; worse on the right side, and radiating toward the right shoulder. She would be sick for several days after these attacks, and sometimes have slight jaundice and light feces for several weeks thereafter. When I first saw her, nine years ago, she had just recovered from one of those asthmatic attacks. She had slight jaundice then, pronounced cyanosis; dyspnoea, and considerable dropsy. The liver was enlarged, being palpable four finger breadths below the costal margin. The right rectus was very rigid. The heart extended from one inch to right of the sternum to the left anterior axillary line. A loud blowing mitral, systolic murmur was then present. Her lungs were filled with moist and dry rales—mostly at the base. There was a leucocytosis, the urine was albuminous, scant, dark colored and contained casts. I have seen her in seven of these attacks since. In one attack, four years ago, she had extreme icterus, hemorrhages from bowels, bloody urine, and the right rectus was board-like in rigidity. I thought we could feel the gall bladder or the lobe of the liver covering it. A surgeon who saw the case with me several times, diagnosed cholecystitis, and perhaps gall stones, if not cancer. He advised operation, but was glad to have the patient refuse it. I have seen considerable of the patient during the past four years. A scant, mixed diet, much water, cathartics and preparation of digitalis, seem to be keeping her comfortable. When her gall bladder is not disturbing her, the heart gives least annoyance.

Case 6. Mrs. R., age 59, widow, obese. Mother of eleven children. I saw her first four years ago, and was informed before meeting her that she had Bright's disease, heart disease, high blood pressure, and dropsy. I was asked to make her comfortable for the few more months she was expected to live. The patient was kept in bed for three months, though it was a struggle to keep her there. She said she had never been in bed on account of sickness for more than a few days at a time, aside from the times she gave birth to children. At the end of three months the blood pressure had dropped from 220 to 180 and 190. The albumin and casts were not so plentiful, her heart had reduced greatly in size, much of the cyanosis and dyspnoea had disappeared, and the dropsy was entirely relieved, but

the tenderness over the right rectus was always elicited. She seemed to think she had never had attacks of gall bladder trouble, though in April, 1915, she had a typical gall bladder attack come on one night about eleven o'clock. It was followed by jaundice, tenderness over liver and gall bladder, increase in leucocytes, pasty stools, scant urine, much bile, more albumin and casts. A mass could be palpated in the gall bladder region. She then admitted that this attack was similar to attacks she had had quite frequently about twenty years before, only much more severe. I have seen very little of this patient the past two years. She, also, is a grateful and co-operative patient, who says that later, if she is not as well as she was six months previously, she will submit to operation, which has been advised by three physicians and one surgeon who saw her in consultation with me.

These six cases, it seems to me, are "Gall-bladder Heart" cases. None have been operated upon, but I can hardly doubt the diagnosis of gall bladder trouble in any one of them and do not believe my medical treatment would have been as efficacious in all of them, were it not for the fact that in them the underlying gall bladder infection is perhaps not so very serious. Four of the cases were seen in consultation by Dr. R. E. Skeel, two with Dr. C. F. Hoover, one by Dr. Robert Babcock, one by Dr. M. D. Stepp, one by Dr. Alfred Maschke, and all of them by associates in my practice. In none of the cases was there any disagreement between consultant and physician about the heart lesion and the possible underlying gall bladder infection.

The next type of cardiac affections to be reported is composed of six cases, on all of which the cardiac disturbance seems to have been caused mainly by the appendix, and to have been cured by an appendectomy.

#### Class B.

Case 1. Mr. L., age 30, cabinet maker, one child. He was first seen in April, 1911, when he complained mostly of substernal pain, weakness, malaise and dyspnoea. His heart was enlarged two finger breadths to the left, but was free from murmurs. The liver extended four finger breadths below the costal margin. He was somewhat cyanotic. His urine contained bile, albumin and casts. He had no leucocytosis, but much tenderness over the gall bladder and appendix. His gastric contents were normal. The pulse rate was from 50 to 65. In September, 1911, he was referred to a surgeon, who removed a big appendix, bound down by adhesions, and containing several big fecal concretions. The gall bladder was normal. Recovery has been uneventful and gratifying. No more substernal pain, cardiac enlargement, or congestion of the liver and kidneys. The urine is normal, and the patient, when last seen, in May, 1912, said he felt well. The cardiac signs had disappeared.

Case 2. Mr. H., age 40, is a man with heavy business responsibilities. He has been under observation ten years. Five years ago I found, in the course of several examinations, that he was tender over his appendix, and that he had a constant leucocytosis. In October, 1913, he felt that he should take a trip to Mexico, but hesitated to go because he said he had so much pain about his heart, which pain had been constant in the left pectoral region for several months. He had some dyspnoea for years previously, and had been bothered with an irregular heart action and palpitation on exertion. He

rather doubted whether any diagnosis of chronic appendicitis was as correct or as serious as his own diagnosis of heart disease. He said he feared to go to Mexico with a heart in as bad a condition as his was, and, furthermore, he hated to visit the country while it was in a state of warfare. I informed him that I thought his heart was not badly diseased, but was influenced by trouble elsewhere, and that his appendix was in a more serious condition and jeopardizing his life more by far, than was his heart or the military situation in Mexico. I advised operation immediately. The appendix was bound down by old adhesions, had some fecal concretions, and was sub-acutely inflamed. Since then he has made a nice recovery, his symptoms have disappeared, and I am sure that all his cardiac trouble was the result of chronic appendicitis.

Case 3. Mrs. B., age 26. This patient was always going about with distress over her heart. She said she had pain and neuralgia over the heart and was much annoyed, and even alarmed, about the situation on account of dyspnoea and an intermittent pulse. Physical examination revealed nothing abnormal about the heart except its irregularity. In due time it was found that she had chronic appendicitis, a diagnosis which the patient hesitated to believe. Since her appendectomy she has made a nice recovery. She has increased in weight, the cardiac arrhythmia has disappeared, and she realizes that all her heart trouble came from chronic appendicitis, which was possibly causing an accumulation of gas in the intestines and stomach, thereby interfering with the respiration and cardiac rhythm.

Case 4. Mrs. L., age 36, has not been well for some years, was losing in weight, had dyspnoea, precordial distress, irregular pulse, and some symptoms of indigestion. She told me she had had no medical attendance for two or more years previously. About that time she had fully determined to consult me, but refrained, fearing she might be informed that she had heart disease. At my first interview I was quite convinced that her heart was normal, excepting its irregularity. I found that she had some gastro-intestinal disturbance due to chronic appendicitis. The appendix was removed. It had many adhesions. She made a nice recovery. About a year later she had a recurrence of cardiac arrhythmia, which was relieved by the removal of badly infected tonsils.

Case 5. Miss D., age 39, a teacher, has been under observation five years. When first seen she was complaining of periodical headaches and precordial distress. Examination revealed hypertrophy of the heart, with mitral insufficiency. There was likewise some evidence, with presystolic thrill and murmur of roughening of the mitral valves. A course of medical treatment and supervision gave much relief, and the headaches disappeared, but not all the cardiac symptoms. Within a year she developed gastro-intestinal symptoms, and the headache returned. A diagnosis of chronic appendicitis was made and the appendix was removed. It was enlarged, bound down by many adhesions, and contained a cyst the size of an English walnut. After this operation the headaches again ceased, and most of the cardiac symptoms disappeared. She had a recurrence of cardiac signs and headaches twice since then, which were relieved once by a tonsilectomy, and once by the drainage of the root canals of nine teeth, whose apices pointed in abscess cavities. I am sure that the tonsils, the teeth, and the appendix were three sources of infection imperiling her heart, but do not believe they were all infecting the heart at the same time, inasmuch as she had almost complete relief from headaches and cardiac symptoms for a year or more after each surgical course of treatment, namely, appendectomy, tonsilectomy and treatment of pyorrhoia by drainage of the root canals of the defective tooth.

Case 6. Mrs. H., aged 44, was seen in March, 1910. She had gastro-intestinal symptoms, pain and distress over the heart, palpitation, an irregular pulse, and dyspnoea. She feared disease of the heart or cancer of the stomach. She had been losing weight. Examination revealed some hypertrophy of the heart, an irregular pulse, cyanosis, and some adema of the feet. The urine was practically normal, although bile and indican were sometimes present. The leucocyte count varied from 7,000 to 12,500. She was tender over the gall bladder and appendix. In June, 1910, she had what seemed a typical attack of gall stone colic. There was another attack in January, 1912. A diagnosis of gall bladder disease or appendicitis, or both, was made, and an operation was advised, indeed rather urged. When her jaundice began to disappear, the surgeon made a compromise incision through the right rectus muscle and found a gall bladder somewhat infected, but free from gall stones. The appendix was fully as long as a good-sized lima-bean pod, and contained five fecal concretions, each about the size of a lima bean, which the appendix would likely not have expelled on account of a stricture at its hilus. After operation the patient made an uneventful recovery; all the cardiac symptoms and physical signs have disappeared.

One of these "Appendicular Carditis" cases was operated upon by Dr. W. E. Lower, two by Dr. M. D. Stepp, and three by Dr. R. E. Skeel.

#### Class C.

This group consists of twelve cases of "Gall Bladder Carditis" in all of which an operation was performed, not so much for relief of the cardiac lesion as for cure of the gall bladder disease, though in at least four cases the cardiac disturbance was more threatening to the patient's life than the underlying gall bladder disease. In all of these twelve cases gall stones were found. Eleven have gained in health or made a complete recovery. Only one patient has died since operation, and his case will be reported first.

Case I. Mr. W., aged 53, was first seen in June, 1912. He gave a history of "a severe attack of indigestion" in the fall of 1911, and another similar attack in June, 1912. He complained of feeling tired, mentally sluggish, and was bothered with cold hands and feet. Physical examination revealed the following: Weight 158, maximum 160, pulse 60. The urine contained albumin and bile in abundance—some casts. Blood pressure, diastolic 190, systolic 230. Leucocytes 11,000. He was tender over the right rectus from the costal margin to the symphysis pubis. There was some hypertrophy of the heart. In August, 1912, there was a leucocytosis of 11,000, blood pressure of 216, albumin, bile and casts. Again there was much rigidity of the right rectus. The gastric contents showed a hyper-acidity, but no blood. A surgeon and I advised an operation of the gall bladder or appendix, or both, to relieve his cardio-nephritic disease, but the patient refused operation and spent the following eighteen months in Florida, depending upon climate and diet for treatment. That treatment was remarkably beneficial. In March, 1914, he returned to his home in Ohio, feeling quite well, but in October there was a recurrence of the symptoms. There was dyspnoea, cyanosis, edema of the feet and legs, headaches and dimness of vision. He could not sleep, voided urine almost every half hour, and four to six quarts in twenty-four hours. He had another attack of "indigestion" coming on at night similar to the two previous attacks. He again came to the city for advice in December, 1914. At that time his urine



contained 3 1-2 per cent (by bulk) of albumin, red and white blood corpuscles, and many casts. Specific gravity 1004. Leucocytes 17,200 in number. The heart showed more hypertrophy, the liver was palpable and the right rectus was rigid. The systolic blood pressure was 240, the diastolic 160, a greater difference than two and one-half years before. The heart muscle was weakening as in myocarditis. He had a negative Wasserman, but a positive albuminuric retinitis. He was advised to go to the hospital for medical treatment and perhaps surgery later. In the hospital, where he remained four weeks, we saw him have his fourth attack of "indigestion," which we diagnosed as cholecystitis or appendicitis. The leucocytes increased to 35,000, but the albuminuria decreased and almost disappeared, while the blood pressure dropped below 200. The edema disappeared also, and his heart and liver diminished in size, but the right side of the abdomen remained rigid. He was advised to have surgery, but he felt so well that he returned to his home. But he again began to fail. He visited my office later. His urine contained 12 per cent of albumin by volume, and many casts. His blood pressure was 235, and the heart more enlarged. The edema was returning, and he had the same tenderness and rigidity of the right rectus muscle. He returned to his home and went from bad to worse. In May he had much trouble with his stomach, and on May 25th he had an acute exacerbation of pain in the right hypochondrium. I was called to his home and told to bring a surgeon. He was in extremis, vomiting, even vomited blood and passed some blood from the rectum. Though he was not uremic and never seemed to have had a typical uremic condition previously. We thought we were able to see a distended gall bladder move up and down beneath the rectus muscle with each respiration. We advised surgery as the only alternative. The patient said, "Go ahead; I can't stand this much longer." An incision was made under local anesthesia with a few drops of chloroform inhalation when necessary. Under complete anesthesia the gall bladder seemed to empty before the surgeon could deliver it into the wound. However, it contained much pus, one gall stone  $\frac{3}{4}$  of an inch in diameter, and a dozen or more smaller ones. No further surgery would have seemed reasonable. The patient died from sepsis or exhaustion four days later. It seems that the drainage tube, which had been carefully inserted into the gall bladder, drained insufficiently, for I was informed by the attending physician that it was almost completely plugged, and pus was escaping along the side of the incision into the gall bladder, which contained from five to seven ounces of pure pus. The appendix was normal. There was a healed duodenal ulcer, which was apparently giving him no trouble. The report further stated that the kidneys were in fairly good condition, though enlarged. The heart was hypertrophied, and showed degeneration of the myocardium only.

Case 2. Mrs. S., aged 40, very obese. Her fourth conception was terminated at the sixth month on account of albuminuria and several convulsions. She was almost a complete invalid from that time on, due to cardiac hypertrophy and insufficiency, nephritis, with edema, and constant high blood pressure. In November, 1914, she had an attack of "indigestion," which was followed by jaundice, and constant pain in the abdomen. She had five more similar attacks, most of them coming on at night between November, 1914, and February, 1915. I diagnosed cholecystitis and said I even feared gall stones. After five days' rest in bed in the hospital, without any nourishment, the albumin seemed to be disappearing, the blood pressure was lowering, the heart and liver diminished in size, and, within two weeks, the surgeon removed several good-sized gall

stones. The patient is making a nice recovery. Her dropsy has disappeared, the heart is apparently normal in size, the urine is about free from albumin, and the blood pressure has been lowered.

Case 3. Mr. M., age 56, came under my observation first in 1908. He gave a history of many attacks of indigestion with or without pain, and a very irregular action of the heart. He was short of breath, somewhat icteric, and was afraid to partake of an ordinary meal. Physical examination showed that his gastric contents were not far from normal, his heart enlarged, and his pulse irregular. He was watched very closely for five years before he submitted to an operation. Prior to his operation he was always told that both his appendix and gall bladder were very likely diseased, and the cause of most of his heart and stomach trouble. He had several attacks of tonsillitis, and, inasmuch as the tonsils were always in bad condition, they did not escape condemnation either. In 1913, after a rather severe spell of illness, he submitted to operation, at which time both gall bladder and appendix were removed. The gall bladder contained 120 gall stones. Within less than a year nearly all his stomach symptoms cleared up, the muddy complexion of the skin disappeared, and the patient has quite recovered his health. His dyspnoea and cough have entirely disappeared, the heart action is quite satisfactory, and I find no more enlargement of the heart. Within the past two years he has had two attacks of tonsillitis, from each of which he has recovered quickly. While the tonsils should be removed, it appears that they, after all, may not have had as serious an influence on the heart as did the gall bladder and appendix, both of which were in bad surgical condition.

Case 4. Mr. W., aged 59, came under my observation just about a year ago. He had distress after meals, diarrhoea, nervousness, weakness and dyspnoea. The heart was enlarged one finger's breadth to the left of the mid-clavicular line, but there was no murmur. The heart, however, as indicated by many symptoms, was incompetent, and the liver extended two finger breadths below the costal margin. The urine contained 5 per cent of sugar, the gastric contents showed a low acidity, the presence of lactic acid, no free hydrochloric acid, and considerable blood. He was tender over the gall bladder and appendix. His condition made one feel suspicious of cancer, on account of which operation was recommended immediately. The operation resulted in the removal of the appendix and gall bladder, which contained many gall stones. Since then the patient has made a nice recovery.

Case 5. Mr. T., was seen in consultation two years ago. He was a large, well-built patient, though he said he had been complaining of heart and stomach trouble for some years. His skin was yellow, heart enlarged, pulse irregular, though there were no murmurs. The right side of the abdomen was rigid and the liver extended four finger breadths below the costal margin. Both the attending physician and I myself felt that the man's heart condition was serious on account of a rather clear history of gall stone disease, with a further history of alcoholism. We hardly dared urge an operation on account of his heart, but the patient was forced into it later in order to save his life. After several very large gall stones had been removed, the patient made a nice recovery and is in a much better state of health than he had been for years previous, though his heart is not yet normal. Who would question that such an operation was indicated? For both the liver and heart have improved greatly since he resorted to surgery, in spite of chronic alcoholism.

Case 6. Miss D., first seen four years ago. She gave me a history of having been treated, a few years previous, for ulcer of the stomach. She im-

proved while taking the treatment, but relapsed to her former symptoms after leaving the hospital. When her physicians told her she was neurotic she refused further medical aid, and decided to take no treatment whatever, and so for two and one-half years she was without any medical attention. At the end of that time she came under my observation. She was then complaining, not so much of stomach trouble, as of pain over the heart, and shortness of breath. Physical examinations, made repeatedly in the course of several months, showed a more or less constant leucocytosis. The urine often contained albumin, pus, and bacteria. The heart was enlarged and the blood pressure much higher than normal. The gastric contents showed a hyperacidity. She was always tender over the gall bladder and appendix. When at the end of three months I advised surgery, she at once accepted the suggestion. The surgeon removed two very large gall stones and an appendix which was bound down by adhesions, inflamed, and contained several fecal concretions. There was nothing abnormal in the stomach, no scars could be found. Her recovery was not uneventful. Indeed, it was tedious and trying. Though she improved somewhat from the beginning, she had much trouble for more than a year afterwards, and needed treatment for dyspnoea and pus, and bacteria in the urine. Her high blood pressure still continued though not so high as when she first came under observation. She was kept in bed for several weeks about fifteen months after she submitted to surgery, but since that time her convalescence has been complete. She says she is in a better state of health than she had been in years previously. Again I say that I am sure that hers was a heart lesion, the result of disease of the gall bladder and appendix, and though other treatment has been needed since her operation I am quite convinced that her heart and general health could not have been restored to the present condition without interference by the surgeon.

Case 7. Miss T., age 49. She had not been well for years, and was obliged to stop work on account of what was considered a nervous breakdown. Her physician informed her that her heart was not quite normal, and that she had some indigestion, though when she first came under my observation she said she never had any symptoms below the diaphragm and that her troubles had been considered mostly "Nervous exhaustion and heart weakness." A few days before I first saw her she had been twice suddenly affected with a severe pain over the heart while she was addressing an audience in a western city. These pains were severe and she was obliged to stop in the middle of her address and be helped from the platform. A hypodermic of morphia was administered each time, through which she got relief quickly. She was told that she had angina pectoris on account of which she started for her home in New York, expecting to give up her work for a time. I saw her in Cleveland in November, 1914. In this case a more than usual amount of time was given to a review of the history. When I informed the patient that she did not give a clear history of angina pectoris she was surprised, though pleased, hoping that there might be a less serious condition. Upon examination I found immediately that there was some enlargement of the heart but no murmurs. The pulse was weak and feeble and she was surprised to learn that she had tenderness over the gall bladder and appendix. Within the course of a few days I found that firm palpation over the appendix and gall bladder always caused pain there. The gastric contents were normal, though she had a leucocytosis. Within five days after my first interview I informed the patient that if I could have the opportunity of watching her for six months and find the same physical signs without any further attacks of angina, then I would advise operation, though if

she should have attacks of true angina pectoris in the meantime, then I would hesitate to advise surgery. She immediately asked who was my surgeon. The surgeon was consulted and before noon the following day he had removed two good-sized gall stones and a very pronounced chronically diseased appendix. Since then she has made a rather nice recovery, has improved in weight, is back at work again, and neither the patient nor I fear attacks of angina pectoris.

Case 8. Mrs. W., aged 61, was first seen in April, 1909. She has been under my observation most of the time during the past six years. She gave a history of gastric symptoms and more or less chronic asthma for many years previously. She also had much dyspnoea even when she had little or no asthma. In the course of our physical examination we found a gastric hyper-acidity, considerable emphysema, much hypertrophy of the heart, a rather constant high blood pressure, a palpable liver, and considerable aortitis, as the X-Ray revealed, when the hypertrophy was also easily demonstrated. There was a negative Wasserman. Quite a number of large calcified tubercles were found near the larger bronchi on both sides, but there was no active tuberculosis, before or since operation, nor was there any history of any acute tuberculosis. The right side of the abdomen was very rigid constantly prior to operation. When first seen she weighed 139, but she kept on losing until at the end of nine months she weighed only 116. She submitted to operation Feb. 1st, 1910, when it was found by exploratory incision that she had several gall stones. The patient has not been relieved of all her asthma since her operation, but she has had fewer attacks, of less severity, and has improved much otherwise. The digestion is better, liver no longer palpable, heart apparently much smaller, she sleeps better, and there is much less cough and dyspnoea. She has regained and exceeded her former weight. I am sure that the operation upon her gall bladder has relieved many of her respiratory symptoms, more of her gastro-intestinal symptoms, and most of her cardiac symptoms.

Case 9. Mrs. P., age 50, was first seen in October, 1914. She had a peculiar family history. One sister is supposed to have heart disease. Two sisters have had paralysis with supposed heart disease. One sister died of gastric ulcer. One brother died of an acute attack of epistaxis, and another brother of "Acute heart failure" or "Angina pectoris." Her father died of Bright's disease, and her mother on account of dropsy from disease of the heart. The patient herself has been suffering for years with much dyspnoea and considerable distress about her heart, which always makes her anxious. She had many "Attacks of indigestion" five years previously and she gave a history of three typical attacks of gall bladder trouble within the last two years. She was somewhat icteric, had considerable leucocytosis, and was tender over the gall bladder and appendix. In December, 1914, her gall stones and gall bladder were removed, and she made a nice recovery. When last seen in April, 1915, her icterus was gone and she told me that she no longer had "Shortness of breath, pain around the heart, and swelling at the ankles."

Case 10. Mrs. P., aged 55, has been under observation for the past seven years. She has, or has had, a fibroid tumor of the uterus, something about which she was never informed. She had many pains and aches, here and there, mostly in her right, though sometimes in her left arm, and about her chest. She had an irregular pulse, and was somewhat icteric. Whenever she complained about pain around her heart, and in her left arm, her husband and sometimes also her former physicians would refer to these pains as neuritis, and even neuralgia of the heart, for



which she was being treated medically. In the summer of 1913 these pains were more constant and severe. When I saw her again in the Fall of the same year, not having had her under observation closely for nearly a year, I found her quite miserable on account of these thoracic pains, which were worst in the precordium, but she was also very tender over the gall bladder. She had about all the physical signs needed to warrant a gall bladder operation, which was done in November, 1913. Several gall stones were removed, and the gall bladder drained for five weeks. When I last saw her in May, 1915, she told me that the most peculiar thing about her gall bladder operation was the fact that all her pains about the heart had now disappeared, and that she no longer had those attacks which had been many and continuous, of pain in the region of the heart. She says she is stronger, free from dyspnoea, and is practically a well woman.

Case 11. Mrs. K., aged 50, quite obese, has been under my care for the last nine years. She also had much distress around her heart, an irregular pulse, much dyspnoea, and a rather marked chronic icterus. She had several "Attacks of indigestion," which were quite typical of gall bladder disease. She had hypertrophy of the heart, and a liver extending three finger breadths below the costal margin. She was informed in the beginning that she had a surgical lesion and ought to have surgical interference. Conditions in her family and fear about her heart made her postpone the operation as long as possible. In the Fall of 1913 she had an attack of pneumonia of the right lower lobe of the lung, following an acute cholecystitis, though the pulmonary signs were noticed at least twenty-four hours before the cholecystitis. Inasmuch as the pneumonia was of gradual onset, I feel sure that the pulmonary trouble was secondary to that of the gall bladder. In the summer of 1914 she had an attack of gall bladder colic and was forced into an operation to save her life. The gall bladder contained several large stones. It was drained for a long period. She has made a nice recovery and her cardiac symptoms have about disappeared.

Case 12. Mr. W., aged 55, has been under observation for seven years. He is a college president with heavy responsibilities which were hard to face because of the following symptoms which were his constant handicap. He had many headaches, considerable weakness which only his persistent ambition and will could keep from the observation of others. About twenty years ago he had an acute and very serious attack of appendicitis, but there were no subsequent attacks. He had some precordial distress which occasionally amounted to an annoying anxiety and pain. His heart action at times was irregular. His blood pressure was low, and he was somewhat cyanotic. I have seen him when he had positive signs of sub-acute dilatation of the heart. In January, 1915, he had a severe attack of pain in the region of the gall bladder. This attack, the first real one, came on at night. In March, a second and more severe attack came on, also at night. He had some icterus and much tenderness over the gall bladder and appendix. At the end of a week the surgeon removed two gall stones from a badly inflamed gall bladder. The appendix which seemed practically normal, was not removed. Of course, it is too early to tell the ultimate effect of this operation for the alleviation of symptoms, but it is very likely that a few more years would have developed as typical and serious a case of gall bladder heart as any described in the above cases.

Three of the twelve cases reported in Class C were operated upon by Dr. M. D. Stepp, and nine by Dr. R. E. Skeel.

#### Class D.

Under this class only one case will be described.

Case 1. Mrs. B., aged 72, was troubled for some time with dyspnoea. For some years she had a slight edema and an irregular action of the heart. She had some precordial distress, but no attacks of colic. It is doubtful if she ever submitted to a careful examination previous to her fatal illness. She considered herself in fairly good health for a person of her age, except for the symptoms mentioned, though one night four weeks prior to her death, she had an attack of so-called "indigestion," with pain over the liver, and with vomiting. A physician was summoned the following afternoon, but only a casual examination was made and the patient did not go to bed until a week later. When I saw her a few weeks later, she was in extremis. She was cyanotic, her heart was very much enlarged, extending one finger's breadth to the right of the sternum, and three finger breadths to the left of the mid-clavicular line, and there was a mitral murmur which was not widely transmittent. I diagnosed myocarditis. She was intensely rigid over the right side of the abdomen, and somewhat icteric. No urine had been voided for twelve hours previously. She died thirty-six hours later. At the post-mortem examination the gall bladder was found to contain nearly 100 gall stones. The head of the pancreas was hemorrhagic and quite necrotic. The kidneys showed an acute hemorrhagic nephritis, which was the terminal stage of a chronic mixed nephritis. No examination was made of the heart, but who would doubt that she had myocarditis? This, then, is a case in which the many gall stones must have been making trouble for years, and were the cause of cardiac and gastric symptoms.

#### CONCLUSIONS AND OBSERVATIONS

1st. Many cases of functional and organic disease of the heart are caused by disease of the appendix and gall bladder.

2nd. Surgery is often the only method by which these diseased hearts may be improved or restored to health.

3rd. These hearts are not improved much or permanently by purely medical treatment. (Vaccines may have their indication.)

4th. It is surprising to see how well many of these cases bear operation, even though the patient is found in extremis, and the operation hazardous. Under these circumstances a good surgeon, a skilled anaesthetist, and a competent internist are essential for safety and a favorable termination.

5th. If the heart is to be benefited it is just as important to operate early and before the patient's condition becomes incurable, as it is important to do any other surgical operation at an early period.

6th. Whenever surgery of the gall bladder or appendix is indicated, but deferred until the heart is seriously damaged, somebody is responsible, be it physician, surgeon, or patient.

## Nasal Obstruction and Its Treatment

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THIS subject covers broadly, various conditions, some of which are commonly observed in the practice of every physician, while others are of less frequent occurrence.

Recently, while reviewing a book, "The Translations of the Original Work of Hippocrates," I found a few paragraphs devoted to Nasal Fractures. This is of special interest as fracture of the nose is one of the important causes of obstruction to the nasal passages.

There are several clinical forms and I will briefly report examples as observed in fourteen years of experience in this specialty. Irregularity, or deflection, of the nasal septum is common. I have seen hundreds of these cases, and from my records, find that in about 90 per cent there is history of injury of the nose. Ten per cent give no history of injury. In these cases, I conclude that the probable injury, causing malposition of the septum, occurred early in life, or deflection was acquired gradually.

Many cases of deflection of the septum have also polypus formation, and these new growths are to be anticipated in many of the cases which occur as a result of compound fracture of the septum, with resulting faulty granulation of the wound. An example of this occurred in one of my cases, recently operated. A muscular and healthy man, while attempting to raise an unusually large and heavy shock of hay with a pitchfork, was struck across the base of the nose, when the long handle of the fork broke. He felt of his nose, and it was apparently sound, though bleeding. After the bleeding ceased he returned to work and thought no more of the accident until about two years later when he found his breathing more than usually interfered with. I found the septum markedly deflected to the right, and both nasi completely occluded by a number of large polypi. From the form of the septum, I am quite sure, the fracture was unusually deformatory. I removed a number of polypi of various sizes, which were attached to the lines of the old fracture. In this case, while the septum was displaced to the right, there were also several sharp spurs and ridges to the left.

Another clinical form is that of thickening of the septum, with resulting accumulation of redundant tissue, which remained causing thickening and obstruction. This patient has had a long attack of frontal sinusitis and will shortly be operated upon for the resection of the septum. In this case, the obstruction blocks the nose opposite the middle turbinate bone, and during the slightest attack of rhinitis he quickly develops trouble with the frontal sinuses.

Enlargement of the turbinate bones, or hypertrophy, is another form of obstruction commonly seen. Owing to the cellular structure of the middle and superior turbinates, and the relation of these cells to the ethmoidal sinus cells, inflammation or operation may be followed by, or be associated with, ethmoidal sinusitis, and empyema. The superior turbinates are as a rule quite inaccessible, owing to their location high up and posteriorly. However, hypertrophy of the superior turbinates does occur. In a recent case, I removed the posterior portion of both turbinates where they impinged upon the septum, with the gratifying result of speedy relief of the obstruction.

Other forms of nasal obstruction include hypertrophy of tonsils, and the accumulation of adenoid tissue in the naso-pharynx. I recently operated upon a boy of nine years, whose nose seemed entirely shut off, owing to the very great hypertrophy of the tonsils, and the amount of adenoid tissue present. An interesting symptom in this case was nocturnal enuresis, which has entirely disappeared since the operation. This latter was no doubt a reflex neurosis, due to obstruction in the naso-pharynx. Various tumors are also found, occurring in the nose and naso-pharynx. These may be polypi, vascular tumors, papillomata, sarcoma and carcinoma. A few years ago I was called to see a boy of seven years, with nasal obstruction, believed to be due to enlarged adenoids and tonsils. On examination, I found an inoperable papillomatous growth, covering the entire posterior pharyngeal surface and extending down into the larynx. The obstruction to breathing was very great. The parents denied specific history, although I remarked the suspicious appearance of the growth. I sent the case to a laryngologist in Cleveland, and he inserted a tracheal tube as a temporary measure. During the next six months the child had several attacks of severe bronchitis, with a foul smelling muco-purulent expectoration. On several occasions he was thought to be near death. Then, one day the patient's father came to me and confessed that he had had an attack of lues some years before his marriage, and that he believed he had been entirely cured. The immediate institution of proper treatment was followed by rapid and complete relief from the condition in the throat and naso-pharynx.

The causes of nasal obstruction are external or internal. Obstruction from external causes is due to: congenital malformation or arrested development of the nose; cicatrices resulting from burns, (healing with reduction of the external opening); injuries, and scars from syphilitic or tubercular ulceration, and lupus; and

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obstructions of the naso-pharynx, as adenoids, hypertrophy of tonsils, polypi of the naso-pharynx, retro-pharyngeal abscess, scar contraction in naso-pharynx after destructive disease, tumors of pharynx and soft palate, as papilloma, adenoma, sarcoma, carcinoma, and growths from the sphenoidal sinus and eustachian tubes, and fluid distention of the maxillary, sphenoidal and ethmoidal sinuses. For still another cause, I am indebted to my friend, Dr. W. G. L. Spaulding of Toronto, Ont., who, in his extensive dental practice, has frequently observed a deviation of the septum from its natural position, due to the pressure exerted upon the arch of the palate by the wearing of an artificial denture. To avoid the development of this condition, Dr. Spaulding suggests that the dental plates should be changed, according to the conditions found, at least every five years, and oftener as changes in the parts are discovered.

The internal causes are: adhesions between the septum and one or more of the turbinates; hypertrophy of the turbinate bones; hypersecretion as in rhinorrhea, rhinitis and ulceration; cicatrized, as scars from burns, ulcers, injury; congenital malformation; foreign bodies, as beads, grain, cotton, etc.; fracture of the septum causing deviation, hematoma or abscess; dislocation of cartilage; tumors of septum, as enchondroma or osteoma; other tumors in the nose, as papilloma, vascular growths, polypi, sarcoma, carcinoma, and necrosis, inflammation, abscess, ulcer, gumma, tubercle, lupus.

#### SYMPTOMATOLOGY.

The symptoms of obstruction in the nose are of special interest to the general practitioner as he is often the one who sees these cases early in their development. They are both local and constitutional.

The local symptoms are: obstruction to breathing, partial or complete, and in one or both nostrils, frequent, or repeated, attacks of rhinitis; epistaxis, due to small ulcers of the mucosa; alteration of the voice; an under-developed nose; a characteristic dull expression; deafness of various degrees. Other local symptoms are: discharge, catarrhal odor, catarrhal process in the nose, pharynx, larynx, trachea, and bronchi, swelling and redness of the nose, itching of the nostrils, moving inside the nose, sneezing, sensation of presence of foreign body or insect, sensation of pressure at base of nose and between the eyes, pain in the nose, and long standing and resistant eye trouble, such as blepharitis, keratitis, dacryocystitis.

The constitutional symptoms show that a large number of the functions of the body are influenced by nasal obstruction. Briefly enumerated, the symptoms, I have observed, are as follows: headache, vertigo, loss of weight, night sweating, snoring, restlessness, twitching, enuresis, constipation, defective development, shallow

chest, defective mentality, hypochondriasis, melancholia, nightmare, bad dreams, inability to hold or fix attention, disturbance and even loss of the sense of smell and taste, eye disturbance, deafness, aphonia, stammering, stuttering, choreic and even epileptiform twitching, muscular pains, dyspepsia, gastralgia, palpitation of the heart, spasmodic cough, asthma, and fainting.

#### DIAGNOSIS.

The diagnosis of nasal obstruction depends, primarily, upon the symptoms and the finding and the cause of the obstruction. Bacteriology and pathology are valuable aids, especially in cases of severe and purulent discharge, or where the presence of a growth suggests malignancy. A few years ago, I saw an elderly man who had a papillomatous growth in the right nose, with metastases extending to the outer edge of the right eye, with an irregular mass in this position, half the size of an egg. I removed the mass in the nose, giving him great relief. When I saw him after some months, the mass at his eye had broken down. He died later of heart trouble. I regard the growths in this case as malignant.

In determining the nature of the operation, we must weigh well the value of the parts left for future use. It is equally as delicate and important to determine what portion of the nasal contents are enlarged or diseased, as it is to determine what constitutes disease of a tonsil sufficient to require removal. The turbinates have an important office to perform, the warming of the air breathed, the filtering of dust bacteria, and foreign matter from the air, and the mucosa covering these bones contains the numerous glands which discharge the moistening and lubricating mucous. During a long standing catarrhal process, the mucosa may have already suffered changes and loss of natural activity, and it becomes a question how much we may remove or should leave untouched, of the turbinates, and whether it is not better to seek farther for something which we may do with better result, such as the resection of the septum. I have seen nasal conditions, after a free excision of the turbinates, in patients who might have had better results had the septum been straightened, and the valuable turbinates left in. Perhaps some of you have seen the large, roomy, cavernous noses, after excision of the turbinates, with the dry adherent secretion constantly piling up, under which may be found the mucous irritation and even ulceration.

The prognosis depends upon the skill of the rhinologist, as well as the extent of the nasal condition, and the general health of the patient. After the elaboration of possible symptoms, little need be said as to the danger of delay, when once we have diagnosed obstruction. Hypertrophies left will go on to resultant atrophic changes, ozena, and danger to the ears, eyes, general health and development. The proper

operation, done by an experienced rhinologist, will surely relieve the symptoms of obstruction, and we can assure the patient that there will be improvement in general health. The effects of the operation, depend upon the condition and the length of time it has prevailed. Ordinarily, we begin to see the value of our operative work before the end of the second week.

#### INDICATIONS FOR TREATMENT.

Treatment is indicated as soon as the obstruction is discovered, whether this be found in the nose, naso-pharynx or pharynx. To delay is to lose valuable time, unless the parts are in such a state of irritation that local treatment is necessary to prepare the tissues for more favorable surgical procedure. The rule is to operate as soon as possible to avoid the development of complications. It sometimes requires considerable diplomacy and argument to impress the patient with the importance of the condition, because the patient is unable to see the need of immediate submission to operation, as, in few cases, are the signs as evident as they are, I might say, in an attack of acute appendicitis. The nose case knows well enough the suffering experienced, the change in voice, difficulty in breathing, pressure symptoms, frequent attacks of rhinitis, or disagreeable discharge dropping into the pharynx. The adenoid case, through recent publicity given this subject, needs little extra advice when once we establish the fact that adenoids are present. The tonsil case does not half appreciate the danger of delay. A former associate physician, once told his tonsil patient, "Keep still in bed now. You had better do that, than play angel. When you are better, get rid of this menace to your life. You have already taken all the chances you can afford to take." We need but think of some of the conditions attributable to tonsil infection, such as mouth breathing, with the consequent characteristic appearance of the individual, rheumatism, kidney involvement, septic endocarditis, and even asphyxia in severe quinsies, to appreciate the significance of this odd advice.

#### TREATMENT.

The treatment of nasal obstruction may be local, constitutional or operative or all combined. Local treatment is essential in every case. Very often the parts are not in good condition for operation, due to inflammatory changes, and local treatment is needed to get the tissues into favorable condition so that we may expect the proper results from any operative work done.

The chief aim of local treatment is the cleansing of the surfaces, and by the application of suitable remedies, the healing of any inflammation, irritation, or ulceration of the mucosa.

Cauterization of the turbinates for hypertrophy is not practiced as formerly. Surgical means have superseded that method, and certainly with quicker and more satisfactory re-

sults. Constitutional treatment is often important as an adjunct to after treatment.

The surgical treatment is always to be preceded by proper preparation. I have my patients take a brisk saline purge the night before and eat less, and of light and easily digestible food, at the meal preceding the operation. I consider this equally as important as the usual preparation given a patient who is about to submit to a major operation upon some other part of the body.

The septum operations devised by Adams, Freer, Gleason, Roe, Walsham, Killian, Ballenger, and other operators have been modified by various surgeons. The special purpose of each one's method is either the reduction of the deformity in the septum, or the removal of the cartilage or bony portion, or both, to remove the deflection. The operation which I have found best adapted for septum deflection, is the submucous resection of the cartilaginous and bony septum, as done by Dr. John McCoy of New York, and his assistants, and with the exception of a few points in the technique, which I have perfected for my own convenience, I use his method and his instruments. I have the satisfaction of operating in practically a bloodless field, assuring my patient practically a painless procedure, the least amount of inconvenience afterwards, absolutely the best possible result, with recovery, in the shortest possible time.

The most difficult form of septal deflection, on which to operate successfully, is that which results from very irregular or multiple fracture, where we find the surfaces marked with ridges, sharp spurs, deep depressions, and sharp angles. Here the operator must use the greatest care, patience, and finest points of technique, as each irregularity is encountered, in order to procure a perfect dissection, without the slightest perforation of the membranes, which, after the operation is completed, are to become more than ever valuable in maintaining the continuity of, and acting as, the septum.

In the removal of the turbinates, in part or whole, our effort is directed toward the preservation of tissues, that no portion may be sacrificed beyond the amount actually necessary to be taken, that we may expect the best possible result, and the least amount of raw surface, for healing. Combining the use of the modern nasal scissors, with the use of the nasal snare we are able to attack the turbinate conditions with proper surgical technique. In the removal of various growths and tumors in the nose, I have encountered some of these which could not be taken otherwise than by the removal of sections of the growth, by means of forceps and scissors. Polypi, as a rule, are snared and the base or place of former attachment, cauterized.

As enlargement of the tonsils is one of the causes of nasal obstruction, the operation for their removal may properly be considered here.



No doubt, many of us have favorite methods of tonsil surgery, but the operation cannot be done by one universal method, as tissue changes, adhesions and scar tissue formation occasion handicaps, which must be met by the employment of various surgical means.

All nasal operations are done after using applications of cocaine or packing the nasal cavity with such a solution. The tonsil operation, in adult patients, may be done after applying cocaine or novocain, but I agree with most surgeons that general anesthesia, using ether, is the ideal condition in which to have the patient for the total extirpation or enucleation of the tonsil.

The results from operation, for the relief of nasal obstruction, in my cases, show, within a very short time, relief of obstructive symptoms; better condition of the nose and the nasal mucosa; lessening of the amount of deafness, or tendency to deafness; improvement in the general health; and relief of many or all of the constitutional symptoms.

#### PROPHYLAXIS.

As the timely care of the teeth may prevent their carious condition from producing the possible maxillary antrum empyemia, so, also, the proper medical and surgical treatment of nasal conditions may prevent, in a large degree, consequent surgical conditions and chronic rhinitis. Thus also, we may, in a measure, prevent adenoids and tonsil trouble, for, authorities agree, that while heredity, over which we can have no control, may be a factor in any tonsil and adenoid case, there is another factor, that of improper care, or neglect of the infant's nose, the use of the all too commonly used pacifier, and the permitted sucking of the thumb or part of the hand. If we consider the mechanics of, or actual over use of the muscles employed, in the last two mentioned habits, we can readily believe, that various degrees of muscle exhaustion may occur, in the pharynx. In one of my cases, seen about six years ago, a child then 7 or 8 months old had a complete paralysis (but which was temporary) of the pharynx and tongue, and was unable to swallow. I had the mother discontinue the use of the pacifier, feed the baby, by administering but a few drops of milk at a time, and soon saw the improvement which went on to complete recovery.

The early care of the infant's nose, is just as important as the attention we would give to other parts of the body. The nurse, or mother, who does not know, should be instructed to carefully remove the accumulations of mucous from the anterior nares by means of a small swab, as often as this may be necessary, or, if breathing seems to be interfered with. Repeated epistaxis, in infants, indicates the presence of small mucous ulcers. The gentle application, by swab, of warm white vaseline has advantages in assisting to

keep the nasi open and lubricated, especially during the occasional attack of rhinitis.

In conclusion; the question sometimes is put to me, "What will happen if I do not have the operation done?" even after an exhaustive talk with the patient, during which I have probably emphasized that very point. The answer is as long as what I have already said in this paper. No one knows, how many of the chronic cases of rheumatism, kidney, liver, and heart disease, neuralgias, rhinitis, deafness and throat and lung disease, owe their origin to the neglect of adenoids, diseased tonsils, nasal conditions, and their co-relative states. We may readily guess that the number is very great.

The generations of the present day owe much to medical science, when their needs are attended in proper time. In former days, much was left undone, either through disbelief in what might have been done, or through ignorance of the existing condition. Gradually, the gentle influence of education is seen to be more generally and better understood.

Dr. O. M. Kramer, chief physician at Ohio State Penitentiary, assisted by Dr. Walter McKay, resident physician at Ohio Institution for the Feeble Minded, examined 1583 prisoners, using the Wassermann test, and found that one-fifth show positive luetic evidence. In reporting his results in the Illinois Medical Journal, Dr. Kramer brings out the following:

On July 1, 1915, there were 1900 inmates in the Ohio Penitentiary. Of this number 475 or 25 per cent. are foreign-born; 475 or 25 per cent. are colored, and the remainder American-born and from forty-two states in the Union. Out of the 1900 inmate patients, 1583 were examined and a Wassermann made in each case, and it was found that 288 or 18.1 per cent. were positive as follows:

18 were + + + +  
35 were + + +  
149 were + +

86 were +, and of the 288 who were found positive, only 43 or 14.9 per cent. gave a clinical history, although there is no doubt that in many cases erroneous histories were given.

Of the foreign-born population 50 or 11.1 per cent. showed positive.

Of the colored population, 58 or 13.4 per cent. were positive, and 108 or 20.9 per cent. of the American-born population were positive.

The most aggravated cases—those who show a lesion—where it is dangerous for them to associate with other inmates, are segregated in an isolated ward, while others are permitted to remain in their respective companies. In the worst cases neosalvarsan together with mercury and iodides, is used. In those cases not isolated mercury and iodides is used.

## Diphtheria in Ohio

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**D**IPHTHERIA is considered by public health workers to be the disease about which we have the largest amount of definite information. Not separated from the mass of other conditions affecting the naso-pharynx and larynx until the time of Bretonneau (1821), information concerning it was acquired painfully and by slow degree, until Klebs and Loeffler in 1883-1884 at last discovered the exciting cause, *Bact. diphtheriae*. Following their work progress was very rapid. Von Behring and Roux announced the discovery of a specific anti-toxin in 1894, and hardly a year has since gone by which has not added something to our knowledge of the disease, and consequently, to our armamentarium of offense and defense. New and better ways of preparing diphtheria antitoxin; more effective methods of administering this agent; greater refinement in bacteriologic diagnosis, and a new method of determining the resistance of any exposed individual (the Schick test); these are all recent additions to our fund of knowledge and all are of the greatest value in detecting, treating and preventing the disease. In view of these facts it is a disappointment to find that diphtheria is still quite prevalent in Ohio and that it causes an annual average loss of lives second only to typhoid fever in the list of acute preventable diseases. Table I gives the number of deaths from diphtheria in Ohio in each of the six years, 1909-1914, and the morbidity for each year estimated on the basis of a case-fatality rate of ten per cent.

TABLE I.—MORTALITY AND ESTIMATED MORBIDITY FROM DIPHTHERIA IN OHIO, 1909-1914.

Year.	Deaths.	Cases Estimated on 10 Per Cent Case Fatality.
1909	604	6,040
1910	596	5,960
1911	715	7,150
1912	1,104	11,040
1913	1,051	10,510
1914	775	7,750
Totals	4,845	48,450

The extreme prevalence of the disease in 1912 and 1913 may be compensated by years of low prevalence in the past or future. Some years ago Newsholme showed by means of comprehensive statistical tables that diphtheria has a tend-

ency to prevail cyclically, and it may be that the years, 1912 and 1913, represent the height of the curve. However this may be, diphtheria has been entirely too prevalent in Ohio during the only period for which statistics are available, and the subjects of cure and prevention should engage our most earnest attention.

The next question that naturally engages our attention is, in what parts of Ohio is diphtheria most prevalent? This question is answered in part by Tables II and III. In the former, counties of Ohio are ranked according to decreasing diphtheria death rates, and in the latter, the cities are ranged by the same method.

Before studying these tables certain basic facts must be understood. In the first place, too great reliance must not be placed upon statistics for such a short period as six years. These years may be between two periods of extreme prevalence and so represent the low tide, or they may be at the height of the cycle and so represent the greatest prevalence, or again they may occupy a position midway between the above, and represent the average chronological distribution of the disease. In the second place a consideration of diphtheria death rates for 12 years, were such possible, might reverse the ranking of many counties and cities, for those with high rates may have exhausted their susceptible population and have extremely few diphtheria deaths until a new generation of susceptibles develops. Similarly, counties with low rates may soon enter a period of greater prevalence, on account of a renewal of fuel. That the last possibility may fairly be eliminated is, I think, shown by the fact that counties with the highest diphtheria death rates have also shown up unfavorably in a comparison of infant mortality and typhoid fever death rates. Of course, a difference of only four or five in diphtheria death rates should not be made a basis of comparison for obvious reasons.

Rates over thirty in counties or cities may be considered excessive. Between twenty and thirty the waste of life is still too great, and in fact in only three or four cities does the rate in any way approach the ideal. The five largest cities of Ohio have rates varying from 11.5 (Columbus) to 24.6 (Cleveland), showing that size alone has little effect upon the prevalence of diphtheria. The counties in which these cities are situated have in every case lower diphtheria death rates than their largest cities, seeming to disprove the theory of greater prevalence of the disease in rural districts.

Space is too precious to discuss many other phases of these tables, but we must insist that the officials of health districts showing higher

\*At the request of the Publication Committee, Dr. Boudreau is writing for The Journal a series of articles dealing with communicable diseases in Ohio. This is a part of the series.



TABLE II.—AVERAGE DIPHTHERIA DEATH RATES PER 100,000 POPULATION FOR THE SIX YEARS 1909-1914 IN THE 88 COUNTIES OF OHIO ACCORDING TO DECREASING RATES.

County.	Av. Rate 1909-1914.	County.	Av. Rate 1909-1914.	County.	Av. Rate 1909-1914.	County.	Av. Rate 1909-1914.
1 Scioto .....	43.5	23 Columbiana .....	17.7	45 Highland .....	11.6	67 Allen .....	7.7
2 Mahoning .....	38.0	24 Mercer .....	17.6	46 Ashtabula .....	11.5	68 Ottawa .....	7.4
3 Belmont .....	32.7	25 Madison .....	16.7	47 Muskingum .....	11.5	69 Paulding .....	7.3
4 Jefferson .....	29.2	26 Vinton .....	16.5	48 Franklin .....	11.1	70 Morgan .....	7.2
5 Jackson .....	28.7	27 Fairfield .....	16.2	49 Stark .....	10.9	71 Harrison .....	7.0
6 Summit .....	28.5	28 Noble .....	16.1	50 Fayette .....	10.7	72 Wood .....	6.8
7 Adams .....	27.0	29 Carroll .....	15.9	51 Putnam .....	10.6	73 Erie .....	6.5
8 Butler .....	25.3	30 Defiance .....	15.0	52 Meigs .....	10.5	74 Van Wert .....	6.3
9 Hocking .....	24.7	31 Tuscarawas .....	15.0	53 Wayne .....	10.3	75 Huron .....	6.3
10 Cuyahoga .....	23.4	32 Perry .....	14.8	54 Delaware .....	9.8	76 Union .....	6.1
11 Clark .....	22.4	33 Warren .....	14.3	55 Richland .....	9.7	77 Henry .....	6.0
12 Lucas .....	21.7	34 Pickaway .....	14.0	56 Monroe .....	9.6	78 Williams .....	5.9
13 Lawrence .....	21.5	35 Holmes .....	13.9	57 Shelby .....	9.5	79 Crawford .....	5.9
14 Ross .....	20.8	36 Marion .....	13.9	58 Miami .....	9.2	80 Morrow .....	5.9
15 Clinton .....	20.4	37 Lake .....	13.7	59 Geauga .....	9.1	81 Wyandot .....	5.6
16 Hardin .....	19.7	38 Washington .....	13.6	60 Champaign .....	8.8	82 Medina .....	5.6
17 Lorain .....	19.	39 Gallia .....	13.6	61 Greene .....	8.4	83 Ashland .....	5.0
18 Trumbull .....	18.9	40 Auglaize .....	13.3	62 Licking .....	8.2	84 Logan .....	5.0
19 Coshocton .....	18.2	41 Guernsey .....	12.9	63 Darke .....	8.1	85 Preble .....	4.9
20 Montgomery .....	18.0	42 Portage .....	12.6	64 Sandusky .....	8.0	86 Knox .....	4.9
21 Pike .....	18.0	43 Hamilton .....	12.5	65 Clermont .....	7.9	87 Fulton .....	4.8
22 Athens .....	17.9	44 Hancock .....	12.3	66 Seneca .....	7.8	88 Brown .....	4.0

than average rates, should do all in their power to prevent the disease. It is still possible to find high diphtheria death rates in health districts with active officials, and it is also possible to discover health officials who do not know that diphtheria is excessively prevalent within the borders of their territory. It is not always possible to lower diphtheria death rates immediately, or even sometimes in a period of years, but it is always possible to make the effort.

The seasonal distribution of diphtheria is of interest to physicians as indicating the months during which the disease is most likely to develop among their families. This distribution is shown in Table IV.

April, May, June and July are the months during which diphtheria is least prevalent. In September the incidence of the disease increases to quite an extent, and this increase is continued and exaggerated during November, the month of greatest prevalence, and during December. In January the disease begins to decrease and this diminution continues gradually until April. From September to March, the physician may expect to meet with a considerable number of cases in his practice. It must be remembered that these statistics relate to the diphtheria deaths and not to the diphtheria cases, and that the cases are usually more prevalent in September than these figures would indicate. Deaths resulting from cases are frequently registered during the month following that in which the cases were reported.

Another matter of interest is the age-distribution of the deaths. This is shown for Ohio in Table V.

Over fifty-three per cent of all diphtheria deaths during the period shown in this table occurred under five years of age, that is, in children under school age. Children under five years of age should therefore be guarded carefully from exposure, and when exposed should be promptly immunized. Between five and nine

years of age, inclusive, thirty per cent of all diphtheria deaths occur, so that over eighty-three per cent of all diphtheria deaths occur among those under ten years of age.

Having discussed the prevalence of the disease in Ohio, and its importance as a public health problem, the prevention of the disease must be considered in the light of certain information we possess concerning its etiology, diagnosis, prognosis and treatment.

#### MODES OF TRANSMISSION.

Diphtheria is transmitted by means of the secretions of the mouth and nose. The bacillus enters the body through the mouth and nose. The diphtheria bacillus will attack any open wound, and any mucous membrane, so we may have skin diphtheria, wound diphtheria, vaginal diphtheria, etc. I recall a case in which the membrane formed on the great toe, the nail having been torn off. The diphtheria bacillus does not live long outside the body except under extraordinary conditions, so that immediate transfer of fresh material is a necessity of transmission. Common drinking cups, roller towels, eating and drinking vessels, musical instruments and other articles liable to be contaminated by the secretions of the mouth and nose are common vehicles of infection. Droplet infection, in which the particles of spray given off in speaking, sneezing and coughing are carried to susceptible persons, is probably a common vehicle of infection.

#### DIAGNOSIS.

The diagnosis of diphtheria will always remain a matter of the greatest difficulty unless certain basic principles are kept in mind. The diphtheria bacillus may be harbored in a person's throat without causing any reaction whatever, or it may produce widespread destruction of the tissues, extensive membrane formation and sudden death. Between these two extremes there may be all gradations. In other words, a large

TABLE III.—AVERAGE DIPHTHERIA DEATH RATES PER 100,000 POPULATION FOR THE SIX YEARS 1909-1914 IN THE 88 CITIES OF OHIO, RANKED ACCORDING TO DECREASING RATES.

City.	Av. Rate 1909-1914.	City.	Av. Rate 1909-1914.	City.	Av. Rate 1909-1914.	City.	Av. Rate 1909-1914.
1 Bellaire .....	50.7	21 Findlay .....	20.2	41 Sidney .....	12.3	61 Warren .....	7.2
2 Niles .....	49.7	22 Coshocton .....	19.7	42 Marion .....	12.1	62 Mt. Vernon.....	7.0
3 Steubenville .....	41.3	23 Wellsville .....	18.6	43 Zanesville .....	11.6	63 Ashland .....	6.9
4 Youngstown .....	39.6	24 Fremont .....	18.4	44 Columbus .....	11.5	64 Norwood .....	6.5
5 Lorain .....	39.1	25 Middletown .....	18.1	45 Galion .....	11.5	65 Bellevue .....	6.2
6 Jackson .....	35.7	26 Wellston .....	17.0	46 N. Philadelphia .....	11.2	66 Ironton .....	6.2
7 Hamilton .....	33.6	27 Troy .....	16.2	47 Wash'ton C. H. ....	11.1	67 Bucyrus .....	6.0
8 Akron .....	32.1	28 Lancaster .....	15.7	48 Massillon .....	10.5	68 Gallipolis .....	6.0
9 Portsmouth .....	32.0	29 Conneaut .....	15.6	49 Canal Dover .....	9.8	69 Cambridge .....	5.6
10 Martins Ferry.....	28.5	30 Ravenna .....	15.1	50 Lakewood .....	9.8	70 Greenville .....	5.2
11 E. Liverpool .....	27.7	31 Barberton .....	14.6	51 Xenia .....	9.6	71 Fostoria .....	5.0
12 Kenton .....	27.6	32 Marietta .....	14.2	52 St. Bernard .....	9.5	72 Van Wert .....	5.6
13 Defiance .....	27.3	33 Athens .....	14.2	53 Mansfield .....	9.4	73 Sandusky .....	4.2
14 Wapakoneta .....	26.8	34 Newark .....	13.8	54 Delaware .....	9.0	74 Bellefontaine ..	3.9
15 Springfield .....	24.8	35 Nelsonville .....	13.4	55 Painesville .....	8.9	75 Salem .....	3.6
16 Cleveland .....	24.6	36 Canton .....	13.1	56 Piqua .....	8.6	76 Delphos .....	3.2
17 Wooster .....	24.4	37 Ashtabula .....	13.0	57 Urbana .....	8.4	77 E. Cleveland....	3.2
18 Toledo .....	23.2	38 Cincinnati .....	12.8	58 Norwalk .....	8.3	78 Bowling Green ..	3.2
19 Chillicothe .....	22.6	39 Circleville .....	12.4	59 Lima .....	7.5	79 St. Marys.....	2.9
20 Dayton .....	20.8	40 Tiffin .....	12.4	60 Alliance .....	7.2	80 Elyria .....	2.1

number of persons who carry the *Bact. diphtheriae* show no clinical signs and symptoms characteristic of the disease. Further, even in the absence of clinical signs distinctive of diphtheria, the germs may cause death, so that it is not uncommon to find patients dying of paralysis after having passed through extremely mild attacks of the disease. The only scientific way of arriving at a diagnosis is to take throat and nose swabs, make cultures and study such cultures microscopically. I have repeatedly seen cases which no physician would call diphtheria, revealed as diphtheria by cultures, and further have seen virulent cases as a result of contact with such mild and aberrant types. Diphtheria germs are extremely diversified in appearance and are classified under fifteen or twenty types. Furthermore there are so many bacilli resembling *Bact. diphtheriae* that only a constant student can distinguish them. For this reason swabs should be sent only to bacteriologists who are constantly examining such cultures, and city or state laboratories are usually best equipped for this purpose. Don't trust a clinical diagnosis in a doubtful case. Take swabs from all such cases.

#### TREATMENT.

While there is a great deal more to the treatment of a case of diphtheria than the use of antitoxin, the use of this agent is more important than all other measures. The pendulum of medical opinion concerning the dosage of antitoxin has swung from one extreme to the other. At the present time the use of moderate doses is recommended, *but these moderate doses must be given early*. Schick's recommendation is that one intramuscular dose of, at most, 500 units per kilogram of body weight, be given early. In a child weighing sixty pounds, the dose would be 15,000 units according to this author. Antitoxin for prophylactic purposes is usually given in doses of 1000 units for adults and 500 units, or parts thereof, for children.

Another important factor in treatment is in-

tubation or tracheotomy. I have no doubt but that thousands of children have died of laryngeal diphtheria because one or other of these measures was not practiced. O'Dwyer perfected the process of intubation to such an extent, and the modern instruments are so simple, that all physicians in general practice should familiarize themselves with this process.

#### PREVENTION.

In order to prevent diphtheria we must recognize the sources of the disease. These are:

1. Cases. (a) typical.  
(b) atypical.
2. Carriers.

In other words all persons harboring virulent diphtheria bacteria must be segregated if we are to prevent the spread of the disease. The appearance of a case should be the signal for the isolation of all exposures, and the examination of the throats and noses for the specific germ. If a case develops in school all the scholars in the room should be swabbed. The general measures of prevention are not of so much interest to the physician as the special preventive measures in the family. The law requires the quarantine of all persons suffering from the disease. If a family is quarantined, all persons in the house liable to contract the disease must be confined. If the patient is properly isolated so that the secretions of the mouth and nose cannot be carried out of the room, the working members of the family may resume their work provided their occupations do not bring them in contact with children. When the clinical signs and symptoms have disappeared swabs should be taken from the patient's nose and throat. When two negative reports are received on swabs taken not less than twenty-four hours apart the patient may be considered ready for dismissal. The physician should now give notice to the health officer that the patient is no longer capable of communicating the disease, and the health officer will disinfect the house. While the pa-



TABLE IV.—INDICATING THE SEASONAL DISTRIBUTION OF DIPHTHERIA IN OHIO.

	January	February	March	April	May	June	July	August	September	October	November	December	Totals
1909	54	50	53	23	23	31	16	39	53	103	83	77	604
1910	56	39	37	33	43	24	29	43	48	73	84	78	596
1911	67	33	51	30	23	26	31	46	73	116	116	103	715
1912	97	68	53	60	55	44	30	63	103	174	186	163	1104
1913	104	78	78	75	44	51	47	55	104	135	146	134	1051
1914	104	82	61	51	41	33	35	40	53	91	113	71	775
Total..	482	350	342	277	233	209	188	284	434	692	728	626	4845

TABLE V.—AGE DISTRIBUTION OF DIPHTHERIA DEATHS IN OHIO FOR THE PERIOD 1909-1913, AND FOR THE UNITED STATES REGISTRATION AREA FOR THE SAME PERIOD.

	All Deaths	Under 1 Year	1 Year	2 Years	3 Years	4 Years	Under 5 Years	5-9 Years	10-14 Years	15-19 Years	20-29 Years	30-39 Years	40-49 Years	50-59 Years	60-69 Years	70 Years and Over	Unknown
<b>Ohio.</b>																	
Total Deaths 1909-1913	4070	221	497	570	464	435	2187	1235	353	99	95	50	23	9	13	5	1
Distribution per 1,000..	1000	54	122	140	114	107	537	303	87	24	23	62	6	2	3	1	
<b>U. S. Reg. Area.</b>																	
1909-1913 Total .....	55986	4311	9102	8402	7293	5860	34968	14324	3375	1049	1006	567	340	173	102	59	23
Distribution per 1,000..	1000	77	163	150	130	105	625	256	60	19	18	10	6	3	2	1	

tient is now ready to dismiss, the other members of the family may still be attacked, so the general code of Ohio requires that all susceptible persons shall remain in quarantine for fourteen days following disinfection. To avoid this sometimes unnecessary delay, exposures in the family may be dismissed by cultures, just as are cases. To every reasonable physician the value of the control of cases and carriers by cultures must be apparent. Instead of confining patients and carriers for an arbitrary period, by means of cultures the actual period of infectivity is determined, and when this period is ended, the patient is dismissed. Each individual is a law unto himself, and what sense is there in releasing a patient in the one case before he is safe, and in another case confining him for a week after all danger has passed?

Diphtheria is only a less serious problem to us in Ohio than is typhoid fever. It causes much suffering and many deaths, and yet we have the means to almost entirely prevent it. The physician is not alone in his responsibility. Health officers and health boards must perform their parts. But the physician has certain well-defined duties. It is incumbent upon him to report every case of diphtheria he treats as soon as he is called. He is required to report cases on suspicion, and no one can prosecute a physician for reporting a case on suspicion, even if the case proves to be some other condition. It is the physician's duty to protect all members of the family and others who have been exposed, if they are his clients. This is best done by

giving immunizing doses of antitoxin. Finally it is the physician's duty to certify to the health officer the fact that the patient is no longer capable of communicating the disease, when this time arrives. This can be determined only by cultures.

Physicians are naturally anxious to determine which among a group of exposures are liable to contract diphtheria. It has been the custom in the past to immunize all children exposed to diphtheria, although we know that only about fifty per cent of such children are susceptible. By means of a test known by the name of the author, Schick, the susceptibility of all exposures can be determined. In this test a small amount of diphtheria toxin is injected into the skin of the arm as in the Von Pirquet test for tuberculosis. If the patient is susceptible a local reaction will develop,—if the patient is immune no reaction will result. This test promises to be of much value in the future in preventing many of those exposed from contracting the disease, for in such cases, prompt immunization with antitoxin will safe-guard all who are susceptible.

To sum up, the prevention and control of diphtheria rests upon the following:

1. Early detection and report of all cases.
2. Immunization of all susceptible exposures.
3. Bacteriological control of cases and carriers.
4. Early treatment of cases with diphtheria antitoxin.

5. Safe-guarding children under ten, and particularly those under five years, from exposure.

6. Efficient isolation of cases, carriers and exposures.

In the treatment of persistent carriers many methods have been tried, with little success. The use of kaolin, one of the alkaline earths, has given the most promising results. For information concerning carriers and other features concerning diphtheria, the following references should be consulted.

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#### URGЕ GOVERNOR WILLIS TO

#### APPOINT PHYSICIAN ON BOARD

Many Feel that one of the State Board of Admin-  
istration Should be a Medical Man.

Governor Willis will shortly appoint a member of the state board of administration, to fill the vacancy caused by the expiration of the term of Dr. A. F. Shepherd.

Dr. J. H. J. Upham, as chairman of the legislative committee of the State Society, and various other physicians have urged the governor to follow the spirit of the law and appoint to the board a medical man. In this connection, it might be of interest to quote the letter of the law in regard to this appointment:

"SECTION 1833. The governor, by and with the advice of the senate, shall appoint within ninety days after the passage of this act four persons, not more than two of whom shall belong to or be affiliated with the same political party, to be known as "The Ohio Board of Administration," hereinafter designated as "the board."

"They shall be selected so that the board will have, as far as possible, in its membership the advantages arising from special study, knowledge or experience regarding the proper care and treatment to be afforded at institutions of the kinds governed by it, the production, manufacture and purchase of articles required in or by such institutions, the care and cultivation of lands and the general principles and conduct of business management."

When Doctor Shepherd leaves the board it will be without a physician in its membership.

Dr. W. A. Dietrick was appointed health officer of New Carlisle, to serve in lieu of a board of health.

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**For Sale:** Large practice in town of 5,000 in Northwestern Ohio. By a widow. County seat. Established twenty-two years. Office and residence, with bath, electricity and hot water heat. An excellent opportunity for a competent man. Has been a doctor's location for the past forty years. If interested address R. D. Pugh, 210 Lynn St., Bryan, Ohio.

Dr. James C. Dignan and wife of Wellington, have moved to Lorain, where the doctor will practice at 224 East Broad street.

## CLEVELAND NEWSPAPER PUBLISHER SAYS DOCTORS LIVE IN GLASS HOUSES AND SHOULDN'T THROW STONES

*Being an Interview With Mr. Elbert H. Baker, of The Cleveland Plain Dealer, by the News Editor of this Journal, on the ticklish Subject of Medical Advertising, in Which Mr. Baker Speaks Right Out in Meeting in regard to the Medical Code of Ethics.*

How can a great daily newspaper, which through years of honest dealing with the public has made itself a power for good in a community, conscientiously admit to its columns the flaring advertisements of a licensed physician whose claims—to say the least—are extravagant, and whose statements are in many instances grossly misleading?

What excuse can a reputable newspaper have for thus virtually selling its support to a quack doctor, who is able to reach the pocket books of hundreds of sick people largely through the support of such a newspaper.

To secure a newspaperman's answer to these questions, and to get the viewpoint of a first-class newspaper on the subject of medical practice advertising, the writer recently interviewed Mr. Elbert H. Baker, president and general manager and the active guiding force of the *Cleveland Plain Dealer*.

Mr. Baker is one of the leading newspaper men of the United States. He has been in harness forty years. He has made the *Plain Dealer* a great newspaper. He has gathered a splendid collection of brilliant writers and artists, and has developed an editorial standing that causes his paper to be quoted throughout the world. He has been a leader in the movement for clean and honest advertising. In fact, the *Plain Dealer* has enforced so strongly its ruling against dishonest advertising that its readers have come to regard statements in its display columns as being on a par with its editorial and news announcements.

Because of these facts, and because of its standing, hundreds of physicians in Cleveland and Northern Ohio have been at a loss to understand why the *Cleveland Plain Dealer* would admit to its columns—and thereby practically sell its editorial support to—the disgusting and flaring advertisements of a quack doctor who by his statements convicts himself of either rank dishonesty or crass ignorance.

\* \* \*

Mr. Baker, after receiving me in his private office, listened attentively while I briefly stated these facts. Then he stated, in a sentence, the defense: People who live in glass houses shouldn't throw stones.

We talked for thirty minutes, but I heard no further defense of the position of the *Plain*

*Dealer* in this specific instance, or of newspapers in general.

As Mr. Baker sees it, the medical profession, which he finds practically the only one objecting to medical advertising, is in a poor position to criticise the newspaper profession.

He pointed out that in recent years the better newspapers of the country have made great strides toward reform. They will no longer accept wildcat financial advertising—the seductive announcements of bonanza oil wells, Canadian gold mines, under-water real estate, etc. They have waged an unceasing warfare on the dishonest merchant, who offers all-wool garments at cotton prices. They have dealt heavy blows at the secret nostrum industry and improper and harmful medical advertising of every sort. The *Plain Dealer* in common with many other Ohio newspapers will not accept an advertisement for a remedy that specifically offers a cure. They have, in fact, sacrificed thousands of dollars in advertising revenue to raise the standard of newspaper advertising.

Moreover, he pointed out that the newspapers of this country have given invaluable aid in bringing about reforms and better conditions—citing, for instance, the free publicity which they have given the propaganda to prevent tuberculosis. They have likewise aided in promoting vaccination and in co-operating in the spread of knowledge of research work, etc.

“And while the newspapers of the country have been engaged in these things, striving toward better things, the members of the medical profession have been doing what,” Mr. Baker asked, and answered: “Buying and selling patients through the quite general practice of splitting fees!”

“The members of a profession which is a party to such an outrage against common honesty stands in a mighty bad light when it comes to a newspaper with a demand to ‘clean up.’”

\* \* \*

Thereupon he proceeded to detail to the writer case after case where, according to his information, prominent surgeons had bought patients, and where unnecessary operations had been performed because the family physician had needed the money which he would receive as a commission.



"I know of one case," he said, "where the wife of an acquaintance was subjected to a serious abdominal operation. She pulled through and the surgeon received \$1500. Later the family discovered" (Mr. Baker did not state how), "that the family physician who had urged the operation and who recommended that particular surgeon, received a liberal commission, and that the operation was largely unnecessary.

"I know from my own observation that oculists frequently split fees with opticians," he continued. "The oculist recommends the glass and sends the patient to a particular optician. The optician charges a sufficient fee to pay the oculist his commission and come out even.

"I know that many of the older physicians of Cleveland have built their practice on fee splitting and that their confreres—the family doctors—are equally guilty," he added. "I can't understand how men of this class have the effrontery to criticise a newspaper for anything."

The writer gently pointed out that fee splitting is an admitted evil and prevalent in a certain degree among medical practitioners; but that it is being stamped out rapidly. He explained, as far as he could, the gradual development of the practice, from an entirely legitimate arrangement into an admittedly vicious abuse. He outlined the effort of the American College of Surgeons in this field, and pointed out that only in very recent times has the iniquity of the practice been recognized—that in the past much of it was done unthinkingly.

And, admitting the prevalence of the evil, and possibly others in the field of medical practice, the writer inquired if that fact offered any justification to a newspaper for opening its advertising columns to fraudulent medical advertising.

Mr. Baker did not answer directly. He merely reiterated his initial thought: when the medical profession clears its own skirts, it will be plenty of time for it to enter upon the reformation of the newspaper business. Or, conversely put: people who live in glass houses shouldn't throw stones.

\* \* \*

Mr. Baker feels, as almost all newspaper men do, that a physician should be permitted to advertise, and that he should be limited in his advertising only by the necessity of honest statement. He expressed it in this way:

"When a business man enters a community, unknown, he is permitted to put forward his best foot. He can tell the public immediately what he has to offer. His success then depends upon whether he makes good on his promises.

"When a lawyer comes to town, unknown, he is more restricted; but even he is permitted certain freedom. He may, for example, announce through the papers or by circulars, that he is prepared to do certain special practice. He isn't guillotined by his fellow lawyers.

"But what happens when the young doctor

comes, equally unknown? He may have been graduated by a fine medical school, and have seen service in a first class hospital. He may have had unusual training in certain fields. He may have been abroad for study. In fact, he represents an investment of thousands of dollars and years of hard work. And what can he do to realize on that investment? Why, sit around and twiddle his thumbs until he either starves to death or some old brother dies and gives him an opening. He must do this under your code of ethics, which is designed to protect the older doctors, and is religiously fostered by them. To a newspaper man or any business man such a code seems needlessly harsh if not foolish and absurd.

"If a young doctor were permitted to advertise his exact qualifications and training, the honesty of the advertising would be regulated by public opinion. He couldn't afford to make dishonest claims, because the public would soon find him out. Advertising would protect the public, and protect the honest doctor."

Mr. Baker's opinion, it should be clearly understood, is set forth here as his view—and probably the view of all newspaper men, and not the editorial opinion of *The Journal*.

\* \* \*

I took a new tack, with the question:

"Mr. Baker, knowing as you do that medical advertising is taboo by the medical profession, and is not engaged in by the vast majority of doctors, would you, individually, place your case in the hands of an advertising doctor; and, if you would not, do you think it fair to permit your newspaper to urge its thousands of readers to do so?"

Mr. Baker did not answer directly. In fact he dodged. He said that in many rural communities all the doctors carry regular cards in the local papers, and that he did not think that it affected their medical ability.

I asked him if his business staff followed any regular procedure in keeping out of its advertising columns dishonest statements in business announcements. He stated that no routine procedure was followed; that they judged each advertisement on a common sense basis. If evidence of fraud is brought to their notice an investigation is made, and if the charges are substantiated the contract is discontinued.

I asked him if the same rule would apply to medical advertising, and he said that it would. "We only need to be convinced that advertising is dishonest."

\* \* \*

With that, the interview ended. This is written because the writer feels that it will be of interest to a large number of medical men to get the newspaper's viewpoint. *The Journal* might editorially pick flaws in Mr. Baker's reasoning. On the other hand, we might admit that in certain points he is right. But we refrain from

comment, and permit his statements to stand as they were made.

Our hope is that the next few years will witness the development of better co-operation between the physician and the newspaper man. They have much in common. Both are doing a tremendous amount of good, unselfishly, without pay, altruistically. They could accomplish far more by working together. The unreasoning antipathy that exists between the two profes-

sions, largely because of the advertising dispute, is senseless.

Mr. Baker closed our talk with the statement that the advertising question is only partly responsible; that the newspaper feels that the medical profession errs greatly at times in the wilful suppression of news that should be given for publication. There is clearly room for a better understanding between the newspapers and the medical profession.

## CLEVELAND SCHOOL MEDICAL INSPECTION WORK IS COMMENDED; ANTI-VACCINATIONISTS ARE ACTIVE

The absurd fight against compulsory vaccination has been renewed in Cleveland, following a partial report to the Cleveland Foundation in which attention is called to the fact that there are more than 50,000 unvaccinated children in the city schools. Their admission is in direct violation of the provisions of an ordinance passed by the city council in 1914.

Dr. Leonard B. Ayers, of the Russell Sage Foundation, who prepared the report of the health work in the Cleveland schools as the second of 25 special reports in a general school survey, highly commended the medical inspection service. He points out that Cleveland is the pioneer in school medical inspection and that its system is far in advance of most of the larger cities of the country. The first school dispensary was opened in Cleveland in 1907. There are now 86 school dispensaries and clinics, 16 school physicians, one school oculist and 27 school nurses. The standards for examinations, records and diagnosis, are so well worked out and the system so efficient that 29 per cent of the defects found in 75,000 examinations in 1914-15 were corrected. The city is spending \$36,000 a year for salaries and supplies for school medical inspection service and is being well repaid for the outlay, Dr. Ayers declares.

Some criticism is made of the system of administration with a recommendation that the school inspection service be placed directly under the school superintendent. The following suggestions for future extension are outlined:

Increasing nurses from twenty-seven to thirty-four, to provide one to every 2,000 pupils.

Dental clinics now run by private philanthropy to be taken over by the schools and enlarged.

Provision made to remedy speech defects.

Study of special health problems, such as effects on health of seats and their long occupancy; the effects on eyes of various sized types and various colors of blackboards.

Methods to establish health habits among children in their homes, as sleeping with open win-

dows, eating wholesome food and going to bed early.

The most serious criticism, as pointed out above, is directed toward failure to enforce the city ordinance denying admittance to schools of teachers and pupils who do not furnish a certificate of successful vaccination. Dr. Ayers points out—and in this he is corroborated by Dr. E. A. Peterson, chief medical inspector—that this failure may cause in Cleveland a repetition of the smallpox scourge of 1902, when 224 lives were sacrificed.

The anti-vaccination propagandists, scenting another chance for publicity, rushed into print, attacking the vaccination ordinance and threatening to initiate petitions for its repeal. Edmund Vance Cooke, the lecturer, who headed the anti-vaccination propaganda in previous years, managed to secure considerable front page mention.

Dr. Peterson in a statement held that probably it would be inadvisable to arbitrarily enforce the old ordinance without a long educational campaign, and that it would be impossible to properly educate the parents of Cleveland until they experience another epidemic of smallpox.

Over in Youngstown the anti-vaccinationists endeavored to launch their propaganda at the same time. The *Youngstown Vindicator*, a daily newspaper, on November 19, in a leading editorial, emphatically silenced the critics by setting forth the accomplishments as a preventive measure.

Dr. W. O. Pauli of Cincinnati read a paper before the Southern Medical Association, at its ninth annual meeting, Dallas, Texas, November 8-11, 1915, on "The Relation of Insurance, Medicine and Periodical Health Tests to General Practice."

Dr. W. R. Thrall of Cincinnati was operated, November 16, at Good Samaritan Hospital. Because of his advanced age, 86 years, the operation was considered serious.



## DEATHS IN OHIO

**Christian B. Stemen**, aged 62, Eclectic Medical College, Cincinnati, 1864, and Medical College of Ohio, Cincinnati, 1875; died at his home in Fort Wayne, Indiana, November 13. Dr. Stemen first practiced at Elida, Ohio, and later at Ft. Jennings, Kalida, Piqua and Van Wert. For 35 years he was instructor in various medical schools. He served in this capacity lastly in the State University of Kansas. He had served as chief surgeon of the Pennsylvania railroad company in Northwestern Ohio for 39 years. Dr. Stemen for a time served as president of Taylor University, now located at Upland, and was a trustee of that institution at the time of his death. He succeeded ex-President Benjamin Harrison as a trustee of Purdue University. A widow and seven children survive him, four of whom were physicians—Dr. Catherine Hughes, Kansas City; Drs. George C. and William E. Stemen, Denver, Colo.; and Dr. Charles M. Stemen, Ft. Wayne.

**Nicholas F. Schwartz, M. D.**, aged 67, University of Wooster, Medical Department; died at his home in Auburn, October 27. Dr. Schwartz was born in Berne, Switzerland. At the age of four he came with his parents to America. After receiving his medical education, he practiced in Pittsburg, Cleveland, and Canal Dover, later locating in Auburn. Dr. Schwartz is survived by a widow and three daughters. Dr. C. H. Schwartz, at Sugar Creek, is a brother.

**George Peck, M. D.**, aged 77, Detroit Homeopathic Medical College, 1873, died at his home in New Philadelphia, November 15, after a long illness of arteriosclerosis. Dr. Peck was born in Woodbury, Conn. He located in New Philadelphia in 1874, where he had since practiced. For several years he served as city health officer. Dr. Peck is survived by a widow and one brother, Dr. E. H. Peck, of Cleveland.

**Howard Johnson Lee, M. D.**, aged 64, University of Wooster, Medical Department, Cleveland, 1876; died at his home in St. Johnsbury, Vt., November 6. Dr. Lee located in Cleveland in 1870. He was associated with the staff of Charity Hospital. After the death of his wife, two years ago, he retired from practice and went to St. Johnsbury, his birthplace, to make his home.

**William M. Bartley, M. D.**, aged 47, Baltimore Medical College, 1895, died at his home in Sheyenne, North Dakota, November 6. Dr. Bartley was born in Pennsylvania. After graduation he located at New Waterford, Ohio. Fifteen years ago he moved to Sheyenne, where he has since

practiced. The remains were brought to Leetonia, for burial. A widow and two children survive.

**James M. Wood, M. D.**, aged 62, Columbus Medical College, 1879, died at his home near Hepburn, Marion county, November 11, after a long illness of cancer of the stomach. Dr. Wood was born in Marion county. When 23 years of age, he began the study of medicine under late Dr. R. C. Bowditch, formerly of Marion. He has practiced medicine for 36 years. He was formerly a resident of LaRue, where he conducted a drug store. He located in Hepburn in 1885. Dr. Wood is survived by a widow and three children; six brothers and one sister.

**W. H. H. Woland, M. D.**, aged 70, licensed Ohio, 1896; died at his home in Fremont, November 15, following a stroke of paralysis. Dr. Woland was born at Millersburg, Penn. He moved to Sandusky county in 1874, locating at Lindsey, where he practiced for twenty years. He has been a resident of Fremont for twenty years. Dr. Woland is survived by a widow and five children.

**David Y. Roebuck, M. D.**, aged 71, University of Pennsylvania, Medical Department, Philadelphia, 1867; died at his home at Dalton, November 19. Dr. Roebuck has been a resident of Dalton for forty years, and was well known in Wayne county. Dr. Roebuck is survived by a widow, one daughter and two sons.

## MARRIAGES

Dr. John G. Schwarz, formerly a member of the staff of the Ohio Home for Epileptics at Gallopis, and Mrs. Elsie Dean were married October 25, at 6 P. M., at the home of the bride's brother, Dr. W. E. Thomson, Antioch. Dr. Schwarz will engage in general practice in Cincinnati.

Dr. Frank Edgerton Deeds, Akron, and Lulu Mae Hines, Schenectady, N. Y., were united in marriage on November 16.

Dr. Henry M. Brown, New Vienna, was married November 27, to Miss Helen Reba Hildebrandt, of Wilmington.

## INCORPORATIONS.

The Home Sanitarium Company, Lebanon, \$50,000; Incorporators: Frank Brandon, Howard E. Ivins, O. S. Higgins, Waldron C. Gilmour, C. J. Waggoner.

The American Sanitorium and Medical Dispensary Company, Cincinnati, \$135,000; Incorporators: F. H. Gordon, Clarence A. Schneider, R. E. Simonds, Jr., Philip E. Hart, Louis P. Pink.

## COMMITTEE IS WORKING ON DR. LOWER'S PLAN FOR PRACTICAL MEDICAL EDUCATIONAL PROPAGANDA

Much favorable comment has been heard from all quarters of the state in regard to the plan proposed by President Lower at the last meeting of Council to carry on a systematic medical education propaganda within the State Society.

Dr. Lower proposes that the society employ a lecturer, particularly qualified to present a given subject, and that at the expense of the State Society he be sent to each of the component organizations to conduct an educational lecture and clinical demonstration in the field selected.

Dr. Lower further suggested that the first subject taken up under this plan be a thorough consideration of the treatment of fractures. He pointed out that this is a field which interests all practitioners of medicine, and one in which almost every one feels a need for improvement.

He suggested that the lecturer be prepared to present, in a practical manner, the entire field of fracture treatment, and that he be supplied with complete equipment, setting forth the various splints, etc. He would thus be enabled to present to each society what would be in effect a condensed and practical post-graduate course in the subject.

It is planned to hold one of these meetings in each county, under the auspices of the county society, and to invite all physicians of the county regardless of their affiliation.

### Plan is Modified.

Owing to the lack of money in the state treasury the plan was somewhat modified after discussion in Council. It was decided to have the councilors present these lectures, or to secure a lecturer for his district. The standing State Committee on Medical Education is to have a general lecture prepared, by some authority on the subject, and this is to be used as the model throughout the state. Drs. Robert Carothers, of Cincinnati, C. W. Moots, of Toledo, and C. E. Ford, of Cleveland, together with Dr. Lower, are now working out the details of the plan and hope to have the initial subject ready for presentation early in 1916.

It is the plan, after the subject of fractures has been thoroughly dealt with, to take up other general subjects of practical interest. It has been suggested that diseases of the chest, with particular reference to early diagnosis in tuberculosis, be taken up later.

It is believed that the development of this idea will be one of the most helpful things ever accomplished by the State Society. It has been pointed out that consideration of the subject of fractures, for instance, is of particular interest at this time because of the probable institution by the State Society of co-operative defense against

civil malpractice suits. No field of practice is more productive of such suits. It is believed that a thorough-going educational campaign will materially raise the standard of fracture practice in Ohio and thereby decrease the number of these actions.

### Presents a Big Field.

Our State Society is developing a strong organization, so far as the practical phases of organization go. The newer and far more important field lies in the raising of the scientific standards of practice throughout the state. Physicians in Ohio, as a class, rank high in comparison to physicians in other states; but in every profession and in every field of human endeavor there is always room for improvement.

*The Journal* feels that the steady development of the plan proposed by Dr. Lower will be a long step in this direction. We sincerely hope that every member will aid in making its development a complete success.

### BOQUETS FROM PENNSYLVANIA.

Editor, *The Journal*:—Will you please enroll my name as a subscriber to the Ohio State Medical Journal, beginning with the August number, and for which I enclose my check.

I have had an opportunity recently of reading a few copies of your journal and I regard it as one of our best medical journals, and I am particularly interested and grateful for your efforts for medical organization. Very truly,

John B. McAllister,

President, The Medical Society of the State of Pennsylvania.

Harrisburg, Pa., December 1, 1915.

### FIRST AID COMMITTEE.

President Lower has appointed Dr. Robert Carothers of Cincinnati and Dr. Sidney M. McCurdy of Youngstown to serve with himself on the new special Committee on First Aid of the State Society. This committee was organized to co-operate with the National First Aid Committee. It will endeavor to standardize methods, materials and equipment employed in the administration of first aid to those injured in industrial occupations and in war.

### INVESTIGATE BUSINESS PLAN.

The Montgomery County Medical Society, at its meeting in Dayton, October 15, appointed a committee to investigate and report upon the adoption of the Detroit plan of protecting its members from non-paying patients. This committee is composed of Dr. E. M. Huston, Dr. R. S. Gaugher and Dr. Dale Barker. On page 748 of this issue the Detroit plan is briefly outlined.



Drs. Paul G. Woolley and Roger S. Morris of the University of Cincinnati and J. J. R. MacLeod of Western Reserve University, are members of the editorial staff of the new *Journal of Laboratory and Clinical Medicine*. Dr. Victor C. Vaughan is editor-in-chief. It is designed to offer medical men the practical findings of the foremost laboratory workers of the world. C. V. Mosby & Co., St. Louis, are publishers of the *Journal*.

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That the state board of health means to prosecute physicians and midwives who violate the provisions of the new law providing for the immediate use of a prophylactic in the eyes of the newborn, is indicated by the following resolution which was unanimously adopted at the special meeting held in Dayton on November 10:

"WHEREAS, the act for the prevention of blindness from inflammation of the eyes of the newborn (G. C. 1248-1 et. seq. 106 O. L. 321) makes it the duty of the State Board of Health "To report any and all violations of this act as may come to its attention, to the State Board of Medical Registration and Examination and also to the local police or county prosecutor in the county wherein said misdemeanor may have been committed, and to assist said officials in every way possible, such as by securing necessary evidence."

"BE IT RESOLVED, That the Secretary and

Executive Officer be and is hereby authorized to act for the State Board of Health in making such reports as are above required and to give such assistance and secure and present such evidence as may be necessary to aid in securing the conviction of any person who violates any provision of the act above referred to, or any provision of the rules and regulations adopted by the State Board of Health under authority granted in said act."

The provisions of this law were described in the November issue of *The Journal* (Page 709) and copies of the measure together with the regulations of the board have been sent to every physician.

The adoption of the above resolution makes it mandatory for the secretary of the board to start prosecution, both in the county courts where a fine may be imposed, and with the state medical board for revocation of license.

The initial court action under this law has already been taken in the case of a Cincinnati physician who is charged with failure to promptly notify the local health department of an infection.

In the November 27 issue of *The Survey* (New York) appears the following editorial comment on the four year's work of Dr. E. F. McCampbell as executive officer of the board, in connection with an announcement of his appointment as professor of preventive medicine at Ohio State University:

"Dr. McCampbell graduated from the University of Chicago and Rush Medical College. He has taught in Ohio State, Chicago and Wisconsin Universities, and has had experience in several hospitals. In 1909, he studied typhus fever for the government of Mexico.

"The results of his four years' work in Ohio are visible in all parts of the state. Villages which formerly were breeding-places of disease are now putting away the possibilities of pollution and are enforcing health regulations which for years slumbered peacefully on the statute books. Citizens of the state have investigated their water-supply system and their sewage system. They have demanded that their family physician report cases of contagious disease. They are requiring of their boards of education better school sanitation, and medical and dental supervision of their children.

"In fact one member of the State Board of Health says that 'Ohio has awakened in the past four years to the need of intelligent public health work more than during its entire previous history.'

"Dr. McCampbell has organized traveling exhibits with lecturers, he has secured the co-operation of all manner of organizations, and has kept his closely organized department out of politics.

"Especially significant has been Dr. McCampbell's investigation of industrial diseases. Reports of his investigations published in bulletins of the State Board of Health together make a 'source book' invaluable to the student in that field."



Health officers and township health officials from throughout Southern Ohio were in Dayton November 11 and 12 for the annual conference with the staff of the State Board of Health. Dr. H. T. Sutton, of Zanesville, the president, presided at the sessions. The following interesting papers were presented:

"How a Health Officer Can Be Most Useful to His Community," L. H. VanBuskirk.  
 "Legislation and Methods for the Prevention of Blindness," R. G. Paterson.  
 "Private Water Supplies; Their Development and Maintenance," W. H. Dittoe.  
 "Some Observations and Deductions Made in the Matter of Preventive Medicine During the Past Twenty-five Years," Dr. J. Morton Howell.  
 "Public Health Accounting," Dr. G. B. L. Arner, Statistician, Division of Communicable Diseases, State Department of Health.  
 Discussion.  
 "Rural Housing and Hygiene," Dr. E. R. Hayhurst, Director, Division of Industrial Hygiene, State Department of Health.  
 Discussion.  
 "The Increase in Mortality in Persons Over Forty-five Years of Age," Dr. E. F. McCampbell.

Mr. James E. Bauman, assistant secretary and legal advisor of the board, and Dr. F. G. Boudreau, director of the division of communicable diseases, on November 12 conducted an interesting round-table discussion of questions pertaining to quarantine, the abatement of nuisances, and other problems confronting the local health official.

The value of public health in rural schools is to be given a thorough test in Cuyahoga county. Dr. Robert H. Bishop Jr., as medical director of the county tuberculosis sanatorium at Warrensville, has secured an appropriation from the county commissioners under the revised tuberculosis law to employ three nurses. They will, for the present at least, work in the rural schools of the county, in a manner similar to the nurses connected with the school medical inspection service in the city.

The division of tuberculosis and public health education is co-operating actively with the Ohio Society for the Prevention of Tuberculosis in the annual sale of Red Cross Christmas seals. Mr. S. Livingston Mather, of Cleveland, who is in general charge of the sale in the state, expects to sell this year between 10,000,000 and 12,000,000 seals. Nearly half that number will be used in Cleveland alone. The sale should be encouraged everywhere, as it is the revenue from this source that makes it possible for the society to keep in service the demonstrating public health nurses who are entering the smaller countries of the state.

Dr. Frances Hollingshead, director of the new division of child hygiene, is collecting information regarding the extent of school medical inspection in Ohio. A questionnaire has been sent to each school principal. In co-operation with the state commissioner of education a uniform blank for inspection records has been prepared for use throughout the state.

Under the direction of the Central Council of Social Agencies of Youngstown, November 28 was observed in that city as "Public Health Sunday." Physicians filled the pulpits in twenty churches and preached the gospel of good health. The event was arranged to formally open the public health exhibit of the state board of health, which was shown in Youngstown, November 30 to December 4. The following physicians "preached:" S. M. Hartzell, G. L. Pearson, H. E. Blott, C. B. Booth, J. L. Washburn, H. E. Welsh, W. G. Ebersole, of Cleveland, (a dentist) Daniel Baker, J. H. Simpson, W. H. Taylor, J. J. Thomas, E. H. Jones, H. E. Patrick, H. C. Evans, C. R. Clark, E. A. Toby, M. P. Jones, Mr. F. S. Bunn.

Licenses to conduct maternity boarding houses and lying hospitals were granted at the November meeting of the board, to the following: Maternity and Children's Hospital, 1609 Summit St., Toledo, 15 women and 22 infants. Mrs. Reid Drew, 1369 Clifton Ave., Columbus, three infants. Mrs. Clara Simmons, 360 Belvedere Ave., Columbus, four infants. Mrs. Elizabeth Donaldson, 1526 Thomas Ave., Columbus, three infants.

The system of reporting to the state board of health all admissions and discharges from tuberculosis hospitals, which went into effect October 1, is working out very successfully. R. G. Paterson, director of the division, reports that during the first month's operation of the system there were 114 notifications of admission and 81 notifications of discharge, making a total of 195. Of these, 146 were referred to local public health nurses for investigation, nine were investigated by a headquarters nurse, and five were referred to health officers in other states. This report indicates that the general plan will be entirely feasible and that the work of the 300-odd public health nurses in Ohio will be more efficient in re-enforcing the work of the tuberculosis sanatoria.

#### NEWS NOTES.

Copies of the new law requiring immediate attention for cases of inflammation in the eyes of the new born have been sent by the board, with the explanatory information, to 8,000 physicians, 3,000 nurses, 2150 health officers, 525 midwives, and 325 hospitals and maternity boarding houses.

Dr. Robert H. Grube, of Xenia, was elected president of the board at the November meeting. He succeeds Dr. H. T. Sutton, of Zanesville. Dr. Angus MacIvor, Marysville, was elected vice president.

A circulating library including volumes on social service topics, sanitation, and medicine, has been established by the division of public health education, for use by the 303 public health nurses now employed in Ohio.

# NEWS OF STATE MEDICAL BOARD

## OFFICIAL BOARD

LEE HUMPHREY, M. D., President, Malta, March 17, 1917  
 J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920  
 S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921  
 LESTER E. SIEMON, M. D., Cleveland, March 17, 1918  
 T. A. McCANN, M. D., Dayton, March 17, 1916  
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919  
 BEN. R. MCCLELLAN, M. D., Xenia, March 17, 1922.

GEO. H. MATSON, M. D., Secretary,  
 Office, State House, Columbus.  
 Examiner in Preliminary Education,  
 K. D. SWARTZEL, M. Sc., Columbus.

The stately legislative halls of the Capitol at Columbus never sheltered a more nondescript gathering than on November 16, 17 and 18, when the State Medical Board conducted its first examination under the provisions of the new Platt-Ellis cult practice law.

The law provides, it will be remembered, that all non-medical healers who had practiced in Ohio for one year prior to June 1, 1915 and less than five years, should be required to take an examination in the theory and practice of the special non-medical branch or branches which the applicant seeks to practice.

Under the provisions of the law the State Medical Board appointed from one to three cult practitioners as special examiners in each field, and these examiners conducted the tests.

They were, of course, of the most flimsy nature, dealing only with the theories and practices of the absurd healing cults which are licensed by the law.

It should be thoroughly understood that all applicants for licenses to practice these special branches in the future will be required to pass a much more thorough examination, which will include not only the principles or the pseudo branches, but in addition a thorough-going test in anatomy, physiology, chemistry, bacteriology, pathology, hygiene, and diagnosis—in other words, in the subjects which are essential to the intelligent practice of the healing art.

But the examination conducted in November dealt only with those demanding certificates under the one-year exemption clause. It was taken by 223 persons. Several applied for certificates for more than one branch, one man paying five fees of \$25.00 each and applying for certificates to practice practically everything included in the law.

Chiropractors constituted the bulk of the class, 179 taking the chiropractic examination. There were 39 spondylotherapists, 27 electrotherapists, 14 hydro-therapists, 36 mechano-therapists, four suggestive therapists, eight neuropathists and two magnetic healers.

These men and women—for there were many of

the latter—constituted the nondescript crowd referred to above. Some of them could barely read and write and many of the examination papers indicated a sublime ignorance of the structure of the human body and its physiological processes. The cult examiners passed practically the entire bunch. To an unprejudiced observer, it would seem to be a most difficult feat to have failed, considering the character of the questions (given on pages 806-809) and the liberality of the examiners.

In addition to the above classes, 13 took examinations in massage, two in Swedish movements and 14 in chiropody. The applicants for these certificates were uniformly of a much higher grade than the great majority of those who applied for healing parchments.

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Dr. Matson has an augmented office staff at work investigating the practice claims and character of these exemptioners, and the character and claims of the still larger class which claims exemption from any examination whatever under the five-year clause. We are glad to state that practically every county society is co-operating with the board in making these investigations. The work is proceeding rapidly and it is probable that many certificates will be granted in 1916.

Considerable evidence of fraud is developing, particularly in the claims of applicants as to their length of practice in Ohio. It is very probable that prosecutions will result, as these claims were made in writing under oath. It is impossible to say at this time how many "limited practitioners" will be admitted to practice under the exemption provisions of the law.

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Applicants for certificates to practice these limited branches were given a severe jolt October 29 by Attorney General E. C. Turner. The state medical board, it will be remembered, divided the various practices into five groups and adopted a regulation requiring a fee of \$25.00 for a certificate to practice in each group. This caused a loud clamor throughout Ohio from applicants. They presented numerous attorneys' opinions to the effect that such action is entirely unwarranted and that one fee of \$25.00 should cover all practices. The matter was laid before the Attorney General, officially, and in an able ruling he held that the board had not exceeded its authority and that in fact it had not charged enough. He held that a fee of \$25.00 should be collected for each examination. Under this ruling, those applicants who applied for certificates to practice several of the limited branches will have to pay \$25.00 each. Those who have practiced in Ohio five years or



more are exempted from all payments except for one fee.

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For the time being optometrists are not permitted to register under the Platt-Ellis law. A large number of these practitioners have recognized that their work is a limited branch of medicine, and have admitted that the regulation of optometrists should be under the medical board. These have applied for registration. The state association of optometrists, largely through the domination of interests from without the state, has gone on record in opposition to the registration however, and is fighting the case in the Franklin county courts. Attorney General Edward C. Turner, who is counsel for the medical board is resisting the injunction proceedings, has filed his answer and it is probable that the case will come to trial in the lower court within a few weeks.

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It is understood that the osteopaths of Ohio have inaugurated a campaign to secure an amendment to that portion of the medical practice act which governs the practice of osteopathy. The exact nature of these changes has not been made known.

### QUESTIONS PRESENTED TO "LIMITED PRACTITIONERS"

In order to give our members an idea of the character of the exemption examinations given "limited practitioners of medicine and surgery" in Ohio under the new Platt-Ellis amendment to the Medical Practice Act, we print herewith the questions presented at the examinations held in Columbus last month, under the direction of the State Medical Board.

The law provides that for the purpose of establishing this limited license system applicants for certificates who had practiced in Ohio one year prior to June 1, 1915, shall be examined only in those subjects which are appropriate to the limited branch which the applicant seeks to practice.

It was to meet this exemption clause that the first examination was held. The questions in the different branches were prepared by cult examiners, and the examination was directed by them in the hall of the Ohio General Assembly, under the close supervision of the members of the Medical Board.

It should be remembered that applicants for certificates in the future will be required to take an examination in the basic medical subjects.

The examination for the exemption applicants was conducted in three sections in each branch: (1) in the alleged pathology and practice of the branch; (2) in symptomatology and diagnosis as

it is regarded by that branch, and (3) a practical test in which clinical material is used.

The examination questions follow:

#### Chiropractic

**PATHOLOGY AND PRACTICE.**—1. Why do impingements of cervical nerves affect the brain? 2. Where would you adjust to relieve a feeble pulse? Shortness of breath? 3. What adjustment is made to influence the Ganglion of Impar? What effect has this adjustment? 4. How would you adjust an anterior fifth lumbar subluxation? 5. What adjustment has the greatest effect upon the cranial nerves as a whole? 6. In what portion of the spine would you adjust to influence the following: Thyroid Gland; Pleura; Lungs; Prostate Gland; Diaphragm; Spleen; Kidney; Stomach; Heart; Liver. 7. In what stage during the act of respiration should the thrust be delivered? 8. Where adjust to (a) restore temperature; (b) to influence the skin. 9. What are the most essential requisites in making a successful adjustment? 10. Give the etiology, symptoms and adjustment of the following: Brachial Neuritis; Appendicitis; Gastritis; Poliomyelitis; Gall Stones.

**SYMPTOMATOLOGY AND DIAGNOSIS.**—What pathological condition would result from a subluxation of the sixth cervical vertebra? 2. What effect results from a subluxation of the sixth dorsal vertebra? 3. What disturbance of the alimentary tract would follow a subluxation of the second lumbar vertebra? 4. At what point does interference with nerve stimulus generally occur? 5. Is tenderness ever absent at the point of vertebral impingement? Give examples. 6. Name three common subluxations indicated by headache. 7. What effect results from a subluxation of the (a) Atlas; (b) Second Dorsal; (c) Tenth Dorsal. 8. Name and define five different forms of subluxation as recognized by the Chiropractor? 9. What are the diagnostic findings when (a) Vision; (b) Colon; (c) Feet are involved? 10. What symptoms would you expect to find in: Arterio-Sclerosis; Exophthalmic Goiter; Ovaritis.

#### Spondylotherapy

**PATHOLOGY AND PRACTICE.**—1. How long would you apply concussion over a single segment at one time? 2. Give the rate and force of concussion of a spinal segment before spinal adjustment and the results expected. 3. What is the rate of stroke per second and the time of application in concussion for stimulation of nerve centers? 4. Give rate, force and location of concussion indicated in (a) hypertension; (b) hypotension. 5. What are the effects of concussion before vibro-traction? What are they after vibro-traction? 6. What are the results of alternate and interrupted concussion to both the centers which dilate and constrict the organ which you are treating? 7. Describe the different methods of spinal traction and vibration. 8. Name meth-

ods for producing relaxation before concussion and vibro-traction. 9. How would you correct an anterior subluxation of the first lumbar vertebra? 10. What are some of the causes of frequent lateral condition of the first and second dorsal segments? How correct this condition?

**SYMPTOMATOLOGY AND DIAGNOSIS.**—Differentiation, percussion, concussion and vibration. 2. Name the segments of vaso-constriction and vaso-dilation of the spinal column. 3. How would you determine the location of the spinous process of a vertebra? 4. Name some of the spinal centers from Atlas Place to Rectal Place, and describe the positions for spinal examination and palpation of the same. 5. What are some of the difficulties in spinal diagnosis? 6. How detect an anterior displacement of a dorsal vertebra? 7. How diagnose a rotation of a vertebra? An approximation of a vertebra? 8. How determine a reflex lesion? 9. Give the approximate relation of the location of the spinal centers or origin and their exit from the neural canal to the location of the different spines. 10. Name the symptoms following a subluxation of the fifth lumbar vertebra.

#### Hydrotherapy

**PATHOLOGY AND PRACTICE.**—1. State at least ten remedial properties of water. 2. What is a heating compress? How applied? Of what value is it? 3. Of what value is the hot leg bath? The hot and cold leg bath? 4. State in what conditions the prolonged sitz bath should be employed. 5. How should fomentations be applied for tonic effect? For sedative? 6. What two general classes of effects are produced by hydropathic and mechanical applications? 7. How may the heart rate be decreased and its force increased? 8. How may the work of the kidneys be lessened? 9. What is the difference between a stimulant and tonic? Tell how to produce each. 10. What should be the temperature of the following named baths: Hot? Warm? Neutral? Tepid? Cool? Cold?

**SYMPTOMATOLOGY AND DIAGNOSIS.**—Give subjective symptoms of nephritis. (Bright's disease.) 2. How would you determine a case of sciatica? 3. What observation would lead you to suspect an approaching apoplexy? 4. What conditions do we find manifested in gout? 5. Tell how you would determine a case of pleurisy. 6. Describe symptoms of septicemia where the infection is on the hand or foot. 7. What are the symptoms of lumbago? 8. What are the subjective symptoms of diabetes mellitus? 9. What symptoms would lead you to suspect typhoid fever? 10. How would you differentiate between la grippe and rhinitis (cold in head)? Give marked symptoms of la grippe in the acute form.

#### Electro-Therapy

**SYMPTOMATOLOGY AND DIAGNOSIS.**—1. What symptoms would decide the use of high voltage current? Low voltage current? 2. In what gynecological cases would you use electricity as a diagnostic means, and when is it contra-indicated?

3. Are the Motor Nerves of any value in Electro Diagnosis? If so, in what way? 4. What diagnosis would warrant the use of a Hydro-Electric bath? 5. What conditions would warrant the use of a descending current? 6. Name symptoms of Locomotor Ataxia and state what Electrical treatment you would advise for the various symptoms. 7. What are the symptoms of neuresthesia? Has electricity any value in the treatment? 8. How would you diagnose a case of irritation of the heart and would you treat it with a low voltage current? 9. Can a tumor be reduced by the galvanic current, and how would you diagnose same? 10. Give symptoms of an X-Ray burn.

**PATHOLOGY AND PRACTICE.**—1. What do you understand by Reaction and Degeneration? 2. What current would you use for an Electric water bath? Is the commercial current safe under most conditions when attached to a switchboard? 3. How does a Monopolar application differ from a Dipolar application? 4. State briefly the electrical application most serviceable in the treatment of spinal irritation. 5. When should Electro-Therapeutic Treatment be instituted in a case of Infantile Paralysis? 6. If a muscle or nerve is found to respond to an Induction Coil current is this evidence that the muscle is or is not undergoing degeneration? 7. What are the various uses of the X-Ray? Outline an X-Ray treatment. 8. Outline the Electrical Treatment of Arterio Sclerosis. 9. What high tension current would you use to reduce the sensation of weight and numbness in the lower extremities in Ataxia, and would the relief afforded be permanent? 10. Outline the Electrical Treatment for Progressive Muscular atrophy.

#### Mechano-Therapy

**SYMPTOMATOLOGY AND DIAGNOSIS.**—1. Name four important points of consideration in making a diagnosis. 2. What does absence of the knee reflex indicate? 3. What is indicated by a general enlargement of the lymphatic glands? 4. Give cardinal symptoms of acute appendicitis. Give symptoms and diagnosis of chronic appendicitis. 5. What symptoms lead you to suspect a displacement of the uterus? What treatment would you give to relieve a retroflexion? An ante-flexion? 6. What is indicated by the absence of the peristaltic wave? 7. What does a pale urine indicate? Is this of diagnostic importance? Why? 8. Of what advantage is it to know the character of the pulse—name varieties and state what each variety indicates. 9. Give some of the physical findings in pulmonary tuberculosis. 10. What are the symptoms of indigestion?

**PATHOLOGY AND PRACTICE.**—1. Name the various movements of Mechano-Therapy. 2. Give technique and effect of Mechano-Therapy. 3. Describe a condition in which the efferent nerves would be affected. 4. Describe a condition in



which the afferent nerves would be affected. 5. Outline treatment of asthma; broncho-pneumonia. 6. What causes does the Mechano-Therapist assign for arteriosclerosis? What symptoms are observed? Outline and describe your treatment giving reasons for methods employed. 7. Give causes and treatment of neuresthenia. 8. What is the mode of applying effleurage if the object be to produce a sedative effect? 9. Give effect of treatment in chronic heart diseases and why it relieves. 10. Outline in detail treatment for chronic constipation.

### Neuropathy

**PATHOLOGY AND PRACTICE.**—1. Give two reasons why excessive rigidity of muscles (contracted condition) should be overcome. 2. Indicate by rough sketch the regions upon which you would operate neuropathically for a non-infectious disease of the lungs. 3. Briefly describe three movements you would use in treating the neck of a patient suffering from any disease of the head or throat. 4. Upon what would you depend for the most decided effect upon a diseased organ: (a) Shock or irritation of an articular surface? (b) Deep muscle manipulation? 5. What physical therapeutic measure would you apply for sciatica? 6. Mention a neuropathic treatment for chronic sore eyes. 7. What nerves would you treat for dysmenorrhœa? 8. What nerve would you treat for hiccough? 9. Which would you require the heavier and deeper manipulations, a flabby muscled patient or a well developed one? Why? 10. Why is the fact "that the receipt of a sensory impulse to a segment of the cord excites all motor nerves from the same segment" of such importance to the neuropathist?

**SYMPTOMATOLOGY AND DIAGNOSIS.**—1. Give the objective symptoms of goitre, and name the spinal nerve you would expect to find involved. 2. How would you proceed to determine which nerve was to be treated in a case of gastritis? 3. How does rigidity of any muscle assist a neuropathist in locating a diseased viscus? 4. Is tenderness of the spinal nerve positive proof of an affection of the viscus ratified by it? Illustrate. 5. To what viscus would you direct further attention, upon finding the left sixth dorsal nerve tender? 6. Tenderness of which spinal nerve would indicate tenderness of the liver? 7. What nerves might show tenderness following an injury of the hand? 8. Where would you find referred pain in a disease involving the articular surface of the hip joint? 9. Sacro-iliac pain is indicative of involvement of what nerves? 10. Where would you expect to find muscular rigidity and tenderness of spinal nerves during elevated temperature (fever)?

### Suggestive Therapy

**PATHOLOGY AND PRACTICE.**—1. How would you treat Dyspepsia? Insomnia? 2. How would you treat Sciatica? Lumbago? 3. How would you treat Children's Colic? 4. How would you treat

Tonsilitis? 5. How would you treat headache? Neuralgia? 6. Give Pathology of Pleurisy. 7. Give Pathology of Pulmonary Tuberculosis. 8. Give Pathology of Constipation. 9. Give Pathology of Passive Congestion of the Liver. 10. Give Pathology of Renal Congestion.

**SYMPTOMATOLOGY AND DIAGNOSIS.**—1. How would you diagnose Croup? Asthma? 2. Give symptoms of Neuralgia? Muscular Rheumatism. 3. How would you diagnose Tonsillitis? 4. How would you diagnose Pneumonia? 5. How would you diagnose Mumps? 6. Give symptoms of Hay Fever; St. Vitus Dance. 7. How would you diagnose Paralysis Agitans? 8. Name pathologic conditions indicated by presence of jaundice. 9. How would you diagnose Diphtheria? 10. How would you diagnose Goitre?

### Magnetic Healing

**PATHOLOGY AND PRACTICE.**—1. How do you treat headache? What treatment would you give for sore throat? 2. What position would you take with the hands to treat the lungs? The stomach? 3. What position would you take with the hands to treat the spleen? The liver? 4. What position would you take with the hands to treat the kidneys? The bowels? 5. What position would you take with the hands to treat the bladder? The womb and ovaries? 6. How do you manipulate the spine? 7. Describe treatment for rheumatism. 8. Why do magnetic healers make passes over the body? 9. How would you treat a sprain? 10. Describe treatment of gallstones.

**SYMPTOMATOLOGY AND DIAGNOSIS.**—1. Differentiate between gall-stone colic and appendicitis. 2. What are the symptoms of tuberculosis? 3. How would you determine an enlargement of the spleen? 4. Differentiate between cystitis and inflammation of the kidney. 5. Give cardinal symptoms of goitre. 6. Differentiate between cancer and ulcer of the stomach. 7. What are the symptoms of pneumonia? Describe the stages. 8. What are the symptoms of vertigo? 9. What are the symptoms of locomotor ataxia? 10. What are the symptoms of neuralgia of the 5th nerve?

### Chiropody

**PATHOLOGY AND PRACTICE.**—1. Describe Matarsalagia (Morton's Toe) and give treatment. 2. What are the causes of Clavus (corns)? give treatment. 3. Give the cause and treatment of club nail; what do you expect as a result of such treatment? 4. Describe a soft corn. What are the causes? Give treatment. 5. Give cause and treatment of a sinus under the nail. 6. Explain method of opening blister on plantar surface of foot and subsequent dressing. 7. Give the technique of sterilizing instruments, field of operation, and hands of operator. 8. Explain how you would control a capillary hemorrhage. 9. Describe first aid treatment of infection. 10.

What application would you use on toe after removal of corn where shield is not advisable?

**SYMPTOMATOLOGY AND DIAGNOSIS.**—1. Diagnose Peronia (chilblains). 2. Describe a buinon. 3. Give symptoms of ingrown toe nail. 4. How can a vascular corn be differentiated from an ordinary corn? 5. Diagnose Bromidrosis (excessive perspiration). 6. Describe briefly symptoms of weak or fallen arch. 7. Give diagnosis of a diabetic ulcer. 8. Give diagnosis of infected corn. 9. What are the symptoms of bursitis? 10. Give symptoms of blood poisoning and describe briefly how it may follow the cutting of a corn.

#### Massage

1. Name the different movements of massage and give the physiological effects of each. 2. To what structures of the body should deep massage be applied? 3. What is the effect of abdominal massage? 4. Name the procedures or consecutive movements employed in massage for constipation. 5. Give the effect of very light, moderate and strong pressure on a nerve. 6. Describe in detail the massage treatment for an inflamed joint. 7. Name the contra-indications for massage. 8. Name some of the systematic results of

massage. 9. What movement stimulates heart action? What movements retard the pulse? 10. What movements are used in head and neck massage, and what precautions must be observed in treating these parts.

#### Swedish Movement

1. Define Passive, Active, Concentric and Ex-centric movements. 2. Name the principal therapeutic applications for joint movements. 3. Of what movements do the ball and socket joints admit? The hinge joints? 4. Describe the Swedish Movement treatment for Anemia; for Plethora. 5. Describe the Swedish Movement treatment for chronic congestion of the brain. 6. Describe the treatment for affections of the respiratory organs. 7. Describe the treatment for chorea. 8. What is the Swedish Movement treatment for Double Lateral Spinal Curvature? 9. Describe the Swedish movement treatment for Cardiac Insufficiency. What precautions should be observed while giving the movements? Upon the appearance of what symptoms should movements be instantly suspended? 10. What movements would you use in treating Sciatica when the neuralgia is not caused by pressure, as from a tumor?

## Board Inaugurates Work of Checking Up Hospital Training Schools in Ohio; Requires Complete Data

Between four and five thousand Ohio nurses will be registered by the State Medical Board under the provisions of the exemption clause in the new nurse practice act which provides for registration after January 1, 1916, for all of the graduates in nursing who hold diplomas from a nurse training school in good standing, connected with a hospital or sanitorium in good standing, as defined by the State Medical Board.

Since the law was enacted the board has been literally swamped with applications. Very few people thought that the number of nurses qualified for registration would run over 2500.

Early in December the board commenced the important work of providing for the recognition of those hospital training schools in Ohio whose graduates in the future will be admitted to registration. In our November issue, pages 699-701, we outlined the minimum qualifications which would be demanded of these hospital training schools, covering the character and length of the course, the hospital equipment, etc.

The board is now sending to all hospital training schools blanks for the submission of the complete information regarding their facilities and teaching courses. Upon receipt of these blanks properly filled, the board will conduct an investigation, and later announce the hospital training schools which are to be recognized in the future.

The information required on application blanks is extensive and includes the following:

1. Value of property of the training school, with information as to its annual receipts and expenditures and possible endowments.

2. Complete information regarding the faculty, assistants, lecturers and instructors, including their salary and amount of time devoted to teaching.

3. Complete information regarding students, including number, length of course, length of probation period, hours on hospital duty, etc.

4. The statement of training school facilities, including inquiry as to whether special buildings, lecture rooms, practical demonstration room, laboratory and diet kitchen, is provided, and as to dormitory facilities.

5. Information regarding the hospital, including the number of internes, the number of beds allotted to each service, minimum number of obstetrical cases given each nurse pupil, average number of operations and dispensary cases, and the average number of beds occupied daily.

6. Statement as to the number of hours devoted to each subject in each year of training.

7. A statement regarding the practical experience given the nurse pupils in each division of service.



Other inquiries cover possible affiliation with other hospitals in nurse training, educational requirements for admission of nurse pupils, and information regarding preliminary courses required.

The collection of this information will place in the files of the State Medical Board complete data regarding all hospitals which in the future, will be permitted to graduate nurses qualified for registration in Ohio. In the future, inspections will be made by the board to see that hospitals are maintaining their courses along the lines demanded.

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 \* NEWS OF INTEREST \*  
 \* FROM OHIO HOSPITALS \*  
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Editorial Note.—This Journal has been made the official publication of the Ohio Hospital Association, and will print monthly news and announcements of interest to its members. Items should be forwarded to the News Editor, at Columbus, or to Mr. Howell Wright, City Hospital, Cleveland.

Champaign County Hospital, located three miles south of Urbana, has opened a nurse training school.

German Deaconess Hospital, Cincinnati, will erect a nurses' home costing \$40,000 and providing 50 bed rooms.

Dr. Dan Gray, Ironton, has purchased an apartment building which he is having remodeled for hospital purposes.

Good Samaritan Hospital, Sandusky, will receive \$6,000 from the estate of the late Miss Mary Prunty, of Castalia.

The hospital operated in connection with the Odd Fellows' Home, at Springfield, is to be enlarged and new equipment is to be installed.

St. Luke's Hospital, Cleveland, plans to materially extend its out-patient work during the coming year. All classes of cases will be included.

A nurses' home was opened November 23 in connection with Mercy Hospital, Hamilton. It was the eleventh anniversary of the opening of the hospital.

A new 150-bed surgical wing of Charity Hospital, Cleveland, will be ready for occupancy next month. The entire fifth floor will be devoted to operating rooms.

Dr. S. A. Cunningham is building a twenty-bed addition to Marietta Hospital, raising its capacity to 50 patients and making it one of the largest and best equipped in his section of the country.

The *Youngstown Telegram* suggests editorially that one of the city's twelve millionaires donate \$100,000 for the erection and maintenance of a detention hospital for the control of contagious diseases.

Dr. E. O. Smith and Dr. G. F. McKim have received appointments as senior surgeons at the Cincinnati General Hospital, and Dr. Guy G. Giffin and Dr. Joseph L. McCourey as junior surgeons.

Modern X-ray equipment, funds for the purchase of which were raised by popular subscription, has been installed in East Liverpool city hospital and placed in charge of Dr. H. W. Chetwynds.

The charge for non-residents and those who can afford to pay, at Cincinnati General Hospital, has been raised from \$1.25 to \$2.15 a day, or \$15.00 a week. The cost of maintenance of charity patients is \$1.90 per day.

At the annual meeting of the staff of the Elyria Memorial Hospital, of Elyria, the following officers were elected for the ensuing year: Dr. E. P. Clement, president; Dr. K. P. Reefy, vice president, and Dr. C. O. Jaster, secretary.

In Cincinnati the public school system has been extended to include classes for convalescent children who are patients in Cincinnati General Hospital. By this plan children able to study are permitted to keep up with their school classes while in the hospital.

Good Samaritan Hospital, Zanesville, has installed a modern clinical laboratory with unusually complete equipment. It will be under the direction of Dr. A. E. O'Flaherty, until recently associated with the Laboratory of Clinical Pathology, at Kansas City, Mo.

Dr. G. R. Wiseman is president of a stock company which has started the erection of a hospital in Amherst, Lorain county. It will be completed in the spring at a cost of \$18,000. It is to be a community affair, with practically all of the physicians in the vicinity holding stock.

President H. P. Collins and the medical staff of the Cincinnati Sanitarium formally inaugurated the new "Rest Cottage" at the institution Wednesday and Thursday, November 18 and 19. It will be used as a home for nervous patients. It has 12 rooms and provisions for modern hydro-, electro-, and mechano-therapy.

A special committee of the Youngstown Chamber of Commerce has recommended that the city build a municipal hospital, at a cost of between \$75,000 and \$100,000. It was originally suggest-

diseases be erected. The proposed hospital would, of course, care for this class of cases and for all charity patients.

Construction of a 50-bed downtown emergency hospital on the site of the old Erie Street Cemetery, is urged in his annual report by Welfare Director Harris R. Cooley, of Cleveland. He suggests that it be erected as a memorial to the pioneers buried there. A chain of small downtown emergency hospitals has been urged by the Welfare department for some time.

Marion is to follow the lead of Akron and Barberton in erecting a hospital which is to be placed upon a self-supporting basis from the start, as outlined in the October Journal. Members of the Marion County Medical Society have organized and incorporated the Marion County Hospital Association and elected Dr. E. O. Richardson secretary of the organization. Dr. Allport is directing a stock-selling campaign, designed to interest as many citizens as possible in the new hospital. His plan is to erect a modern institution of between sixty and seventy beds, at a cost of approximately \$1,000 per bed. The plan of campaign and of hospital administration followed in the People's hospital at Akron and Barberton has been adopted.

## PUBLIC HEALTH NOTES

Cincinnati Board of Health has been assured warm support in its work by Mayor-elect George Fuchta.

Miss Gertrude Steckel, public health nurse at Xenia, resigned to become head nurse at the district tuberculosis hospital, Springfield.

A dental clinic for East Liverpool schools, to be operated five full days each month, has been established by the East Liverpool and Wellsville dental societies.

Miss George, public health nurse at Kent, has been appointed school nurse for Portage county, to give two days each week to the children in the rural districts of the county.

Miss Mildred Chadsey, for several years head of the city bureau of sanitation, Cleveland, has resigned. Miss Chadsey was active in framing the new tenement code, which becomes effective next year.

During October the public health nurse employed in Salem schools examined 198 pupils and found 112 defectives. Of the chief defects, 73

were teeth, 49 nasal obstructions, 51 hypertrophied tonsils, and 40 aural defects.

Prominent laymen in Cincinnati are advocating the erection of a separate building for the city department of health, wherein a hall would be provided for conferences and plenty of room would be afforded the various departments.

Ashtabula County Public Health League has been formed with Dr. W. S. King, of Ashtabula, president; Dr. W. Leet, of Conneaut, vice president, and Mr. Loren Hall, of Ashtabula, secretary.

Health Commissioner Ford, of Cleveland, has asked the city council for funds to establish a bureau of occupational disease and a bureau of prenatal care, and to extend the tuberculosis dispensary system. Cleveland's welfare budget calls for \$1,250,000 for 1916.

Cincinnati physicians are being urged by the health department to refer to the district physicians all cases wherein vaccination against whooping cough is desirable, where the patient cannot afford to pay for the treatment. A recent bulletin of the department strongly urges vaccination for this disease in its early stages.

The effectiveness of the nine pure milk stations, conducted by the health department, is described in a report recently issued. The stations handled 743 cases, distributed 47,413 pints of certified milk at cost, four and one-half cents a pint, and 18,274 pints free under the Union Bethel-Taft endowment. The nurses made 4,043 home visits.

Flabby-minded sentimentalists of Cleveland have for years opposed the enactment of an ordinance drafted by the city health department requiring the muzzling of dogs. The ordinance is designed, of course, to check the spread of rabies, which annually takes its toll in death and suffering in Cleveland. Whenever the ordinance is pending in council, bevvies of women and he-damsels throng the city hall corridors, protesting in the name of their beloved doggies. The result has been that Cleveland is still without an ordinance. Health Commissioner Ford has announced that an effort will be made to bring about the enactment of an adequate law through the initiative and referendum.

In Cleveland, 53,448 families, or 275,000 individuals, live in tenement houses, according to a recent tabulation by the police for the sanitation bureau of the city board of health. Under the new tenement code, which is effective January 1, a building occupied by three or more families is regarded as a tenement. Cleveland tenements are mostly of the small frame type. Only 2,025 house more than four families.



## NEWS NOTES OF OHIO

Dr. M. L. Downing, Rockford, has returned from a visit to the Pacific Coast.

There are now 2138 health districts in Ohio and all but 24 of these have health officers.

Dr. E. W. Coe, Youngstown, contracted small-pox from a patient early in November.

Dr. Dallas K. Jones, Canal Fulton, Stark county, has decided to locate for practice in Wooster.

Dr. J. H. Wright, New Lexington, has recovered health after a long illness and resumed office practice.

Dr. Eric O. Fennell, Cincinnati, has resigned as resident physician at the city infirmary to enter private practice.

Dr. Louis Schwab, Cincinnati, is the new president of McDowell Medical Society. Dr. Edwin J. Kehoe is secretary.

Dr. Lemuel B. Spung, for many years a practitioner at Sayre, Perry county, has located for practice in New Lexington, the county seat.

Dr. R. Y. Littleton, was appointed by the board, as health officer of the village of Stout, village officials having refused to make such an appointment.

Muskingum county commissioners have retained Dr. C. O. Sellers as physician for the county infirmary and Dr. A. E. Walters for the county jail.

Dr. Harry F. Vaughan, of Morenci, Mich., has purchased the office equipment of the late Dr. Charles W. Browning, and has located in Oberlin for practice.

Dr. James A. McCowan of Sitka, Washington county, has moved to Marietta, where he will continue practice. He is now in Chicago taking post-graduate work.

Dr. E. O. McNamee has been appointed assistant examining surgeon in Cleveland for applicants under the LaFollette federal law covering seamen's certificates.

Dr. Thomas H. Haines, of the State Bureau of Municipal Research, recently conducted a psy-

chological clinic in connection with the Stark county juvenile court at Canton.

Dr. Homer A. Sutter has disposed of his practice in Roundhead, Hardin county, to Dr. David C. Rodes, of Long Bottom, Meigs county. Dr. Sutter expects to locate in Cincinnati.

Dr. H. E. Welch, Youngstown, was elected member of the executive committee of the Erie Railroad Surgeon's Association, which held its annual meeting in Buffalo, September 30.

Plans for the new building of the medical department of the University of Cincinnati, to be erected at a cost of \$500,000, are complete. It will be three stories, with a frontage of 220 feet and a depth of 160 feet.

The following read papers at the meeting of the North Central Section of the American Urological Association, held in Chicago, November 12 and 13: B. M. Ricketts, A. Ravogli, E. O. Smith, and R. W. Staley, all of Cincinnati.

Southern Homeopathic Medical Association, which met in Cincinnati early in November, appointed a committee to raise funds for organized "missionary work." The fund will pay the expenses of medical students in homeopathic schools.

John Hoeffler, a Cleveland chiropractor, was fined \$200 and sent to the workhouse for a year in the Cuyahoga county Juvenile court, November 6, following his conviction of "unprofessional conduct" while treating Bertha Bender, aged 17.

The Blackburn Products Company, a Dayton proprietary medicine concern, was fined \$50 and costs, November 9, by United States Judge Hollister, after pleading guilty to charges of misbranding made in a recent suit by the government.

Dr. Frances M. Hollingshead, director of the new division of child hygiene, represented the state department of health at the meeting of the American Association for the Study and Prevention of Infant Mortality, which was held in Philadelphia, November 10.

The medical and surgical consulting staff of the Ohio Soldiers' and Sailors' Orphans' Home, Xenia, held its tenth annual meeting at the institution, November 5. Dr. Andrew Timberman, Columbus, was elected chief of the staff, succeeding Dr. Cassius M. Shepard. Dr. A. C. Messenger, Xenia, was made secretary. By election, Drs. Hugh Baldwin, Columbus; Horace Bonner, Dayton; W. H. Finley and W. A. Galloway, Xenia, were added to the staff.

## ATTORNEY GENERAL TURNER RULES CIVIL MAL-PRACTICE LIABILITY INSURANCE FOR PHYSICIANS IS LEGAL

Through an able official opinion, which carries with it the weight of written law, Attorney General Edward C. Turner made it possible for the physicians and surgeons of Ohio to again avail themselves of special insurance providing legal defense and indemnification against damage judgments in cases of alleged civil malpractice.

His opinion, handed down on November 29th after weeks of the most careful consideration, completely reverses the opinion of former Attorney General Timothy Hogan, under which State Insurance Commissioner Taggart had ordered the insurance companies to discontinue writing these policies in Ohio, and to cancel those in existence.

Immediately following Judge Taggart's order there was a widespread protest from the medical profession. Dr. J. H. J. Upham, of Columbus, as chairman of the Committee on Public Policy and Legislation of the State Society, immediately filed a formal protest with the Insurance department. He pointed out to Judge Taggart the serious hardship that the ruling had inflicted upon the physicians of Ohio, and the danger of withdrawing from them all protection against a class of suits which are very frequently prompted by blackmail. Judge Taggart readily recognized the merit of the protest, and asked Mr. Turner for a further construction of the statutes.

The insurance companies joined efforts with the State Society. The Fidelity and Casualty Company of New York, through Mr. James R. Millikan of Cincinnati, placed at the disposal of our committee the services of Mr. Thomas L. Pogue, of the legal firm of Pogue, Hoffheimer & Pogue. Mr. Pogue also represented the Academy of Medicine of Cincinnati. After consultation with our committee, Mr. Pogue presented briefs to the Attorney General, citing numerous authorities to bear out his contention that the insurance laws of the state permit the writing this insurance.

Hon. A. I. Vorys, of Columbus, was retained by the United States Casualty Company of New York, and the Aetna Life Insurance Co., of Hartford. Mr. Hogan, who is now in private practice in Columbus, presented a brief for the General Accident, Fire and Life Assurance Corporation. The Medical Protective Company of Fort Wayne placed at the disposal of our committee its strong legal department.

Mr. Hogan's brief was particularly interesting, in that he reversed his former and official position, pointing out that it had been prepared by one of his assistants and was, in his opinion, a too strict construction of the law.

### The Law on the Subject.

Mr. Turner, in his formal opinion, answers in the affirmative the question as to whether physician's liability insurance may be written under the provisions of Sections 9510 and 665 of the General Code of Ohio, which are as follows:

"Section 9510. A company may be organized or admitted under this chapter to \* \* \*

"2. Make insurance on the health of individuals and against personal injury, disablement or death, resulting from traveling or general accidents by land and water; make insurance against loss or damage resulting from accident to property, from cause other than fire or lightning; guarantee the fidelity of persons holding places of public or private trust, who are required to, or, in their trust capacity do, receive, hold, control, disburse public or private moneys or property; guarantee the performance of contracts other than insurance policies, and execute and guarantee bonds and undertakings required or permitted in all actions or proceedings, or by law allowed; make insurance to indemnify employers against loss or damage for personal injury or death resulting from accidents to employees or persons other than employees and to indemnify persons and corporations other than employers against loss or damage for personal injury or death resulting from accidents to other persons or corporations. But a company of another State, territory, district or country admitted to transact the business of indemnifying employers and others, in addition to any other deposit required by laws of this State, shall deposit with the superintendent of insurance for the benefit and security of all its policyholders, fifty thousand dollars.

"Section 665. No company, corporation or association, whether organized in this State or elsewhere, shall engage either directly or indirectly in this State in the business of insurance, or enter into any contracts substantially amounting to insurance, or in any manner aid therein, or engage in the business of guaranteeing against liability, loss or damage, unless it is expressly authorized by the laws of the State, and the laws regulating it and applicable thereto, have been complied with."

### The Word "Accident."

On this point, he says:

"The right to make physicians' liability insurance in Ohio is claimed under the following provision of Section 9510 of the General Code: "To indemnify persons and corporations other than employers against loss or damage for personal injury or death resulting from accidents to other persons or corporations."

"The answer to your question, to my mind, depends entirely upon the proper interpretation of the word "accidents" as used in the above language. My predecessor, in his opinion of July 20, 1914, referred to in your letter, wherein he had under consideration a sample copy of insurance policy identical in language with the sample policy you have submitted to me, without entering into any discussion or citing authority therefore, lays down the bare statement that 'the contingency insured against in the policy submitted to me can not be classified as an accident,' and from this statement or hypothesis the conclusion is drawn that Section 9510 does not authorize physicians' liability insurance.



"The conclusion doubtless logically follows the stated premise, but I am unable to agree with the learned writer of the opinion upon the premise adopted by him, and I take it from the brief filed that he has now reached a contrary opinion.

"I believe that the word 'accidents' as used in the statutes should receive a liberal interpretation, and be given a much wider meaning than that accorded to it in the opinion of my predecessor. Whether or not an occurrence resulting in injury to another is an accident within the meaning of the statutes, depends upon the relationship of the occurrence to the person injured, rather than to the person from whose act or neglect the injury resulted. If the narrower meaning of the word is adopted, then the provision of Section 9510, above quoted, under which is claimed the right to make physicians' liability insurance is reduced to an absurdity. If the word 'accidents' does not include occurrences which result from negligence or failure to comply with lawful requirements, then this legislature has enacted that an insurance company may insure a physician against loss or damage for personal injury or death of his patients, only in the event no liability is imposed upon him by law, for if the physician is not negligent and has not failed to comply with the lawful regulations and requirements he cannot be held to answer in damages for the death or injury of the patient. In other words, his negligence or failure to comply with the lawful requirements is the basis of his liability in damages. Therefore, insurance would be useless to him unless he can be indemnified against liability for injuries resulting from his mistake, negligence or failure to comply with the lawful requirements."

#### Ruling in Other States.

Mr. Turner then cites numerous court decisions to sustain this point, and quotes from similar opinions rendered by the chief law officers of Massachusetts, and adds this comment:

"It will be observed that in the Massachusetts statute, as well as in the Ohio statute, the determination of whether or not physicians' liability insurance could be written, depended upon the interpretation to be given the word 'accidents.' This was also true in the New York and Minnesota statutes, which have been construed to authorize physicians' liability insurance.

Employers' liability, as written for many years prior to the passage of the Workmen's Compensation Act, and as since written to a more limited extent, was made under the authority of the following language in paragraph 2 of Section 9510, of the General Code, above quoted:

"\* \* \* make insurance to indemnify employers against loss or damage for personal injury or death resulting from accident to employees or persons other than employees. \* \*"

"The statutory authorization for employers' liability insurance is based upon a liberal construc-

tion of the word 'accidents' as therein used, and unless the word 'accidents' be interpreted to include occurrences causing injury to employees which occurrences are due to the negligence or failure to comply with lawful requirements upon the part of the employer, then employers' liability insurance is not and has never been authorized in Ohio. There is no reason why the word 'accidents,' as used in one line of the statute should be given a narrower meaning than is given to it in another line of the same sentence of the statute. It seems impossible to distinguish between the character of liability of an employer and that of a physician. Incident to the employers' activities is the possible injury to his employe, likewise to the activities of the physician is the possible injury to his patient.

"The form of employers' liability insurance which has been written for many years has never been questioned, and recent legislation in the Workmen's Compensation Law, one of the purposes of which is to relieve the employer from liability, shows beyond question that injuries resulting from negligence or carelessness of an employer are recognized as accidental injuries, at least for the purpose of determining whether or not the employe is entitled to compensation from the state insurance fund, which is paid and accepted in lieu of enforcing the liability of the employer.

"Under the authorities above cited and the language of paragraph 2 of Section 9510, of the General Code, I am of the opinion that physicians' liability insurance may be written by insurance companies organized or admitted to do the class of insurance indicated by paragraph 2 of the said section.

"I have not considered and deem it here unnecessary to discuss to what extent a physician may protect himself from financial loss through liability insurance. The courts have uniformly held that such insurance is in general consistent with sound public policy. Considerations of public policy would doubtless deny the right to make or recover upon a policy of insurance purporting to indemnify a physician against liability resulting from his criminal act or misconduct.

Mr. Turner takes issue with the lawyers who claim that physicians' liability insurance is authorized by the section which permits companies to write "health insurance." He discusses this point at some length.

In closing his decision he establishes the important point that a defense policy is not rendered void by the fact that it guarantees to defend the physician "against any suit brought against the assured to enforce a claim, *whether groundless or not.*"

#### General Conclusions.

In closing, Mr. Turner draws the following conclusions:

"1. That physicians' liability insurance of the

class specified by you is authorized by the language of paragraph of Section 9510 of the General Code, and may be written by any company organized or admitted to make the several kinds of insurance enumerated in said paragraph.

"2. Section 665 of the General Code is a limitation upon the business of insurance, and no insurance can be made in Ohio unless that particular kind of insurance is expressly authorized by Ohio laws. The fact that a foreign insurance company, admitted to do business in Ohio, is by its charter and the laws of its home State authorized to make a particular kind of insurance, will not authorize such a company to make that kind of insurance in Ohio unless it is expressly authorized by Ohio law.

"3. Physicians' liability insurance is not authorized by the provisions of paragraph 2 of Section 9510 of the General Code, which confers the right 'to make insurance on the health of the individuals and against personal injury.'

"4. The provision contained in paragraph 2 of the policy form quoted in your letter 'to defend in the name and on behalf of the assured any suit brought against the assured,' being merely incidental to the main contract of indemnity may be embodied in the policy without conflicting with the principle laid down in the case of State v. Laylin, 73 O. S., 90."

# \*\*\*\*\* \* NEW and NONOFFICIAL REMEDIES \* \*\*\*\*\*

Since publication of New and Nonofficial Remedies, 1915, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies."

**MERCURIALIZED SERUM, MULFORD.**—A solution of mercuric chloride in normal horse serum diluted with physiologic sodium chloride solution. It is proposed for the treatment of syphilis, particularly the cerebrospinal type. It is supplied in six packages of varying size.

**RADIO-REM, OUTFIT No. 4.**—An apparatus designed for the production of radio-active drinking water by the action of radium sulphate contained in terra cotta plates. It consists of two plates contained in 250 cc. bottles; when the bottles are filled with water the two plates impart about 1.8 microcurie (5000 Mache Units) to the water in twenty-four hours. For action, uses and dosage refer to the article on radium in New and Nonofficial Remedies. Schieffelin and Co., New York (Jour. A. M. A., Oct. 9, 1915, p. 1281).

**HISTAMINE HYDROCHLORIDE.**—The hydrochloride of the base beta-iminazolyethylamine (histamine). It is a valuable reagent for the standardization of pituitary preparations.

**IMIDO, ROCHE.**—A name applied to histamine hydrochlorid.

## SECOND AND SIXTH DISTRICTS HOLD SPLENDID MEETINGS

### SIXTH DISTRICT SOCIETY.

The 167th session of the Union Medical Association of the Sixth Councilor District was held in Canton, Tuesday, November 9th. President H. E. Welch called the meeting to order promptly at 10 o'clock.

The Secretary recommended that a new roster be compiled and printed for the society, since the present one is nearly ten years old. He suggested that it contain the history of the society, constitution, a list of all the members of the component county societies—indicating those who are members of the District Society in bold type. On motion the Secretary was authorized to proceed.

Dr. J. A. Van der Hulse of Akron read a paper on "Twilight Sleep." It was a resume of his findings in experiments on over 400 dogs with the use of morphine and hyoscine separately and in various combinations. The chief point he discovered was the appreciable difference in the effect of hyoscine from various species and localities. Combined with morphine, the effect is better than when used alone. The effect from smaller doses, repeated, was better than the usual dose as prescribed today. He thinks 1/16 of morphia and 1/200 of hyoscine makes a safer, and more desirable dose. He believes that American women, as a rule, cannot tolerate the large dose that is accredited to foreign women.

Dr. H. E. Patrick, Youngstown, read a paper on "Indications and Contra-Indications for Caesarian Operations." The doctor set forth in very clear terms when the operation should be done, and when it should be let alone.

Dr. R. E. Skeel, Cleveland, read a paper on "Cancer of the Cervix." The doctor in his characteristic way went to the bottom of things, and brought up stuff that was mighty interesting. He gave a solar-plexus blow to the young egotistic, pseudo-surgeon, who had nothing better to recommend him than to accuse the accoucher for a lacerated cervix, and then criticize him for ignorance and neglect of his patient. Dr. Skeel exhorted the brethren to be more mindful of the women who have passed the child-bearing period, who still "come around" occasionally. An early examination may reveal conditions which if taken in time may save the woman much suffering, and prolong her life. He said the reason for high mortality in this class of cases is because they are not brought to the surgeon's attention until the disease is too far advanced to be helped by operation.

Hosts were members of the Canton Medical Society. They had a splendid meeting place in the Chamber of Commerce—warm, well venti-



lated and well lighted. Then to "top it off" they had a fine chicken dinner. Enjoyed it! Well, you should have seen the expression on their faces. A black man eating possum was no comparison.

As a sort of after-dinner pastime the members usually walk up to the desk and pay their annual dues, which is fifty cents. Small, but enough to keep the society going in a dignified, respectable way without being worried, and just a little surplus on hand. The only secret is that each man pays his dues.

Councilor March reported the recent action of the Council, recommending that a lecturer be sent out to every county society to deliver an illustrated lecture on a timely subject, at the expense of the State Society. The plan was recommended by the society.

Dr. Martin H. Fischer, Cincinnati, who was the guest of honor, gave his address on "The Classification and Treatment of the Nephritides." Comment is unnecessary for those who heard it. And for those who did not hear it, words could not do justice to the lecture. Dr. Fischer heeded the suggestion not to make his talk too technical, lest he might "shoot over our heads." Happily he put everything in such terse, clear language that he hit everybody "plumb between the eyes."

The society accepted an invitation to hold its annual meeting in Akron next February.

J. H. Seiler, Secretary.

#### SECOND DISTRICT MEETING.

The Second Councilor District Medical Society of the Ohio State Medical Association held its annual meeting in Dayton on November 16.

During the morning surgical clinics were held as follows:

At St. Elizabeth Hospital, Dr. C. A. Hamann, of Cleveland, operated a case of double inguinal hernia, and gave an interesting talk on the same.

At Miami Valley Hospital, Dr. Julius Jacobson, of Toledo, operated three cases. The first was a case of varicosé veins of leg; the second case was an indirect inguinal hernia and was operated under local anaesthesia of novcain and adrenalin. The last case was one of repair of cervix and perineum and salpingectomy. All were illustrated with didactic talks.

At noon luncheon was served at the Dayton State Hospital where the afternoon and evening sessions were held.

At the afternoon session, three lectures were presented as follows:

Dr. C. P. Emerson, of Indianapolis, took for his subject, "Recent Advances in Clinical Diagnosis With Special Reference to the Laboratory." After reviewing many of the newer methods of laboratory diagnosis, the doctor made a strong plea for more personal efficiency in the individual physician regarding the recognition of diseased

conditions. He strikingly illustrated the point that no amount of laboratory analysis can replace careful history-taking and pains-taking physical examination. He also insisted that in no case should conclusions be given by the laboratory man on points of diagnosis. The laboratory man, he said, should report findings only. The clinician alone should make diagnosis.

Dr. Martin H. Fischer, in his usual forceful and convincing way, presented a very practical paper on "The Clinical Importance of Focal Infections." Dr. Fischer brought out many points of unusual interest regarding obscure causes for many common diseases.

Dr. A. S. Warthin, of Ann Arbor, Michigan, gave a talk on "Coincidence of Syphilis of the Pancreas With Diabetes." His talk was illustrated with lantern slides, demonstrating the presence of the spirocheta pallida in the pancreas in many cases of diabetes. His conclusions were original and seem to indicate the opening of an entirely new field of investigation in matters pertaining to the cause of certain low-grade infections of obscure origin.

#### BUSINESS MEETING.

The president appointed a nominating committee consisting of Dr. A. C. Messenger, of Greene county; Dr. C. L. Minor, of Clark county; Dr. D. W. McQueen, of Preble county. The committee in reporting made the following recommendations:

For president, Dr. W. F. Patton, of Springfield; secretary, Dr. A. O. Peters, of Dayton, re-election; treasurer, Dr. W. F. Prather, of Dayton, re-election. The committee also recommended that a vote of thanks be extended to Dr. Baber and his assistants, of the Dayton State Hospital, and to the speakers for their instructive papers and clinics. The committee also recommended that the 1916 meeting be held in Springfield, Ohio. They also recommended that the incoming president appoint an executive committee of three to assist him in arranging for the next meeting, and that hereafter said executive committee be elected at the annual meeting.

The report of the committee was adopted in its entirety as read, and said officers were duly elected for the ensuing year.

At 5:30 a banquet was held at the Dayton State Hospital. Judge Rolland W. Baggott acted as toast-master. The speakers of the evening were Dr. C. P. Emerson, of Indianapolis; Dr. A. F. Shepherd, of Ohio State Board of Administration; Mr. Charles Wuichet, of Dayton; Dr. A. S. Warthin, of Ann Arbor, Michigan, and Dr. Julius Jacobson, of Toledo. The attendance was 150.

A. O. PETERS, Secretary.

705 Reibold Bldg., Dayton, O.

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 \* NEWS OF CLEVELAND \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by J. E. Tuckerman, M. D., Correspondent)

The one-hundred and twenty-fourth regular meeting of the Academy was held Friday, November 19, at the Cleveland Medical Library. Program: 1. "The Duodenal Ulcer in Infancy—an Infectious Disease," H. F. Helmholz and L. Gerding, Chicago, Ill.; 2. "The Blood and Blood Vessels in Hemophilia and other Hemorrhagic Diseases," Alfred F. Hess, New York City.

#### EXPERIMENTAL MEDICINE SECTION.

The eighty-third meeting of this section was held Friday, November 12, 1915, at 8:00 P. M., at the Cleveland Medical Library. The program:

1. A Method of Studying Quantitatively Certain Photic Reactions, by Bradley M. Patten, Ph. D.
2. Coagulation Test for Syphilis Devised by Hirschfeld and Klinger, by H. N. Cole, M. D., and S. E. Chiu, M. D.

Dr. Cole said that in 1914 Hirschfeld and Klinger reported to the Congress of Internal Medicine at Wiesbaden that they had succeeded, by means of the process of coagulation, in distinguishing a luetic from a non-luetic serum. To date these men have made about 1000 successful tests. During the past nine months the speaker and Dr. Chiu have been working with the technique and have now done some 600 tests.

The reaction is based upon the fact the cytozyme, an important factor in the production of clot, and which is very actively present in the tissue extracts used in the Wasserman reaction, loses its property when it is brought into contact with luetic sera, while it remains intact after similar treatment with a normal serum. In short, one measures the activity of a certain quantity of an extract after mixing it with a serum to be examined. If coagulation is not retarded sensibly and the extract is active in its coagulating power, the serum is normal. If, on the other hand, the coagulation is feeble or completely inhibited, the serum is luetic.

Hirschfeld and Klinger have found this test superior to the Wasserman in many instances, especially in cases of treated lues, and their results show that it is quite as characteristic as the latter.

Drs. Cole and Chiu have done 548 tests upon a great variety of cases including many infectious diseases and other medical and skin cases as well as upon practically every manifestation of syphilis. Fifty-one specimens of spinal fluid were among this number. Of all the cases, 58 or 10.5% gave positive results with the coagulation test and negative results with the Wasserman.

Of these 58 cases there are: Latent lues 19; treated lues 15; secondary lues (spinal fluid) 2; tertiary lues 11; primary lues 4; cerebro-spinal

lues 3; general paresis 2; tabes dorsalis 1; Hodgkin's disease 1—Total 58.

In this series it detected 10.5% more cases than the Wasserman. It was especially valuable in treated lues and syphilis of the central nervous system.

It is to be pointed out that in small number of the cases the results of the reaction could not be explained from the history or the clinical picture of the case, and it is possible that in such cases this test is as fallible as is the Wasserman.

In closing his paper, Dr. Cole drew the following conclusions:

1. The coagulation test carried out by thoroughly reliable and conscientious workers is quite as specific as, and more delicate than the Wasserman, in cases of treated, latent and cerebro-spinal lues.

2. Luetic cases, after prolonged and effective treatment, give negative results with the coagulation test as well as with the Wasserman.

3. A few primary cases have given positive results with the coagulation test, while the Wasserman reaction has been negative.

4. Spinal fluids, after inactivation for half an hour at 58 C., give good results with the coagulation test when used in dose of 0.4 cc.

5. Demonstration of Polygraph and Electrocardiograph Tracings, by E. P. Carter.

E. P. Carter gave a very interesting and instructive lantern demonstration of tracings of the hearts action in many of its pathological states, calling attention to the great value of both the polygraph and the electrocardiograph in making a correct diagnosis in many of the otherwise obscure conditions of the organ.

#### CLINICAL AND PATHOLOGICAL.

The one hundred and eleventh regular meeting of the Clinical and Pathological Section of the Academy of Medicine of Cleveland was held in conjunction with the Lakeside Hospital Medical Society, Friday evening, November 5, 1915, at 8:00 P. M., at the Lakeside Hospital.

##### PROGRAM

##### Pediatric Service:

1. Presentation of Cases from the Ward.

Dr. H. D. PIERCY  
 Discussion by Dr. H. J. GERSTENBERGER

##### Surgical Service:

1. A Case of Occlusion of the Common Duct without Stones—Treatment DR. LEO BELL
2. Presentation of a Case of Gunshot Wound of the Stomach. DR. FLOYD MCCRAY
3. Silk from Gastroenterostomy—Specimen. DR. L. B. SHERRY

##### Medical Service:

1. Presentation of a Case of Exudative Stomatitis due to Lead Poisoning. DR. J. G. CRAMMER
  2. Demonstration of Specimens of Duodenal Contents. DR. A. S. ROBINSON
- Discussion of the Use of the Duodenal Tube.

##### Gynecological Service:

1. A Case of Preoperative Rupture of an Ovarian Cyst. DR. W. R. BARNEY
- Discussion by H. G. HUTCHINS  
 DR. W. H. WEIR

##### Pathological:

1. Obliterative Endarteritis—"John Gnass". DR. H. W. PARYZEK
- Discussion by H. T. KARSNER

##### Ear, Nose and Throat:

1. Demonstration of Suspension Laryngoscopy. DR. WM. B. CHAMBERLIN



The one-hundred and twelfth meeting of the section was held Friday, December 3, at the Cleveland Medical Library. Program: 1. The Diagnosis of Intracranial Hemorrhage in the New-born, H. G. Sloan, M. D.; 2. The Prognosis in Infantile Paralysis, Walter G. Stern, M. D.

#### OPHTHALMOLOGICAL SECTION.

The eighty-first regular meeting of the section was held Friday, November 26, at the Cleveland Medical Library. Program:

1. Atrophy of the Optic Nerve Following Stab Wound (with knife) in Frontal Lobe of Brain, Edward Lauder, M. D.

Dr. Lauder was disappointed in not having his patient present. His patient had been attacked in the evening by two men, one of whom held him down while the other struck him with a jack knife in the forehead on the right side making a vertical incision a short distance from the median line. The patient was taken to the German Hospital and the knife blade was so firmly imbedded in the bone that it was removed with great difficulty. Pliers operating over a fulcrum had to be resorted to. The patient the same day complained of total blindness of the right eye. He made a rapid recovery leaving the hospital in a week, and showed no further trouble except the permanent blindness of the right eye. At the time of the injury the fundus of this eye showed no change, but at present is showing optic atrophy. Dr. Lauder's explanation is that the knife blade passing through the frontal lobe somewhat downward must have completely severed the optic nerve in front of the chiasm. Dr. W. C. Tuckerman suggested a possible fracture of the optic foramin, producing pressure of the nerve, might also be given in explanation.

2. Report of Tonsillectomies under Local Anesthetic, by W. H. Tuckerman, M. D.

Dr. W. H. Tuckerman said that in local anesthetic work he was favorable to  $\frac{1}{2}\%$  novocain for the infiltration. He also said that in secondary hemorrhages he felt that he had obtained very definite results with the use of normal horse serum. Dr. Hill of Canton, stated with regard to whether pain was suffered, that he had had his own tonsils removed by local anesthetic and felt in the attitude of Mark Twain in his story of how he felt when the christian scientist suggested that he felt no pain. He said that the pain was more of a smarting character, and one could assure a patient that it would not be as severe as that suffered in dental work. He was strongly in favor of the use of local anesthetic for people over fifteen years of age. He uses novocain  $\frac{1}{2}\%$ . He stated that at the Mayo clinic in the last year or two, they are doing a large volume of tonsillectomies under novocain  $\frac{1}{2}\%$ , and that Dr. Matthews uses the solution ad libitum claiming that the more marked infiltration aids them in dissection of the tonsil.

Dr. Perry said that he was using a mixture of

Alpyingri, Adrenolin 1 to 100 m X, Aqua pura 3 i, for infiltration. Dr. Chamberlain stated that he also had very definite results by the use of normal horse serum for the control of hemorrhage in operative work.

In conclusion Dr. Tuckerman said that his plea for general use of local anesthetic was furthered by the fact that the general anesthetic is still the most serious factor in fatal accidents, and for that reason should be avoided when possible.

Dr. William B. Chamberlain was elected chairman of the section for the ensuing year and Dr. W. H. Tuckerman, was re-elected secretary. Dr. Chamberlain succeeds Dr. J. E. Cogan.

### NEWS OF CINCINNATI ACADEMY OF MEDICINE

(Report by W. R. Abbott, M. D., Correspondent)

**Meeting of November 1.**—Dr. Robert Ingram presented, in part, his report on the work done in the neurological department of the Cincinnati General Hospital, from the time it was organized in 1894 to January 1, 1915. During this period there were admitted to all branches, 136,000 patients, 11,376, or 6 per cent., of which were admitted to the neurological department. Syphilis was found to be the principal etiological factor in diseases of the nervous system, with alcohol second, injury third, and tuberculosis fourth. Neurasthenia, the most common of nervous affections, had the lowest mortality, there being no deaths recorded.

Dr. Louis Stricker, in his paper on "Etiology of Cataracts," commented on the difficulty of explaining the pathological changes occurring in opacities of the lens. The essayist believes the theory of physico-chemical changes is the most rational in all cases, excepting those due to developmental errors or purely mechanical causes. The lens is an albuminous body, composed chiefly of water, which is immersed in an alkaline fluid media and draws its nutritive supply from the area immediately enveloping it, taking up water and such substances as is necessary to its life, and in turn in giving off products of its metabolism. As the lens possesses neither nerves, blood vessels or lymphatics, the interchange must take place in response to physical and chemical laws.

In accordance with Dr. Martin H. Fishcher's theory of acidosis, let this normal exchange become altered, especially when the nutritive supply becomes acid, the osmotic process is delayed, the capsular epithelia dies, the fibers swell, the albumin precipitates, and all the phenomena of cataract appear. The increased acidity causes a diminution in the amount of oxygen and carbonic acid gas, which is likewise of great importance, as calcium carbonate and calcium phosphate are held in solution by carbonic acid gas, and when

this is diminished the salts will fall out of the solution. This last theory explains the intense white color of some cataracts. In discussion, Dr. Vail expressed the opinion that the theories advanced were reasonable in cataract following cases of chronic toxemia.

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**Meeting of November 8.**—Dr. B. Merrill Ricketts' paper, "Anesthesia from Its Dawn," was most instructive and entertaining. The essayist showed a scholarly knowledge of the historical aspect of medicine, and the large number of stereopticon slides and statistics were evidence of a great expenditure of effort. The slides consisted of portraits of men, methods and events associated with the history of anesthesia. One of the earliest known anesthetics was hemlock, the potion taken by Juliet. A picture was shown of Socrates imbibing a potion of the same herb. As far back as 1500 B. C. mention is made of pinching, rubbing and freezing the skin for anesthesia. Ether was discovered in 1540, chloroform in 1831, and was first used as an anesthetic in 1847 in Edinburg. The essayist dwelt in detail upon the development of cocaine as a local anesthetic, which was first used as such in 1884 by Koller, in New York. Dr. Ricketts read a personal letter received from Dr. Koller, in which he described his experiments leading to the discovery of this, the greatest of all local anesthetics, particularly since novocaine is so rapidly disappearing from the market. We are indebted to Dr. Oliver Wendell Holmes for the modern use of the words "anesthesia" and "anesthetics." Statistics show the death rate to be one in 10,000 for anesthesia, and more care and skill in their administration is urged.

Dr. Ricketts showed pictures of other famous men whose contributions to science are of note, being more or less associated with anesthesia: Mesmer, the father of mesmerism; Pasteur, the discoverer of bacteria and their functions; Lister, the father of asepsis.

Dr. Chas. Goosmann presented two X-ray plates, a proper interpretation of which was difficult. The pictures were of the right kidney. There were present shadows evidently caused by calcium bodies, but whether these bodies were in the kidney or colon could not be determined, although the intestines had been repeatedly purged. Calcified lymph glands and gall-stones were mentioned as possible causes.

Dr. W. D. Haines described the clinical symptoms of the case. There has been practically no pain. In July of this year there was hematuria, while blood in microscopic amounts is constantly present. Dr. Haines' tentative diagnosis is tuberculosis of the kidney.

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**Meeting of November 15.**—Dr. A. L. Knight's paper on "The Recent Researches in Intestinal Stasis," was a review of the latest work on this subject, particularly that of Keith and Flach,

which deals with the physiology of the intestines in health and disease. Keith described a tissue in the mesenteric plexus similar to that which occurs in the heart. This tissue is one in which the cells of sympathetic nerve fibers become continuous with the unstrained muscular fibers, so that it is hard to say where nerve cells leave off and simple muscle cells begin. It has the power of maintaining tonicity, of originating and conducting impulses and of reacting in a specific manner to stimuli. The pathological morphology in stasis has been described by Nathaniel Mutch: "Following the bacterial invasion, there is a hyperplasia with edema of the tissues, leucocyte invasion, scar formation and atrophy."

This chronically inflamed tissue is naturally in a state of chronic excitability, consequently in a state of hypertonus, and Keith is convinced that "in a great majority of cases which are classified under the somewhat elastic term of 'intestinal stasis,' the symptoms do not result from atony of the musculature of the bowel, but from a hypertonicity of those parts which are nominally in a state of tonic contraction."

The essayist believes that all post-mortem findings to the contrary, the hypertonicity causes a lessening of the lumen of the bowel, which creates a real condition calling for relief. Therefore, if we can think of the problem in a physiological way we have greater hopes of progress toward rational treatment.

Dr. Pirrung, in discussion, said that he was glad the internists were taking up this subject, for by their careful study of the earlier manifestations and corrections of stasis, the surgeon would be relieved of the care of unpleasant and unsatisfactory end results.

Dr. Haines expressed the opinion that most of the deleterious effects from stasis are from the ileum, not from the colon.

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**Meeting of November 22.**—The program was devoted to case reports. Dr. Heidingsfeld presented two unusual cases of epithelioma, successfully treated with radium. In the first case, the growth, situated on the right cheek, was temporarily arrested by arsenical paste. This was in 1912. Patient returned April, 1915; the old central area was the site of a deep, irregular indolent ulcer. There were also present fifteen smaller indolent ulcers. A clinical cure followed nineteen hours application of radium in twelve sittings.

The second case was that of a rodent ulcer, covering almost half the upper part of the face. Recovery followed twelve applications in one and two hour sittings. X-ray, surgical or caustic treatments, in the reporter's experience, usually result in the loss of the eye.

In reply to Dr. Ricketts' inquiry if the essayist relies on the Wassermann test to rule out syphilis, Dr. Heidingsfeld replied that he did if the test was positive.

Dr. Goosmann stated that by using a glass pro-



pector for the eye, heavy doses of X-ray can be administered.

Dr. Sidney Lange presented a patient with epithelioma of the face, which is improving under X-ray treatment.

A patient with epithelioma of the forehead was presented by Dr. Ricketts, the tumor being treated with Marsden paste and bismuth subgallate, after radium and X-ray treatment had failed.

Dr. Walter Griess presented two cases of skin graft, the first following a scalp wound, the graft being five days old; the second, a healed case of a large leg ulcer. These cases have been treated by the open method. A patient with hypospadias was also presented by Dr. Griess. This malformation has been corrected by a two-stage operation, the first being a perineal section, the second a correction of the hypospadias proper. Dr. Ransohoff believes this case, while in good condition, can be benefited by further operation.

A case of stone in the right kidney with ptosis, which was cured by removing the stone and stitching up the kidney, was reported by Dr. C. A. L. Reed. The appendix was also removed. Dr. Haines called attention to the fact that kidney and appendicitis symptoms are very similar and may occur together. Dr. Griess spoke of an appendix case that later had an attack of kidney stone pain and bloody urine.

A second case presented by Dr. Reed was an ectopic pregnancy, which had ruptured into the left broad ligament. A diagnosis was made by the Abderhalden test. Dr. Ricketts, in discussion, reported a case symptomatically similar in which a dermoid was found. Dr. James Rowe spoke of a case at the City Hospital, where ectopic pregnancy was diagnosed before rupture.

A report of a case of chronic pancreatitis, revealed by post-mortem, was reported by Dr. W. E. Kelley. Patient suffered from 1901 to 1915, intermittently, with sugar in the urine, which cleared with dieting. In 1914, symptoms developed of gall-bladder infection and stone. This, in the absence of all other causes, can be attributed to a typhoid infection years ago. The post-mortem also showed a hob-nail liver.

Dr. Mombach reported a case of ptosis of stomach and constipation, in which a cure was effected by the Rosving operation. A second case was reported by Dr. Mombach, in which the patient was operated upon for an acute attack of appendicitis, and at the operation the congenital appendiculo ovarian bond of Clado was found. Dr. Reed believes, if correctly treated, many of these cases show excellent results. Dr. Johnston, in his experience, has never seen a band of Clado.

Dr. Ricketts reported results of post-amputation findings in an old medico-legal case, a fracture of the leg, with drawings to illustrate where nerves were caught between the fragments.

Dr. Louis Ransohoff read the report of a case of manic depressive insanity, which was cured by the removal of the cystic, degenerated ovaries,

and the breaking of the pelvic adhesions. Dr. Reed believes these cases are frequently due to such pathology.

Dr. Carl Hiller presented a specimen of infectious osteomyelitis and spontaneous fracture, which required amputation. Discussed by Drs. Griess, Haines and Ransohoff.

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 \* NEWS OF THE COLUMBUS \*  
 \* ACADEMY OF MEDICINE \*  
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(Report by L. L. Bigelow, M. D., Correspondent)

At the regular meeting on November 8, with Dr. J. D. Dunham, president, in the chair, the personnel of the committee to investigate hospital facilities in Columbus, was announced as follows: Chairman, J. W. Clemmer, C. O. Probst, and J. M. Thomas, under the provisions of the following resolution which was introduced at the meeting on November 1, by Dr. Clemmer, and which was passed without dissent:

"WHEREAS, The public press of Columbus has reported a proposition to construct and maintain a general hospital, the prime object being "not for profit," but for charity, which proposition is presented to philanthropic citizens for the necessary moral and financial support

"WHEREAS, It is likewise reported that the Ohio State University has decided to construct a large hospital as a necessary auxiliary to its Medical College and incidentally to furnish medical and surgical service for all classes of indigent poor, this service being ample for central Ohio for a generation to come, supplementing the splendid service of the existing hospitals of Columbus

"WHEREAS, It is also reported that an expert recently made a survey of Columbus and reported that the poor were well provided with hospital facilities, excepting the isolation of infectious diseases

"WHEREAS, It is the function and the duty of medical organization in every community to educate and advise the people in technical matters concerning the medical interests of the public knowing that the principles of medical organization and the medical interests of the public are identical, therefore be it

Resolved, That the foregoing reports become proper subjects of investigation and that the president appoint a committee of three for this purpose, that the Chamber of Commerce and the Philanthropic Council be requested to join the Academy in this investigation, to the end that it be determined from the facts ascertained whether or not it is advisable, in the medical interests of the public, to support a movement for a general hospital based upon popular appeal for charitable considerations."

Drs. J. W. Means and Jonathan Forman presented a paper on Benign Encapsulated Tumors of the Female Breast, Dr. Means reading and Dr. Forman demonstrating a series of lantern slides. Discussion by Drs. P. D. Wilson and Luke Zartman, Dr. Means closing.

Dr. F. F. Lawrence, read a paper entitled "A Surgical Retrospect." Discussion by Dr. J. F. Baldwin.

#### RECENT PROGRAMS.

October 4.—Roentgenograms, H. L. Harris; Dermoid of Lung, R. L. Barnes; Removal of Foreign Body from Bladder, H. O. Bratton; Hydatidiform Cysts, Pregnancy Complicated by Fibroids, S. J. Goodman; Dislocation of Long Head of Biceps, Perforating Duodenal Ulcer, Fred Fletcher.

October 11.—An informal address on life insurance examinations, by Franklin C. Wells, M. D..

Medical Director of the Equitable Life Insurance Association.

October 25.—"Pancreas Stone Colic," by Max Einhorn, M. D., Professor of Medicine, Post Graduate Medical School, N. Y.

November 1.—The following case reports were on the program: 1. Horse shoe kidney, P. M. Holmes; 2. A case of epidermolysis, C. J. Shepard; 3. Stab wound of heart, Use of bone graft for ununited fracture, I. B. Harris; 4. A puzzling chest case, J. H. J. Upham; 5. Cases of "acute abdomen," J. F. Baldwin; 6. Some cases of keratitis, C. F. Clark; 7. Popliteal aneurism, Andre Crotti.

November 22.—1. "Inflammatory Lesions of the Pelvic Viscera in the Female. Diagnosis and Treatment," Fred Fletcher; Discussion by Yeatman Wardlaw; 2. "The Thyroid Gland," Andre Crotti; Discussion by O. H. Sellenings and D. L. Moore.

## COUNTY SOCIETIES

### FIRST DISTRICT.

Highland County Medical Society met at Leesburg, Wednesday, November 17. Program: "Cancer, a Study for the Laity," Dr. A. H. Beam, Hillsboro; "Treatment of Cancer by X-ray," Dr. Chas. F. Bowen, Columbus; "Surgical Treatment of Cancer," Dr. Frank Fee, Cincinnati; "What Everyone should know about Cancer," read by T. W. Roberts, Belfast. Discussion on the above subjects was lead by Dr. J. C. Larkin, Hillsboro, followed by other members.

The annual election of officers resulted as follows: President, J. C. Larkin, Hillsboro; secretary-treasurer, K. R. Teachnor, Leesburg; vice-president, Hugh Wilson, Greenfield; board of censors, W. W. Glenn, Hillsboro, and J. T. Gibson, Lynchburg. As the above session was open to the public quite a number of laymen were present together with a large audience of members, making the session a very interesting one. The next meeting will be in April at Hillsboro.—K. R. Teachnor, Correspondent.

Clinton County Medical Society met at Wilmington, Thursday, November 18. The society informally discussed the regulations of the Ohio State Board of Health as to notifiable diseases. Dr. C. A. Tribbett presented a paper on gastric cancer, describing in detail the clinical course of a case recently under his observation and showing a skiagram of the stomach. In the discussion of the etiology he brought out the theory that cancer is a disease of the flesh-eating peoples, and that there is something fundamentally wrong with our "civilized" mode of life that causes the marked increase of cancer. The general discussion brought out expressions as to the extreme im-

portance of early diagnosis in which the X-Ray pictures and the finding of occult blood in the stool were mentioned as the most valuable diagnostic procedures. The society adjourned to meet December 16—Robert Conard, Correspondent.

### SECOND DISTRICT.

Montgomery County Medical Society met November 19 and heard a splendid address by Dr. Lewis W. Bremerman, of Chicago, who discussed the genito-urinary tract. A number of visiting surgeons were present, in addition to 85 members of the society.

At the meeting on November 5, Dr. R. W. Adkins' paper on "A Review of Some of the More Pernicious Habit Forming Drugs" was read by Dr. E. L. Braunlein, a fellow member of the staff of the Dayton State Hospital. Dr. J. C. George, medical director of Orchard Springs Sanitarium, presented an interesting paper on a resume of the treatment of the morphine habit.

At these two meetings the following nominations were made for officers, who were elected at the meeting of December 3: President—Drs. E. M. Mallow, C. H. Chrisman, C. L. Patterson, J. A. Davidson, D. G. Reilly, and George B. Evans; first vice president—Dr. E. R. Crew; second vice president, C. A. Carter, of West Carrollton; third vice president, J. H. Farber; treasurer, W. F. Prather; secretary, E. R. Arn; delegates to state society meeting, F. C. Gray, E. M. Huston, and H. V. Dutrow; alternates, G. D. Gohn, R. S. Gaughler, A. O. Peters, A. B. Brower; board of censors, R. S. Gaughler, C. S. Judy, Miamisburg, R. A. Bunn, and E. H. Mallow; program committee, H. V. Dutrow, A. O. Moorman and E. A. Baber; judiciary, W. S. Smith and J. W. McKemy; members milk commission, M. E. Coy, A. H. Dunham, Frank Thompson, Ned Goodhue, A. H. Lane and D. B. Conklin; committee on contract practice, C. C. McLean and C. H. Breitenbach.

Agreement was made by the society to join with the Miami Valley Dental Society and other medical societies of the city in the bringing to the city from time to time during the year of various speakers of national reputation for addresses, expenses of the meetings to be borne jointly by the societies.

Champaign County Medical Society met Thursday evening, November 18, at the home of Dr. and Mrs. C. M. McLaughlin, in Westville. Prof. John Uri Lloyd, of Cincinnati, was scheduled to address the society at its meeting on Thursday, November 25, but was prevented by illness.

Clark County Medical Society met Monday evening, November 15, at the Commercial Club. Dr. W. C. Taylor read an interesting paper on "The Value of Drugs in Obstetrics." Plans for observance of "Public Health Week" were discussed. President Moore named a committee con-



sisting of Drs. E. B. Starr, C. L. Minor and W. B. Patton to make arrangements for observing the week. At the meeting on November 1 D. H. B. Martin read a paper on "Cardiac Diseases in Children."

Miami County Medical Society met at the Troy Club, Thursday, November 4, at 2 p. m. There was a paper on "Chorio-epithelioma" by Ben R. McClellan, of Xenia, and a paper on "Local Anesthesia" by J. R. Caywood, of Piqua. These papers were discussed by G. E. McCullough, Troy. J. E. Hunter, Greenville, district councilor, then addressed the Society with reference to next year's plans. Two new members were elected to membership in the society, J. R. Beachler and M. R. Haley, both of Piqua.

R. D. Spencer, Correspondent.

Darke County Medical Society met in regular session on Thursday afternoon, November 11. Dr. Gordon F. McKim, Cincinnati, read a paper on Chronic Prostatitis and Prostatic Hypertrophy. He handled the subject in a very practical way and emphasized the importance of differentiating inflammation from hypertrophy, demonstrating the correct way to practice prostatic massage. The paper was well received and freely discussed by all.

B. F. Metcalfe, Correspondent.

Preble County Medical Society met Wednesday afternoon, November 24th. Dr. George Goodhue, of Dayton, Ohio, read a most excellent paper on "ulcer of the stomach and duodenum."

J. C. Ryder, Correspondent.

### THIRD DISTRICT.

Seneca County Medical Society convened in the parlors of the Hotel Shawhan, Thursday evening, November 18, at 8 o'clock, with members, President Marion W. Uberroth, J. D. Howe, C. F. Daniel, P. E. Benner, E. H. Porter, R. R. Hendershott and G. L. Lambright in attendance.

Miss Jane Worden, resident visiting nurse in the city of Tiffin, deserves the grateful thanks of many of the parents of the children in the public schools for her interest in behalf of their health. She has freely devoted her time and energies to the detection of diseased conditions, so prevalent in the schools, and, as a direct result of her thorough investigation there have been found many defective and diseased children.

Miss Worden has suggested to the Medical Society that it would be well to take some action with regard to the appointment and maintenance of a resident nurse in the county infirmary, and that the Board of County Commissioners be requested to assume the financial responsibility of the project. She also thought it would be well for the society to effect some arrangement with the Board with regard to the payment of the physi-

cians for services rendered the poor of the city and county. Miss Worden evidently believes that "Charity consists in relieving the indigent," but it is also quite evident that she is also an advocate of the adage, "A servant is worthy of his hire," and that it is only just and fair that the physicians should be remunerated for the service they render the indigent.

In his introduction of the question to the members for their consideration, President Uberroth spoke as follows: "The public health propagandas in the United States at the present time, are many and are growing stronger each succeeding year at a very rapid rate. By its pace, it will be but a short time until we have adopted, or be obliged to adopt, state medicine. In fact, practically speaking, in some localities they have as much as adopted propagandas along some of the specialties of medicine. Whether it will be for the betterment for the community, the public, or for the betterment of those doctors who are more fortunately politically associated, can only be proven by time and experience.

"However since this propaganda is now in our midst, it is a very serious proposition that will require our better judgment in working out. So let us investigate very thoroughly before taking action. The proposition that I am to put before you this evening should not be acted upon in great haste and after regret. The communities are now watching the doctors with keen eyes, and any rash move that may be here taken will only reflect upon the profession as a whole."

During the interesting discussion that followed it was the concensus of opinion that the office of township physician should be abolished by the township trustees, and that a uniform fee bill be adopted, covering the rendition of service to the poor. Every physician should refuse to enter into contract with the township trustees for the performance of service to the poor, and thus compel the trustees to make out an equitable fee bill. It was unanimously agreed that Miss Worden's suggestion would receive further consideration by the society at some future date.

In compliance with the suggestion of C. F. Daniel that an effort be made to persuade the Board of County Commissioners to maintain a bed at the Mercy Hospital for the use of indigent cases, President Uberroth appointed R. R. Hendershott, E. H. Porter and C. F. Daniel a committee to confer with the Board. A committee, consisting of E. H. Porter, J. D. Howe and R. R. Hendershott was named for the purpose of complying with the request of the State Medical Examination Board with regard to the standing and credentials of local applicants for non-medical practice certificates.

The regular program for the evening was not presented, because the weather was very inclement and D. W. Fellers, of Bloomville, and C. M. Comer, of Bascom, were unable to be present. R. C. Chamberlain was also unable to attend. The

program for the December meeting will consist of papers by N. C. Miller, of Fostoria, "Infant Feeding"; C. I. Anders, of Old Fort, who will review some interesting cases; G. W. Williard and J. A. Gosling, of Tiffin, on "Pneumonia" and "Health Department Activity." The election of officers for the ensuing year will be held at this meeting.

Your correspondent very nearly forgot to mention the most delightful talk given the members at the November meeting on the question of the rapid raise in the prices of common drugs and pharmaceutical preparations, and greatly appreciated treat given them at the close of the session by W. C. Wendt, of Columbus, who is a drug salesman of kind and generous tendencies.

B. R. Miller, Correspondent.

Another commendable innovation in the wide-awake activity of the Seneca County Medical Society, so noticeably manifest in the present administration, was introduced by Charles F. Daniel when he inaugurated a project on Thursday afternoon, October 28th, for the holding of semi-annual medical and surgical clinics in the hospital of the Seneca County Infirmary.

The project will no doubt prove to be of benefit to the members of the Seneca County Medical Society, for there are numerous cases of great interest in the institution. The doctor presented the following cases: Multiple sclerosis of the brain and cord; acute transverse myelitis, producing complete paraplegia; tubercular epididymitis, injection of tubercular hip joint; and other interesting cases. The doctor gave a complete history of each case, and dwelt freely upon his methods of treatment. A general discussion of each case followed its presentation.

At the close of the clinic hour, at 6:30 o'clock, the members of the society were conducted to the dining room where a most bountiful country dinner was served them by Matron Mrs. Edward L. Yale and Assistant Matron Mrs. William H. Young. The dinner consisted of three courses, and the guests will ever remember it as being one of the useful and enjoyable events of their lives.

This first clinic will prove greatly instrumental in creating more interest among the physicians in this really necessary line of medical and surgical endeavor.

The following physicians were in attendance at the clinic: H. B. Gibbon, B. W. Mercer, M. W. Uberroth, E. E. Rahla, P. E. Benner, G. W. Williard, V. L. Magers, E. H. Porter, C. I. Anders, R. G. Steele, G. L. Lambright, H. B. Gooding, C. F. Daniel and B. R. Miller. County Commissioners David Aule, George Weaver and Charles Nepper were also present.

Burton R. Miller, Correspondent.

Hancock County Medical Society met monthly in September, October and November. The pro-

grams were confined to discussion of interesting subjects, many of which were of local importance. At the October meeting Dr. J. P. Baker reported on the Mississippi Valley Conference on Tuberculosis, at Indianapolis.

Nelia B. Kennedy, Correspondent.

Logan County Medical Society met in Educational Hall November 5 at 1:30 p. m. The doctors present were Wilson Kaylor, Carrie Richeson, Startzman, Butler, Hamer, Pay, Louthan, Montgomery, and Philips. The minutes of the previous meeting were read and approved. Dr. Pay, Bellefontaine, read a paper, "The Etiological Relationship of Syphilis to the Chorea of Sydenham's," a boy of 6 years of age illustrating this type of chorea. The paper did not try to prove that all cases were syphilitic in origin, but tried to quote several observers who had noted the same findings as in this case. With salvarsan, many cases like the one presented had made a recovery under this treatment.

The case presented a typical endocarditis and also had syphilitic keratitis six months previous to the beginning of the salvarsan treatment; sight is good, but a damaged heart remains. This paper was to provoke a careful watch into the cases of chorea relative to any syphilitic origin. The paper was heartily discussed by nearly everyone present, and this is what kindles interest and induces further research and investigation in this very obscure disease, especially pertaining to its etiology. Meeting adjourned to meet again in December.

W. C. Pay, Correspondent.

Allen County Medical Society elected the following officers at the meeting on November 16: President, William Roush; vice president, G. R. Clayton; secretary, Charles Smith, Elida; treasurer, Paul Stueber. Charles Gamble, Spencerville, was elected chairman of the board of directors and J. W. Bice, representative to the annual meeting of the State Society. Forty physicians were present. Dr. Charles Gamble read the paper of the evening on "Focal Infection."

Auglaize County Medical Society met October 28 at New Bremen where they were royally entertained by the local members of the society. Dr. Breitenbach, of Dayton, was the essayist of the evening. November 18 the society met in St. Marys. Drs. C. M. Shepard, of Columbus, and C. M. Harpster, of Toledo, read interesting papers. The next meeting will be held at Wapakoneta on December 16.

#### FOURTH DISTRICT.

Fulton County Medical Society held its monthly meeting at the Masonic Club, Delta, on Tuesday evening, October 19. This was the society's first attempt at an evening session and twelve members



responded to roll call. The following program was presented: "Some Notes on Emergency Medical and Surgical Work as Seen During the Recent 'Eastland Disaster'," L. C. Cosgrove, Swanton, "Some Experiences I Have Had With Intestinal Toxaemia in Children"; W. L. Lathrop, Metamora, "The Workings of Our Fee Bill," P. S. Bishop, Delta; "Surgery in the Home—A Problem and How to Solve It," Garfield Saulsberry, Lyons. A good old time discussion was indulged in, following which dinner was served at Hotel Lincoln.

A. A. Brindley, Correspondent.

**Putnam County Medical Society** met Thursday, November 4, at Ottawa, with good attendance and an increased membership. Reports and discussion of clinical cases by members of the society have been an aid to both physician and patient. Dr. J. F. George entertained the society with a good paper on nephritis, which was interesting and brought forth a lively discussion, and was a commendable treatment. Dr. P. C. Bixel's paper upon rural sanitation was fine and brought out the neglect of inefficient rural health officers. He advises more strict attention of the physician as an aid in educating the ruralist in the value of hygiene and sanitary laws. Much disappointment was expressed by the society in the inability of Dr. C. A. L. Reed to be present and explain the epileptic phenomena and its causes. The medical journals of Munich and at The Hague are confirming his auto-intoxication theory. The society was delightfully entertained at a dinner by the Ottawa and Glandorf members.

C. O. Beardsley, Correspondent.

**Ottawa County Medical Society** held its regular meeting at Oak Harbor, November 11. Drs. Starks, Ingraham and Langholz gave informal talks dealing with several cases under treatment which were very interesting. The annual fish supper of the association was held at Port Clinton on December 2. More about this later.

S. T. Dromgold, Correspondent.

#### FIFTH DISTRICT.

**Erie County Medical Society's** meeting for November 25 was postponed to December 2. The program for that date included addresses by Dr. William E. Lower, president of the State Society, who reviewed medical conditions in the state, and by Dr. Charles Phillips, of Cleveland, on "Goitre from the Standpoint of the General Practitioner."

H. D. Peterson, Correspondent.

**Trumbull County Medical Society** met Thursday, November 18, in Girard, at the home of Dr. T. R. Williams. After a splendid chicken dinner, Dr. Harvey S. Berkes, of Cleveland, delivered a paper on "Neuroses of the Stomach." Guests included physicians from practically every town in the county.

#### SIXTH DISTRICT.

**Richland County Medical Society** held its regular monthly meeting November 17 with fourteen members present and one guest, Dr. J. E. Gray, of Butler. Dr. Gray expects to join the society.

Several letters from the State Society and the State Medical Board, bearing on the interests of the profession, were read after which the program was taken up. "Tetanus; Etiology, Diagnosis and Treatment" was the subject of an address by Dr. W. E. Loughridge. He preceded his address by giving some items of interest gleaned in hospitals while on a recent trip East. Dr. S. E. Findley followed, taking as his subject the query, "The aphasias are generally mixed; that is, the visual and auditory speech centers are implicated with the motor centers. Why? What is meant by word-blindness and word-deafness? Do they constitute mind-deafness?" Owing to the lateness of the hour part of the program, "The condensed thought of new and important matters occurring in the literature of medicine and surgery," was omitted. Dr. Corlett, of Cleveland, held a clinic for the society at the Reformatory, November 18.

J. Lillian McBride, Correspondent.

**Portage County Medical Society** met Thursday, October 14, with Dr. E. B. Dyson in Rootstown. The wives of the members were also present and a very pleasant evening was enjoyed. Dr. N. C. Yarian, Cleveland, read an excellent paper on "Lacerations of the Cervix from the Standpoint of the General Practitioner." Discussion was general. After the usual business the meeting adjourned for refreshments.

November 11 the Society met in Atwater at the home of our president, Dr. C. W. Cummings. In spite of bad weather a goodly number of members were present. Dr. J. W. Shank, of Windham, was unanimously elected to membership. Drs. Scranton and Barnard, of Alliance, were very welcome visitors.

Dr. B. C. Barnard read an exceedingly interesting and instructive paper on "Caesarian Section." Dr. Barnard reported a series of eight cases and urged this procedure in place of some of our other methods which do not offer as favorable chances to mother and baby. After this discussion, refreshments were served and the meeting adjourned.

John F. Hill, Correspondent.

**Summit County Medical Society** met on November 2, 1915. The vice president, J. N. Weller, presided over an attendance of fifty-five from Akron, Cuyahoga Falls, Wadsworth, Copley, Doylestown, Kenmore, Marietta.

A discussion proved that any case of rabies or hydrophobia may be treated by the family physician and that treatment by the Akron Health Department is not compulsory. The county commissioners pay a certain fee for this treatment.

Three applications were presented. Eight physicians were admitted to membership: W. E. Stoneburner, E. J. Caufield, C. R. Steinke, Akron; A. E. Stepfield, Doylestown; C. B. Carr, Kenmore; F. J. J. Lehmann, Hudson; I. H. Stevens, Cuyahoga Falls.

The membership is now 185. It has been doubled in three years and includes 90 per cent of the physicians in the county. A photo of the late Silas Weir Mitchell, M. D., LL. D., of Philadelphia (1839-1914), has been placed in the meeting room.

**Program.**—1. Eight specimens were exhibited: Two of "anencephalus" by H. S. Davidson and W. S. Chase; a large "adenoid-polyps" by D. W. Stevenson; "gallstones" resembling mother of pearl, by J. G. Blower; and samples of cotton plant. The cotton was brought from Florida in 1888 and is in perfect condition. Other specimens were a three-months fetus by W. S. Chase and pharyngeal tumor by D. W. Stevenson.

2. "Oral Hygiene" paper by F. H. Lyder, D. D. S.:

Discussion was by M. C. Tuholske, J. D. Smith, J. N. Weller.

3. "Nitro-Benzole Poisoning" paper by K. H. Harrington.

4. "Infantile Spinal Paralysis." Paper by C. J. Case. Discussion was by S. St. J. Wright, J. W. Caines, M. C. Morgan, A. S. McCormick, J. N. Weller, K. H. Harrington, T. D. Hollingsworth, S. J. Metzger, L. B. Humphrey.

A. S. McCormick, Correspondent.

Mahoning County Medical Society was addressed November 23rd by Dr. E. F. McCampbell, secretary of the state board of health. At noon he addressed the Central Council on Social Agencies, at a luncheon at the Hotel Ohio.

Ashland County Medical Society held its sixty-sixth session and annual meeting at Samaritan Hospital in Ashland, Tuesday, November 3rd. Officers were elected as follows: President, O. J. Powell; vice president, J. M. Hyde, Loudonville; secretary-treasurer, C. B. Meuser; delegate to state meeting, W. M. McClellan; censor, W. F. Emery. Drs. Englander and Powell, of Cleveland, were the essayists. It was decided to reorganize the Ashland Academy of Medicine for weekly meetings in the future.

#### SEVENTH DISTRICT.

Tuscarawas County Medical Association met in the mayor's office in Tuscarawas Tuesday afternoon, November 2. President Larrimore presided.

The program consisted of a paper by Dr. Coleman giving some observations on fractures. Sev-

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eral interesting points were brought forward in the paper and also in the discussion that followed. Dr. Kurtz reported a very interesting case of unusual brain trouble, resulting in death of the patient, and gave the results of the autopsy findings.

Miss McNamara, the nurse having charge of the State Board of Health public health exhibit that was in New Philadelphia November 2 to 5, was present and spoke of the shortcomings of the profession in not reporting cases of notifiable diseases. She gave the figures relative to cases filed with the state registrar, showing that some of the diseases were not reported as they should be. She also said that Tuscarawas county is not the worst county in the state in regard to reporting diseases. She called especial attention to T. B. and whooping cough. She also spoke of the work of the visiting nurse. Miss Reba, the Tuscarawas County visiting nurse, was present and added her influence to the remarks on the value of the visiting nurse to a community.

The next meeting will be the annual meeting and will be held in Uhrichsville the first Tuesday in December at 7:30 p. m.

J. A. McCollam, Correspondent.

Jefferson County Medical Society met in regular session on Tuesday, November 9, 1915. The day was given to the presentation of clinical cases and clinical reports. The dues for the ensuing year will be \$4.00 and the initiation fee will \$5.00. A money-raising campaign will soon be started here to raise an additional \$100,000 to finish the large new Ohio Valley Hospital. Already more than that sum has been spent and when finally completed it will be one of the finest and most complete hospitals in the state. Steubenville is soon to have completed its extensive new filtration plant and the furnishing of filtered water will begin before the first of the coming year.

J. R. Mosgrove, Correspondent.

#### EIGHTH DISTRICT.

Fairfield County Medical Society was addressed on Tuesday evening, November 9, by Dr. E. A. Hamilton, Columbus, who recently returned from Eastern Germany, where he spent several months in the service of the Red Cross. A banquet was served at Hotel Mithoff. There were present twenty-five members and their wives.

At our meeting on November 23rd Dr. George M. Waters, of Columbus, addressed the society on pernicious anemia. Dr. Waters pointed out the importance of making a thorough examination of all patients coming to your office, for on the early recognition of this disease depends the results of your treatment. He also made note of the fact that we should take more interest in our incurable



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cases, for the incurables are the ones that need our help and sympathy.

A vote of thanks was extended Dr. Waters by the society for his excellent address.

At our last regular meeting in December a vote will be taken to increase our annual dues from \$2.50 to \$5.00 per annum.

James M. Lantz, Correspondent.

Guernsey County Medical Society met in Cambridge Friday, October 29th. Dr. F. G. Boudreau, director of the division of communicable diseases, state board of health, lectured on infantile paralysis.

Licking County Medical Society held its banquet and annual meeting at the Hotel Warden, Newark, Friday evening, November 19th. Dr. E. A. Hamilton, Columbus, detailed the work of the Red Cross in Germany.

Perry County Medical Society met Thursday, November 25th, in New Lexington. Papers: Dr. Frank Crosbie, "Breach Presentation"; Dr. N. T. McTeague, "Aconite." The next meeting December 18.

Athens County Medical Society met November 9th at the State Hospital, the guests of Dr. and Mrs. Fordyce and the medical staff. The program was provided by the staff.

#### TENTH DISTRICT.

Union County Medical Society met Tuesday, November 9th, at the Helgramite Club on Mill Creek near Bellpoint, with a fine attendance. Dr. Wells Teachnor, of Columbus, councilor of the district, made his annual visit to the society and outlined plans of the State Society for the coming year. Members voted unanimously to raise the dues for 1916 in order to meet the increased expenses of the State Association. It was a fine meeting and indicated the healthy condition in the Union County Medical Society.

Knox County Medical Society met on Wednesday, November 10th, at the Hospital-Sanitarium, Mt. Vernon. There was a good attendance and an interesting program.

Dr. J. M. Pumphrey read a well prepared and concise paper on "Pistol-shot Wounds in Their Medico-legal Relation." He said, in part, that we should be familiar with the damage done by pistol-shot; that there is always a contusion; that a spent ball may cause a contusion which will result

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fatally; that it is important to distinguish between the suicide and the homicide. This is sometimes difficult but the appearance of the wound as to powder burns will assist in determining this point. He gave the result of test to show at what distance a suicide may have thrown the pistol away, but it is not possible for the homicide to grasp the pistol placed in the hand after the act is done. The victim may have moved after the shot was fired even though it was through the heart and immediately fatal. The necropsy is important in determining the question.

Dr. F. L. Singery read a paper on "Methods Controlling Blood-pressure." This was a very interesting and timely paper, and it was well received. He said, in part, that while the method is new, having been used but a few years, still it is reliable; that an instrument is needed for one cannot be certain when relying upon digital pressure alone; that a careful diagnosis should be made; that hyper-tension may be conservative and prolong life in the contracted kidney. Diet and change in the mode of living are of most importance in controlling, but in modifying the diet be careful not to starve the patient; that the iodides are not of value, saving in the luetic patient; that venous section is of no benefit; that diuretin is of benefit, also the nitrites.

Dr. J. D. Thomas, one of the staff at The Ohio State Sanatorium, was elected to membership.

A committee was named to prepare a fee-bill and report at the December meeting.

E. V. Ackerman, Correspondent.

Ross County Academy of Medicine resumed its winter meetings Tuesday evening, November 9th, at the Welfare House, with a full attendance.

Dr. G. E. Robbins read a paper on "Rheumatic Fever" and gave the history of recent investigations to determine the specific cause. A full and free discussion followed which was participated in by Drs. Hoyt, Brown, Brehmer, Perrin, Maxwell, and Bower. It was decided to have an out-of-town speaker for the December meeting.

We are in hopes of having unusually interesting sessions this season.

G. E. Robbins, Correspondent.

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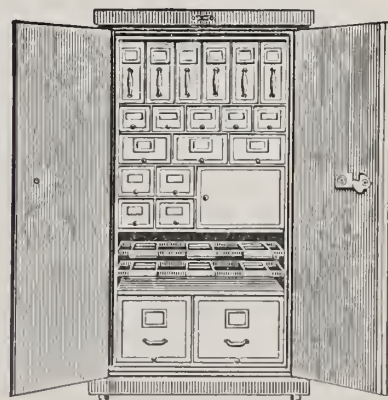
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### ASKS STATE SOCIETY TO APPROVE RESEARCH BUREAU

Editor, The Journal:—In the October number of the Journal, page 607, you suggest that readers inform you as to what they want the state association to do for the general public.

I would like to say that the Bureau of Juvenile Research wants the Ohio State Medical Association to endorse the proposition of a building for the Bureau of Juvenile Research. This is for

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the general public. This building will enable the Bureau of Juvenile Research, and thereby the Ohio Board of Administration, to deal much more intelligently and much more effectively with the delinquency situation in our state. It is proposed, in this building, to receive all juvenile delinquents committed to the care of the Board of Administration, as well as other peculiar and problematical children and adolescents, and therein give them thorough mental, medical and sociological examination and study. As a result of this study each problematical delinquent will be disposed of according to the findings in his case. This will result in the saving, in the reform schools, the hopeless task now imposed upon them of trying to reform the feeble-minded. It will likewise save many normal boys and girls from being herded together in crowds where the conditions are not the most desirable for their character formation. Such study will likewise result in shedding light upon many dark places in the realm of cause of delinquency. This study of the causes of delinquency is now going forward. The Bureau has, for a year, been making mental examinations of juvenile delinquents, but without a building we can render little of the service to the Board of Administration for which we were intended.

This matter of the study of causes of juvenile delinquency and the intelligent dealing with the crime situation is to my mind a matter for the medical profession. Legislation can best be secured through the co-operation of the State Association, and it is highly important, not only to secure the endorsement of the State Association, but to secure the attention of the medical men of the state along the line of mental examination, so that they may individually and collectively argue the matter much more effectively. This, however, is only part of the matter. It is very important that the medical men should be prepared to make intelligence tests and reach intelligent decisions as to whether or not given individuals are feeble-minded.

On page 608 you refer to a waiting list for the institution for the feeble-minded at Columbus. I was recently informed by the probate judge of Cuyahoga county that he can lay his hands upon 100 cases of feeble-minded children on the streets of Cleveland who should be in the Institution for Feeble-minded. Likewise the probate judge of Lucas county says he knows of 40 children on the streets of Toledo demanding such care.

I am sure if we had even a tentative survey of the cases urgently demanding state care in each of these cities we should have much more formidable figures. Yours very truly,

Bureau of Juvenile Research,

Thomas H. Haines, M. D., Clinical Director.  
Columbus, O., Nov. 12, 1915.



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## COLUMBUS ACADEMY ADOPTS PREFERENTIAL PLAN OF VOTING

Up-to-Date Election Machinery is Provided by  
Change in the Constitution.

Columbus Academy of Medicine has adopted an elaborate system for the conduct of its annual election of officers. On November 8 a series of amendments to the constitution which provide for the nomination of all officers by written petition were adopted. Their subsequent election by balloting through the mails under the preferential system of voting is provided for. The petition of the candidate shall be signed by not less than five voting members of the Academy. Signatures shall be in ink and give the residence and date of signing of the signer. These nominating petitions must be filed with the secretary-treasurer of the Academy at least four weeks before the annual meeting, and must be accompanied by the acceptance of the nomination by the candidate. No member is permitted to sign the petition of more than one candidate for the same office, and if by inadvertence such excess of signatures appear only the one of prior date shall be accepted.

The regulations further provide that two weeks before the annual meeting the secretary-treasurer shall mail to each voting member a printed ballot containing a list of all candidates for each office, printed according to the rules and regulations for preferential voting set forth in the new charter of the City of Columbus. This ballot will be accompanied by a stamped return envelope, consecutively numbered. The marked ballot must be returned to the secretary-treasurer in the numbered envelope.

Votes will be counted by the council of the Academy in the presence of such candidates as desire to be present, at 8 p. m. on the Saturday preceding the annual meeting. Ballots shall be counted according to the rules and regulations for preferential voting laid down by the city charter. Terms of all officers shall be one year, except that the secretary-treasurer shall be elected for two years, the trustees for four years and the delegates to the state meeting for three years—one trustee and one delegate being elected annually.

The rather elaborate system was installed by the Columbus Academy because the present loose plan of nominating officers from the floor at the annual meeting was too haphazard. At the last annual meeting a number were nominated for one position and all of those present declined. It was necessary to elect officers from those not at the meeting.



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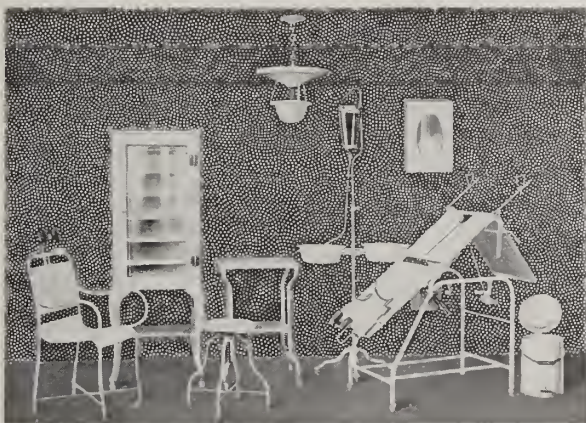
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# PUBLIC HEALTH WEEK WAS OBSERVED IN SOME CITIES

County Medical Societies Co-operated in Making  
it a Success.

In accordance with a suggestion made to the county societies by the Committee on Public Health Education of the State Society, Tuberculosis Week was observed in a number of Ohio cities. The plan of the National Association for the Study and Prevention of Tuberculosis, as outlined in the November Journal, provided for the observance of December 8 as "Medical Examination Day", December 10 as "Children's Crusade Day", and December 12 as "Tuberculosis Sunday".

The Ohio Society for the Prevention of Tuberculosis suggested to the Committee on Public Health Education that it request county societies to aid in making "Medical Examination Day" a success. The request was received too late for any general plans, but it was taken up in several communities.

## \*\*\*\*\* \* \* \* \* \* \* \* \* \* \*\*\*\*\* PROPAGANDA FOR REFORM

**IODUM-MILLER.**—The A. M. A. Chemical Laboratory reports that Iodum-Miller was found to be essentially a solution of iodine and potassium iodide in glycerin containing 1:68 per cent. of free iodine. The Council on Pharmacy and Chemistry reports that Iodum-Miller was not eligible for New and Nonofficial Remedies because incorrect statements are made in regard to its composition; because unwarranted therapeutic claims are made for it; and because the application of a trade name to a simple solution of iodine is not to be countenanced (Jour. A. M. A., Oct. 2, 1915, p. 1202).

**IOD-IZD-OIL (MILLER'S).**—Analysis indicated Iod-Izd-Oil (Miller's) to be a simple solution of iodine in liquid petrolatum containing, not 2 per cent. of iodine, as claimed, but only 0.42 per cent. The Council found the preparation ineligible because the composition is not correctly stated and because the application of a trade name to a simple preparation of this sort is irrational (Jour. A. M. A., Oct. 2, 1915, p. 1202).

**HEXA-CO-SAL-IN.**—Is advertised as "a condensation product of familiar composition" and that it is "colchi-magnesium salicylate with anhydrous hexamethylenamin." An examination showed that Hexa-co-sal-in is a simple mixture of hexamethylenamin, magnesium salicylate and some colchicum preparation. The Council reports that the statement of the composition of this preparation is false; that unwarranted therapeutic claims are made for it and that the mix-

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The American Journal of Diseases of Children March 1914, contains an article which states that, after some months of experimental work on different food-products

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### Successful Infant Feeding

#### What to do in Diarrhoea

A majority of cases of diarrhoea occur in babies under six months of age are due to sugar fermentation. Over six months it may be either putrefactive or fermentative.

The treatment of fermentative diarrhoea is, stop all sugars and give  $\frac{1}{2}$  oz.  $\frac{1}{2}$  water and boil the feeding. As the stools show improvement add  $\frac{1}{2}$  oz. Dextrin-Maltose to the total 24 hour feeding, then gradually increase the milk and Dextrin-Maltose until baby is getting the proper feeding for his age and weight. The treatment of putrefactive diarrhoea is, stop all milk feeding and give barley water for 12 to 24 hours, then give  $\frac{1}{2}$  oz. milk,  $\frac{1}{2}$  water, 1 oz. of Dextrin-Maltose, gradually increasing the milk and Dextrin-Maltose until he is getting the proper feeding for his age and weight. Mead's Dextrin-Maltose is 100 per cent sugar or cane sugar.

#### What to do in Constipation

Constipation in the bottle fed baby is usually caused by errors in his diet. The most common are: too high fat content; causing hard, granular stools; food of insufficient quantity or strength causing scanty stools; not enough sugar; also boiling the milk. Having decided as to the possible cause of the constipation, the thing to do is change the food so as

to overcome the cause; for example, fat constipation is corrected by giving a skimmed milk feeding; deficient sugar constipation by adding  $\frac{1}{4}$  ounce of cane sugar to the regular formula. In some of the cases of persistent constipation it is often necessary to add milk of magnesia to the feeding, using one teaspoonful to the morning and evening feeding.

#### What to do in Vomiting

Vomiting may be due to many causes, the principal causes being: too frequent feedings, large hole in the nipples allowing the food to be taken too rapidly; not keeping the baby quiet after nursing; immediately stop all food. In severe cases even water should not be given. Calomel is at once given,  $\frac{1}{2}$  grain every 4 hours until 1 to 2 grains are given. The effect of castor oil is not as good in cases of vomiting as that of calomel because it is less apt to be retained, and thus its effect is spoiled.

One level teaspoonful of bicarb. of soda dissolved in a glassful of water, and a valv. often proves helpful in vomiting. Food should not be given until the vomiting has ceased entirely for a number of hours, and it is shown that water is retained. A feeding of  $\frac{1}{2}$  milk and  $\frac{1}{2}$  water, no

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ture is unscientific (Jour. A. M. A., Oct. 2, 1915, p. 1203).

**THE SOY BEAN.**—The soy bean is of medical interest: (1) because it contains the enzyme, urease, which converts urea into ammonia and carbon dioxide and hence is used to estimate urea in urine; and (2) because soy bean products have been recommended as foods for diabetics. Street and Bailey of the Connecticut Agricultural Experiment Station, report that although the soy bean contains about 25 per cent. total carbohydrates, only about 8 per cent. composed of sugar, starch and dextrin, may be considered objectionable in a strict diabetic diet. Thus the sugar-forming carbohydrates contained in soy beans fall well within the limit of 10 per cent., regarded as safe for diabetics (Jour. A. M. A., Oct. 16, 1915, p. 1372).

**SOMNOFORM.**—This was originally composed of ethyl chloride 60 per cent., methyl chloride 35 per cent. and ethyl bromide 5 per cent. Now it is said to contain but 1 per cent. ethyl bromide. Like ethyl chloride, Somnoform has been used as a substitute for nitrous oxide before ether anesthesia and for short operations, but has been mostly used by dentists for extractions. It is doubtful if the mixture has any advantage over ethyl chloride. The mortality is less than that of chloroform, but twice that of ether and four times that of nitrous oxide (Jour. A. M. A., Oct. 16, 1915, p. 1391).

**The N. F. Imitation of Elixir Lactopeptine.**—Nearly forty years ago the essential worthlessness of Lactopeptine was brought to the attention of the pharmaceutical profession. In spite of this knowledge the pharmacists have included imitations of Lactopeptine and Elixir Lactopeptine in the National Formulary under the titles Compound Powder of Pepsin and Compound Digestive Elixir. The N. A. R. D. Journal, devoted to the business rather than the professional side of pharmacy, defends the Compound Digestive Elixir on the ground that "physicians keep right on prescribing it." The pharmaceutical profession should consider that pharmacists will in the end lose the confidence of the medical profession and the public by the tolerance of worthless pharmaceuticals (Jour. A. M. A., Oct. 23, 1915, p. 1567).

**Camphor, Natural and Synthetic.**—Though having the same chemical composition, natural camphor is levorotatory while synthetic is optically inactive, it being a mixture of levorotatory and dextrorotatory molecules. Synthetic camphor, used externally and in moderate doses internally, has been reported to have the same effects as natural camphor. The evidence is however unsatisfactory. The natural product being readily obtainable, there is no warrant for the therapeutic use of synthetic camphor until more conclusive evidence is at hand (Jour. A. M. A., Oct. 30, 1915, p. 1555).

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FEBRUARY 15, 1915



Entered as second class matter July 5, 1905, at the  
Postoffice at Columbus, Ohio, under act of  
Congress of March 3, 1879

## LAWS

Are being made in Columbus which may materially affect medical practice in Ohio. See page 107. There's another matter of considerable importance on page 103. It might be well, also, to read the brief article on the new Harrison Narcotic Law, on page 131; otherwise you might find yourself in trouble with Uncle Sam after March 1. And, then --- but what's the use? Read table of contents on inside cover.

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There is no opportunity for the reading part to become cloudy or uncemented as it is made from one piece of glass.

Being made by a process of grinding, and by using crown glass entirely, necessitates that the dispersion of the distant and reading part is such that there is no possibility of discoloration, or as the customer calls it, “Colors of the Rainbow”.

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The balance is raised from firms which patronize your advertising columns.

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# The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY  
BY THE  
OHIO STATE MEDICAL ASSOCIATION

UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

MARCH 15, 1915



Entered as second class matter July 5, 1905, at the  
Postoffice at Columbus, Ohio, under act of  
Congress of March 3, 1879

**Tut! Tut!** DON'T GET ANGRY next month if you fail to receive your Journal. It won't be our fault. We're bound, hand and foot, by the Constitution of the State Society. It says, in black and white, that dues must be paid by April 1, or the membership expires. And we, you understand, can't send the Journal to ex-members. . . . . So don't blame us. If we had our way we wouldn't care a rap if you never paid your dues.

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# The OHIO STATE MEDICAL JOURNAL

177  
1915  
JUN 1915

OWNED AND PUBLISHED MONTHLY  
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UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

APRIL 15, 1915



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## Cincinnati!

Do not, for one moment, forget that the Seventieth Annual Meeting of the Ohio State Medical Association convenes there in three weeks: May 4, 5 and 6, to be exact. Program announcement and annual reports complete in this number. Read the program carefully. It is worth while. The whole meeting this year will be worth while.

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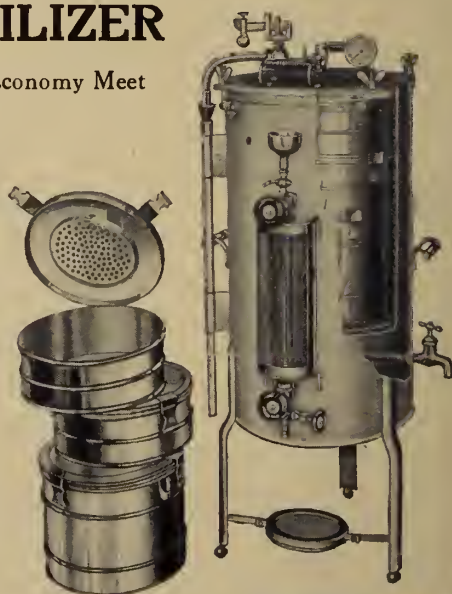
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**A**T THE CINCINNATI MEETING the House of Delegates took important action on several matters of vital import to the Association. Turn to page 332 and learn the details. . . . . Then, too, there has been much doing in a legislative way since our last issue. The whole story appears on page 315, and thereabouts. . . . . And before you quit see if a full report of YOUR County Society meeting is printed in the district news on page 349, or thereafter. If not, find why not.

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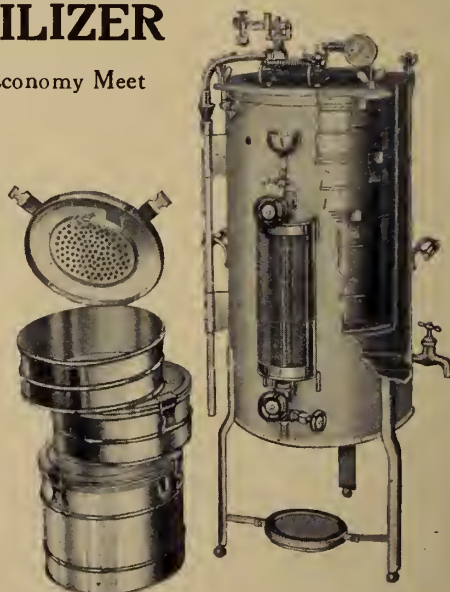
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**USE HEPCO FOODS. THEY MEET EVERY REQUIREMENT.**

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Send for Booklet "K"

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(Incorporated)

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If you want to boost the cause of clean advertising and honest business dealing, patronize these advertisers in **YOUR** journal.

# The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY  
BY THE  
OHIO STATE MEDICAL ASSOCIATION

UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

JUNE 15, 1915



Entered as second class matter July 5, 1905, at the  
Postoffice at Columbus, Ohio, under act of  
Congress of March 3, 1879

**T**HIS JOURNAL cost, this month, nearly twice as much as you are paying for it. The remainder was paid by our advertisers. Give them a square deal. They make possible our improved Journal. SHOW them that you appreciate their support by giving them the preference in all your purchases. . . . Our advertising space is sold only to the firms of highest character. By dealing with them you are protected from skinflints and scalawags.

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Dr. Smith's book describes the fundamental elements of food and the principles underlying its use, gives the essential reasons *why* a change in diet in certain diseases is desirable, and tells you *how* to make this change in the most practical, time-saving way.

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Octavo of 310 pages. By G. CARROLL SMITH, M. D., Boston, Mass.

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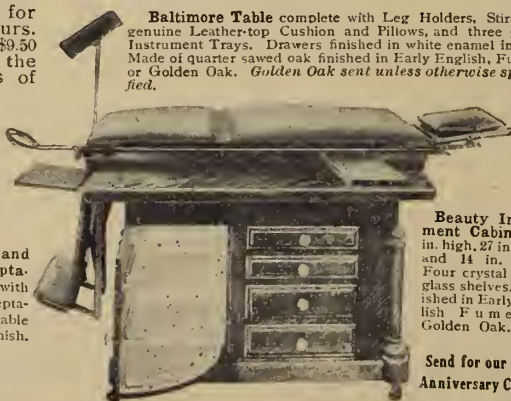
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Baltimore Table complete with Leg Holders, Stirrups, genuine Leather-top Cushion and Pillows, and three glass Instrument Trays. Drawers finished in white enamel inside. Made of quarter sawed oak finished in Early English, Fumed or Golden Oak. Golden Oak sent unless otherwise specified.

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W. A. PUCKNER, Secretary,  
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Its **PRINCIPAL** treatment is **DIETETIC**.

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**B**ECAUSE THE LEGISLATURE has adjourned, do not think that our vigilance as a State organization may be relaxed for one moment. In September the State Medical Board starts the licensing of non-medical "healers", under the new Platt-Ellis Law. It behooves you to keep in touch with this work, through The Journal, so that the Board may receive complete information regarding those "healers" residing in your county who may apply for licenses.

## Gant on Diarrheas

JUST OUT

This new work on diarrheal, inflammatory, obstructive, and parasitic diseases of the gastro-intestinal tract takes up the diarrhea of every disease in which this condition is a symptom. The work is particularly full on the two practical phases of the subject—*diagnosis* and *treatment*. For instance: While the essential diagnostic points are given under each disease, a fuller description of diagnostic methods is given in a special chapter. The *differential diagnosis* of diarrheas of local and those of systemic disturbances is strongly brought out. There is a special chapter on *nervous* diarrheas and those originating from *gastrogenic* and *enterogenic dyspepsias*. You get reliable methods of simultaneously controlling associated constipation and diarrhea. You get a complete *formulary*—prescriptions from Dr. Gant's own practice. There is a chapter on hook worms, tapeworms, and round worms, and on the diarrheas caused by them and other parasites. The limitations of drugs are pointed out, and the *technic in detail* of all surgical procedures given and illustrated.

Octavo of 604 pages, with 181 illustrations. By SAMUEL G. GANT, M. D., LL.D., Professor of Diseases of the Sigmoid Flexure, Colon, Rectum and Anus, New York Post-Graduate Medical School and Hospital. Cloth, \$6.00 net; Half Morocco, \$7.50 net.

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# Three Piece Outfit \$67.<sup>50</sup>

OTHERS ASK \$145.<sup>00</sup>

Three Pieces Complete—others ask \$145.00—Our Price - \$67.50  
 Same without Head Rest for Table - - - - 62.50  
 Instrument Cabinet furnished in White Enamel - - - \$4.50 extra

Rent this equipment for seven months and it is yours. Send us your check for \$9.50 with the order, and pay the balance in six payments of \$10.00 each.

Use the Outfit 30 Days and if you are not satisfied with it, pack it up and send it back to us and we will refund your money.



Foot Stool and Waste Receptacle complete with porcelain receptacle. Matches table in design and finish.



Baltimore Table complete with Leg Holders, Stirrups, genuine Leather-top Cushion and Pillows, and three glass Instrument Trays. Drawers finished in white enamel inside. Made of quarter sawed oak finished in Early English, Fumed or Golden Oak. Golden Oak sent unless otherwise specified.

Beauty Instrument Cabinet 72 in. high, 27 in. wide and 14 in. deep. Four crystal plate-glass shelves. Finished in Early English Fumed or Golden Oak.

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**In the Mulford Special Intradermic Test Syringe  
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**The Luetin reaction is specific for syphilis.**

**It occurs most constantly and intensely during tertiary and latent stages.**

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**The Luetin Test is furnished**

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Dept. 2400 S. Dearborn St.

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**T**HE Treasurer of the State Society has not heard from some few Societies regarding the assessment of one dollar, ordered by the House of Delegates and DUE AUGUST 1st from EVERY Member. Most of our members realized the imperative need of this additional money to finish the year, and responded promptly. If you haven't paid your dollar, please do so at once. It is needed.

## FIRST NUMBER OUT

# Medical Clinics of Chicago

These bi-monthly publications, the first number (July) of which is just out, are devoted exclusively to *Internal Medicine* in all its departments—Diseases of Children, Contagious Diseases, Neurology, Dermatology, Fevers, General Constitutional and Functional Disorders, X-ray Therapy, etc., etc.

They give you the bedside and amphitheater teachings of leading Chicago internists, representing many of the largest hospitals of that city with their wealth and diversity of clinical material. These Clinics are stenographically reported by a corps of competent medical stenographers and thoroughly edited by the clinical teachers themselves.

The widest variety of cases is included, bringing out forcibly every feature of history-taking, diagnosis, treatment, and general management. The cases are illustrated with X-ray pictures, photographs, pulse-tracings, and temperature charts; the technic of all laboratory tests is given in detail, and every aid that can serve to make the diagnosis and treatment of the cases thoroughly clear to the general practitioner is emphasized. These publications are *clinical in the strictest sense*—they are an exposition of diagnosis and treatment as *actually practiced* at the bedside and in the amphitheater.

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Steel Instrument Cabinet with polished plate glass shelves and door—full nickel-trimmed.

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Imported English Rivi-Rocci Martin Sphygmomanometer.

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**Tenth District.** H. R. Brown, Chillicothe.....L. L. Bigelow, Columbus.....Chillicothe, 1915

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the organo-  
therapeutic  
agents are  
unequaled.*

*Pituitary Liquid*

is entirely free from  
preservatives



*Corpus Luteum*

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*Thyroids*

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THE real source of supply of Corpus Luteum, Thyroids, Pituitary Liquid, Red Bone Marrow, Duodenin, Elixir of Enzymes, Pepsin, Pancreatin, Rennet, Thymus, Pituitary, Pineals, Parathyroids, Spleen, Suprarenal, and other organo-therapeutic agents, is ARMOUR AND COMPANY.

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on Request*

**ARMOUR AND COMPANY**  
CHICAGO

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## DIATETIC TREATMENT



### PRODUCTS:

Hepco Flour  
Hepco Dodgers  
Hepco Grits

Approved by the Council on Pharmacy and Chemistry

For sale by

LLOYD BROTHERS, Court & Plum Sts., Cincinnati  
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**WAUKESHA HEALTH PRODUCTS COMPANY**  
(Incorporated)

131 Grand Avenue, WAUKESHA, WIS., U. S. A.

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COUNTY MEDICAL SOCIETIES throughout the State resume Fall work this month. Has your society a definite plan for the winter? Why not map out your program of scientific study now, and make *this* winter unusually valuable?

ADOPTED BY U. S. ARMY

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 June, Oct.

**Sixth District.**..H. E. Welch, Youngstown.....J. H. Seiler, Akron.....Youngstown, in August, 1915

Ashland.....O. J. Powell, Ashland.....C. B. Mauser, Ashland.....1st Tuesday, Jan., March, May,  
 July, Sept., Nov.

Holmes.....D. S. Olmstead, Millersburg...A. T. Cole, Millersburg.....  
 Mahoning.....H. C. Evans, Youngstown....D. H. Patrick, Youngstown...3d Tuesday, monthly  
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 Stark.....G. L. King, Alliance.....L. A. Buchman, Canton.....3d Tuesday, Jan., March, May,  
 July, Sept., Nov.  
 Summit.....T. K. Moore, Akron.....A. S. McCormick, Akron.....1st Tuesday, monthly  
 Wayne.....J. H. Irwin, Wooster.....Jean S. Douglass.....2d Tuesday, Jan., April, July,  
 Oct.

**Seventh Dist.**..J. E. Miller, Steubenville.....J. R. Mossgrove, Steubenville..Steubenville, 1915

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 nately, in Lisbon, Salem  
 and E. Liverpool

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**Eighth District** Clyde Leeper, McConnellsville..A. B. Headley, Cambridge.....Next meeting, McConnellsville,  
 1915

Athens.....S. E. Butt, Nelsonville.....T. A. Copeland, Athens.....1st Tuesday, monthly  
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 Perry.....Michael Clouse, Somerset.....Robert Miller, Hemlock.....  
 Washington...C. A. Gallagher, Marietta.....F. S. McGee, Marietta.....1st Tuesday, monthly

**Ninth District.**..J. S. Biddle, Gallipolis.....W. H. Henry, Hamden.....

Gallia.....J. S. Biddle, Gallipolis.....C. E. Holzer, Gallipolis.....1st Wednesday monthly  
 Hocking.....J. S. Cherrington, Logan.....H. H. Talbott, Haydenville....  
 Jackson.....J. H. Ray, Coalton.....Haldor Gahm, Jackson.....1st Tuesday, monthly  
 Lawrence.....W. F. Marting, Ironton.....O. H. Snyder, Ironton.....4th Thursday, monthly  
 Meigs.....Byron Bing, Pomeroy.....Jane N. Gilliford, Pomeroy...1st Wednesday, April, July and  
 Oct.

Pike.....J. R. Hilling, Lucasville.....E. M. Dixon, Stockdale.....1st Monday, monthly  
 Scioto.....F. H. Williams, Portsmouth...Geo. S. Mytinger, Portsmouth.2d Monday, monthly  
 Vinton.....W. T. Cherry, McArthur.....W. H. Henry, Hamden.....4th Wednesday, monthly

**Tenth District.**..H. R. Brown, Chillicothe.....L. L. Bigelow, Columbus.....Chillicothe, 1915

Crawford.....Harvey Van Natta, Lemert....R. J. Caton, Bucyrus.....2d Thursday, monthly  
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 March

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 Knox.....I. S. Workman, Mt. Vernon...E. V. Ackerman, Fredericktown.2d Wednesday, monthly  
 Madison.....H. P. Sparling, London.....W. P. Kyle, London.....Last Friday, monthly  
 Morrow.....Geo. H. Pugh, Mt. Gilead....C. E. Neil, Cardington.....1st Wednesday, monthly  
 Ross.....R. E. Bower, Chillicothe.....G. E. Robbins, Chillicothe....1st Tuesday, monthly  
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This advertisement is contributed by THE OHIO STATE MEDICAL JOURNAL to humanity and the Campaign for the Reduction of Cancer Mortality, at the request of the Cancer Commission of the Medical Society of the State of Pennsylvania.

# The OHIO STATE MEDICAL JOURNAL

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BY THE  
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UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

OCTOBER 15, 1915



Entered as second class matter July 5, 1905, at the  
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(Journal American Medical Association, Dec. 19, 1914, p. 2182; May 1, 1915, p. 1471; Mulford Digest, May, 1915.)

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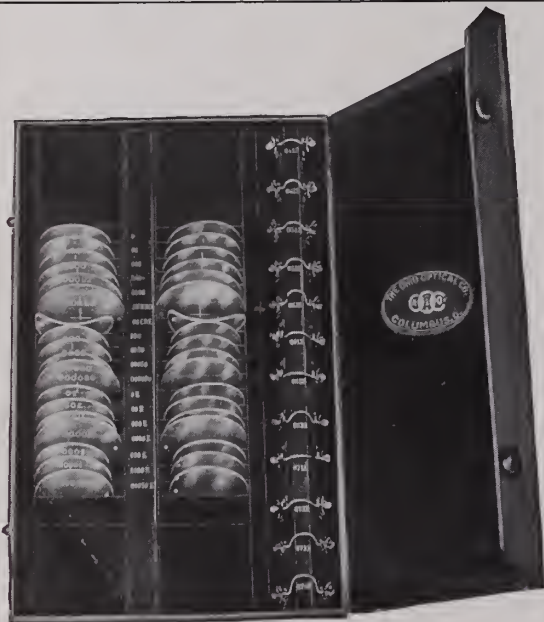
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NOVEMBER 15, 1915



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## An Epitome of This Issue



### NEWS of the MONTH

Dayton needed more money for public health  
and welfare work. Its officials told the story  
in a graphic exhibit, described on...Page 695

State medical board is devoting its entire en-  
ergies to licensing "limited practitioners"

(Carried forward to next page)

## Crile on Emotions

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## NEWS of the MONTH

(Carried from first page)

- under the Platt-Ellis law. For information, including list of the applicants for exemption certificates, see.....Page 697
- Which hospitals will be permitted to graduate nurses who will be eligible to registration under the new Ohio law? What standards will be required? This was settled by the board at its last meeting. For a full report, outlining the attitude of the board toward nurses now practicing and a tentative curriculum which will be regarded as a minimum for Ohio hospitals in the future, see .....Page 699
- Columbus gets a contagion hospital; Cleveland City Hospital outlines interesting nurse training; O. S. U. Homeopaths start new 50-bed institution—these and other hospital notes on.....Page 702
- Splendid district society meetings were held this Fall—the Northwestern at Kenton; Ninth at Gallipolis, and Seventh at Steubenville .....Pages 703 and 736
- Council, meeting in Columbus, starts the ball rolling for Co-operative Medical Defense; employs an Executive Secretary, and stirs up things generally. Dr. Teachnor's report is on.....Page 707
- Is your county society one of the 18 still outside the One Hundred Per Cent Club? Find out on.....Page 708
- For the first time in history physicians are to be paid for making reports to the state. The new blindness prevention law, which the State Board of Health is administering, allows 50 cents for each report of inflammation in the eyes of the new born. It's an interesting law, described on .....Page 709
- Infantile paralysis has been epidemic in Ohio this Fall. Dr. Boudreau, State Epidemiologist, describes the outbreak and discusses the disease on.....Page 710
- How many babies were born in Ohio last year? How many in your county?.....Page 712
- Demon Rum seems to be on the toboggan, in Ohio at least. Details of Dr. Kramer's new organization to study the booze problem from the efficiency standpoint are given on .....Page 715
- Using a typewriter in bed, always fighting a rising temperature, a young patient in Franklin County Tuberculosis Sanatorium has started a journal that puts fighting spirit into his fellows and makes more effective the entire institution.....Page 717
- The academies in Cleveland, Columbus, Cincinnati, Toledo, and the county societies are in full swing again, after the Summer

## CONTRIBUTED ARTICLES

- The Psychic Factor in Deafness: With Suggestions as to a More Comprehensive Plan of Treatment of the "Hard-of-Hearing," by Philip D. Kerrison, M. D., New York.. 679
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- Recent Results in the X-Ray Treatment of Menorrhagia and Uterine Myoma, by Sidney Lange, M. D., Cincinnati..... 687
- Ectopic Gestation, by J. W. Fitch, M. D., F. A. C. S., Portsmouth..... 691
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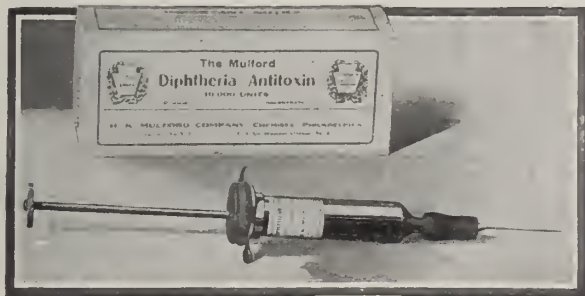
vacation. Full reports of their meetings start on .....Page 718

- State Insurance Commissioner Taggart stirred up a hornet's nest when he ordered insurance companies to cease writing physicians' liability insurance. Acting on complaint of our state society he asked the Attorney General for a supplementary ruling. Mr. Turner is reviewing the whole situation, aided by eminent legal counsel .....Page 727
- American College of Surgeons met in Boston this month and admitted another class from Ohio .....Page 726
- Advance programs of some of the society and academy meetings for the ensuing month. Perhaps you can attend some of them .....Page 726
- Has Ohio a "Jukes Family?"..... 738
- The Council on Pharmacy and Chemistry, A. M. A., keeps a careful check on remedies which will be offered to you. Their monthly report is on.....Page 742

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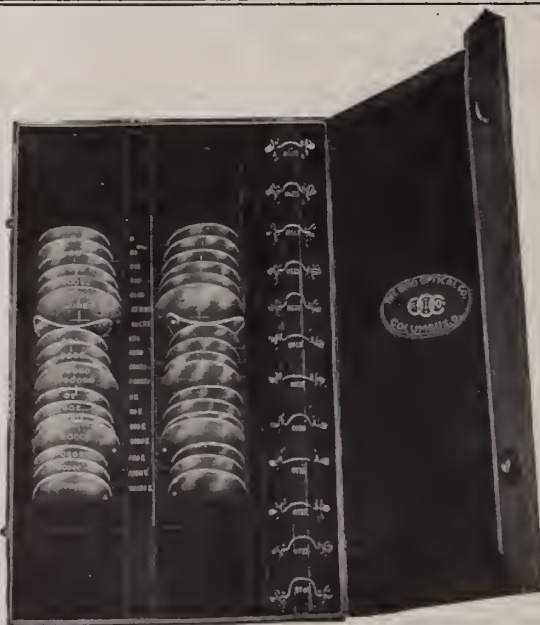
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## CONTRIBUTED ARTICLES

Medical Considerations in the Diagnosis and  
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Surgical Considerations in the Diagnosis and  
Treatment of Gastric and Duodenal Ul-  
cers, by Frank E. Bunts, M.D., Cleveland 754  
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## NEWS of the MONTH

Ohio surgeons, dependent on liability insur-  
ance for protection against black-mailers,  
had a mighty close squeak recently. At-  
torney General Turner came to the  
rescue .....Page 813  
(Carried forward to next page)

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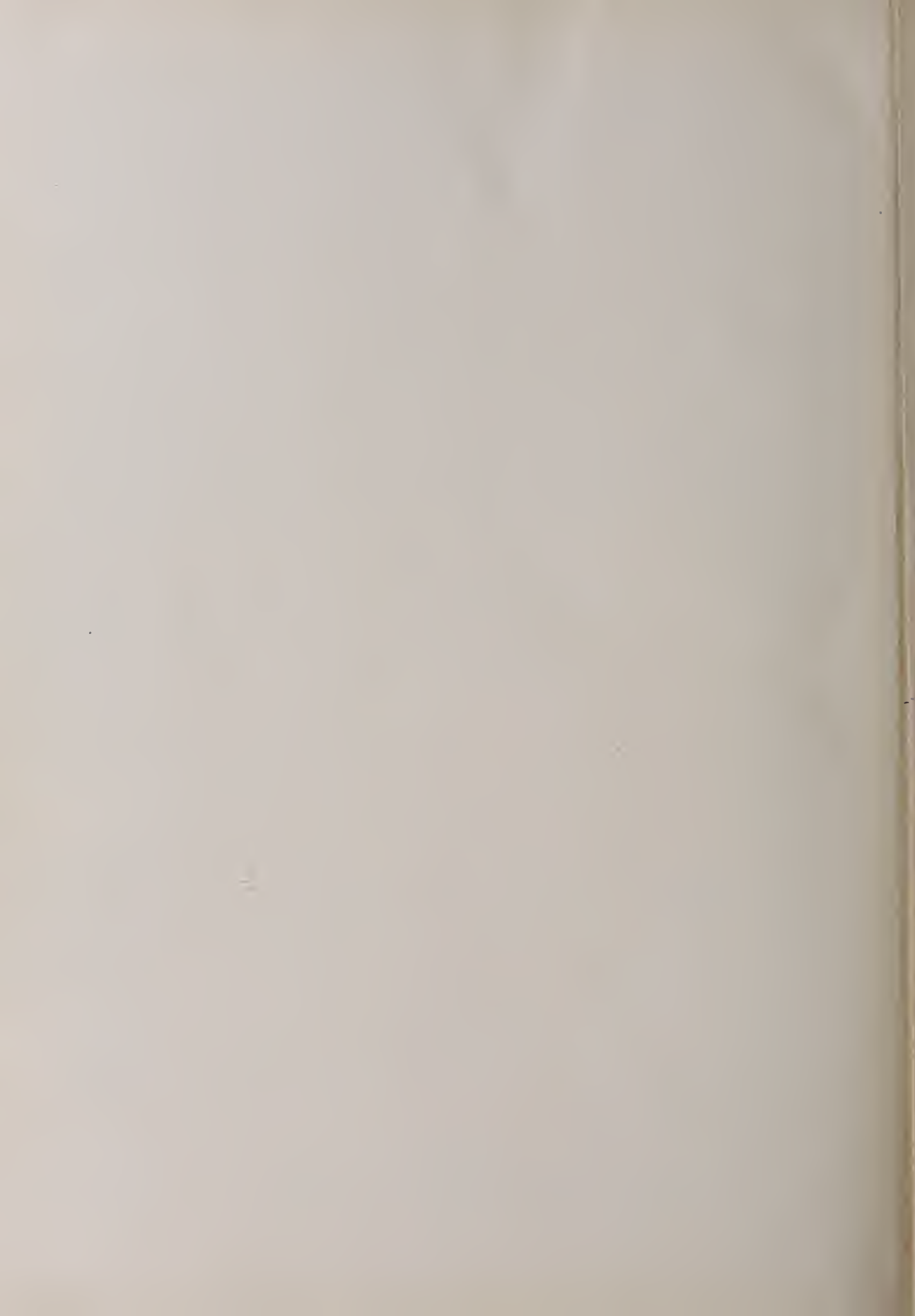
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